



#6b Medication Systems & Documentation - Part 1

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Module 6b – Medication Systems & Documentation, Part 1

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Medication Systems and Documentation Part 1

Introduction

Medication assistance and administration may be one of the most difficult tasks you have as an AFH administrator. Most, if not all, of your residents will take one or more medications daily. Their ability to take their medication, as well as the level of assistance they need, may change over time. Medication administration is a high-risk activity.



The goal of this module well as Completing the MAR in part 2, is to teach you the critical skills needed to safely complete this task, reduce the risk of error, and document the actions you took. No one wants to be responsible for causing harm or injury to someone in their care. The skills you have in medication management directly impacts the health of your residents. It is important to follow the physician's orders exactly because safety is key to preventing medication errors.

Your job is more than just passing the medication *. You will need to learn about each of your resident's medications, why they are taking them, their side effects, their effectiveness, what foods, drinks, or other medications that should be avoided, and how it will impact their ability to participate in activities they enjoy.

**Passing the medication is the term used to describe the process for assisting or administering a resident's medication*

[WAC 388-76-10430](#) is about ensuring you **have a strong medication system in place** for those residents that need medication assistance or administration. Your system must guarantee the services you provide, meet the medication needs of each resident, and meet all laws and rules related to medications.

When you provide either medication assistance or administration for any resident, you must ensure each resident(s):

- Has an assessment that indicates the amount of medication assistance needed
- Has an NCP that outlines the amount of medication assistance needed by the resident
- Has a medication log that is kept current ([WAC 388-76-10475](#))
- Receives their medication as required
- Has medication records that include their current list of prescribed and over-the-counter medications that includes the name, dosage, frequency, and the name and phone number of their physician as needed

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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
- Recite the commonly used medication abbreviations and terminology
- 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
- Discuss the role of the LTC pharmacy and benefits of using medication services
- 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/ 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.



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WAC/RCW Authority

The following is a list of rules and regulations that pertain to the assistance or administration and the management of medication(s). Review these rules and other regulations that apply.

Medication WACs

388-76-10430	– Medication System
388-76-10435	– Medication Refusal
388-76-10440	– Medication – Assessment – Identification of amount of assistance needed when taking medications
388-76-10445	– Medication – Independent – Self-administration
388-76-10450	– Medication – Self-administration with assistance
388-76-10455	– Medication – Administration
388-76-10460	– Medication – Negotiated care plan
388-76-10463	– Medication – Psychopharmacologic
388-76-10465	– Medication – Altering – Requirements
388-76-10470	– Medication – Timing – Special directions
388-76-10475	– Medication – Log
388-76-10480	– Medication organizers
388-76-10485	– Medication Storage
388-76-10490	– Medication disposal – Written policy – Required

Relative RCWs

Chapter 18.79.260(3) RCW	– Registered nurse—Activities allowed—Delegation of tasks. (Effective until July 1, 2022.)
Chapter 69.41 RCW	– Legend Drugs – Prescription Drugs
Chapter 70.128 RCW	– Adult Family Homes
Chapter 70.129 RCW	– Long-Term Care Resident Rights
Chapter 74.34 RCW	– Abuse of Vulnerable Adults

Relative WACs

WAC 388-112A	– Residential Long-Term Care Services Training
WAC 246-840-910 through 970	– Delegation Of Nursing Care Tasks In Community-Based And In-Home Care Settings
WAC 388-76-10000	– Definitions
WAC 388-76-10220	– Incident Log
WAC 388-76-10130 through 10150	– Qualifications of Individuals Providing Care/Services
WAC 388-76-10225	– Reporting Requirement
WAC 388-76-10315 through 10325	– Resident Records
WAC 388-76-10330 through 10350	– Resident Assessment
WAC 388-76-10355 through 10385	– Negotiated Care Plan
WAC 388-76-10400	– Care and Services
WAC 388-76-10405	– Nursing Care
WAC 388-76-10430 through 10490	– Resident Medications
WAC 388-76-10510 through 10616	– Resident Rights
WAC 388-76-10620	– Resident Rights -- Quality of Life -- General
WAC 388-76-10670 through 10680	– Abuse

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; an antibiotic to cure an infection
- Treat a medical condition; antidepressants to treat depression
- Relieve symptoms of an illness; pain relievers to reduce pain
- Prevent diseases; a flu vaccine



In an AFH you will typically deal with medications that are prescribed by a physician or purchased “Over the Counter” (OTC). OTC medications are typically purchased without a physician’s order. They include vitamin supplements, herbal remedies, and commonly used medication such as Tylenol or Benadryl. In an AFH, OTC medications still require you to have a signed and dated order or prescription for your resident.

Medication Names

Many medications have at least two names – a generic name and a brand name. The brand name is more common and probably the one most people are familiar with, and usually it is also the most expensive. You may find many different generic brands of the same medication. For example, Motrin and Advil are different names for Ibuprofen.

Your resident’s insurance company may impact how some prescriptions are filled. The pharmacist may be required to fill the prescription with the least expensive form of the medication, unless the physician has specifically indicated that the medication cannot be substituted with a generic brand. In general, when a brand name medication has been widely available for an extended amount of time, other companies are able to copy the formula. Therefore, you will often receive generic medications rather than the original brand name version. This is important when you receive an order for Motrin, as in the example above, and receive ibuprofen. The label on the prescription bottle should indicate that you have been given ibuprofen instead of the Motrin, but not always.

If you are not sure you received the right medication – **STOP**



- **DO NOT** administer the medication until you have checked with the pharmacist.
- Does the medication look different? It should say on the bottle if the medication is the same or if it is from a different manufacturer. If the label does not indicate it, it may be the wrong medication.
- **ALWAYS** check to make sure you have the right medication if the name or look of the medication is different.

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Understanding Medications Prior to Administration – 7 Important Questions

There are **Seven Important Questions** whenever a medication is ordered for an individual, and you must get the correct answers to these Seven Important Questions before you can give the medication:

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?
5. What are the side effects, adverse reactions and/or signs of over dosage of this medication?
 - a. Learn the signs or symptoms
 - b. Blood levels or other blood tests may be needed to monitor the effects of this drug. Analyzing the concentrations of medications in your resident's blood can be important. Some medications require blood serum level tests to help the physician determine the effectiveness of the medication, make recommendations for changes to the dose, strength, or medication used and develop a treatment plan.
6. Are there any interactions with the medications that the individual is taking?
 - a. Use one of the many websites we will discuss later to learn about any medications that will interact with this medication.
 - b. Review to determine if there could be an interaction with food. For example:
 - i. Green, leafy vegetables, which are high in vitamin K, can decrease how well aspirin thins the blood.
 - ii. Grapefruit juice alters the way the body absorbs statins (cholesterol-lowering drugs) like Lipitor in the blood.
7. Are there any special administration or storage instructions for this medication?
 - a. Verify if the medication needs to be given with meals, before meals, with water or with milk.
 - b. If this medication is a controlled medication, store as required.
 - c. Does it need to be refrigerated?

You must get this information from the prescribing practitioner and the pharmacist, and then keep the information in the medication log so that you can review it frequently. Remember: never give a medication if you do not have all the information you need to give the medication safely!

Adapted from BDS Medication Administration Curriculum Section III – 2011

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Medication Safety Questionnaire

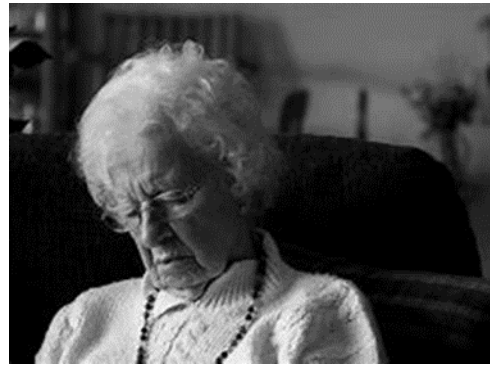
This questionnaire (found in the appendix) is an example you can use when asking the **Seven Important Questions**.

Medication Safety Questionnaire			
Resident's Name:			
Medication Brand Name: 1 Generic Name:	Dose and Form:	When to take each dose:	For how long?
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 - 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			

Adapted from State of Michigan and BDS Medication Administration Curriculum Section III - 2011

How Medications Affect Your Resident

- **Desired Effect** – The medication is doing what it is supposed to do. It may also be called the *therapeutic effect*. For example: Taking aspirin reduced the resident's headache.
- **Side Effect** – Any symptoms that result from a normal dose of a medication. Some side effects are not serious and will decrease over time. For example: Some blood pressure medications can make a resident feel tired.
- **Adverse Effect** – A reaction that was not expected and can be life threatening. You may need to call 911 or the doctor depending on the severity.
- **Tolerance** – Your resident may develop a tolerance when, over time or with repeated dosages their response to the medication has decreased. Tolerance can be good when it means that the resident has adapted to the minor side effects of the medications. Tolerance can be a problem if it makes the medication less effective so that a higher dose of the medication is needed.
- **Dependence** – Dependence is when your resident develops a physical or psychological need for a medication. For example:
 - People who take laxatives for a long period of time can become physically dependent on the laxatives to have a bowel movement, because the body loses the ability to work properly without them.
 - A person can develop a psychological dependence to anti-anxiety medications and think that they cannot function without taking the medication on a regular basis.
- **Interactions** – Whenever two or more medications are taken, there is a chance that there will be an interaction. The interaction may increase or decrease the effectiveness of the medications or side effects. The likelihood of a drug interaction increases with the number of drugs being taken. An interaction can occur between medications or between medications and food/beverages. For example:
 - Two or more medications given together can produce a stronger response. Sometimes this is intended, and purposely ordered by their physician. Other times, it is not intended and can be harmful.
 - Two or more medications given together can reduce or cancel out the effect of one or more medications. Sometimes this is intended; other times it is not and can be harmful.
 - The two types of medication interactions noted above are most likely to occur when the health care provider is not aware of all the medications that the individual is taking.
 - Some medications are specifically given with food or with milk. Other medications are specifically ordered to be taken before meals. Some medications must be given with a full glass of water. It is important to ask the pharmacist if certain liquids should be given with the medication.



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NOTE: It is critical that all physicians that provide care to your resident are aware of ALL medications that they are taking to avoid unintended medications interactions.

- **No Apparent Effect** – it appears that the resident is not having the intended effect of the medication – it “isn’t working”. Be sure to notify the residents physician.
- **Paradoxical Effect** – Medications that work opposite than expected. For example: Benadryl usually causes a person to become tired or drowsy. A paradoxical effect to Benadryl might be that the resident becomes hyperactive or agitated.

NOTE: Any symptom that is unexpected or unusual must be reported. It is not your responsibility to figure out what is wrong, that is the resident’s physician responsibility.

Side Effects versus Adverse Reaction

Side effect and adverse reactions are often used interchangeably, but they are NOT the same.

Side effects are the unintended outcome of taking a medication and are studied during the clinical trials and drug development. Side effects will usually resolve on their own.

An adverse reaction has not been documented like side effects during clinical trials and was not expected. They are unique to each person and can be life threatening. There is no way to know if your resident will have an adverse reaction.

*Adapted from: IWPharmacy Blog; [Side Effect vs. Adverse Event](#),
by Vivian Tahmasbi, PharmD (January 22, 2019)*

Common Side Effects

Side effects are the unintended effects of a medication, and they can happen at any time. Some are mild and may disappear after a short time. Others can persist the entire time the medication is taken and sometimes beyond. Some side effects are life threatening. It is very important for you to learn about each medication your resident is taking and the side effects that may occur. Ask their physician what kind of reactions they should be notified about immediately. Also check with their pharmacy. Pharmacists know about the side effects and interactions of the drugs they dispense. Medication information sheets should come with every new medication.

- | | |
|--|--|
| • Skin rash | • Muscle pain |
| • Increased heart rate | • Constipation |
| • Changes in sleep | • Abnormal movement (face, tongue, body) |
| • Decreased energy | • Stooped posture |
| • Sedation | • Blank facial expression |
| • Changes in weight or eating patterns | • Feeling dizzy or lightheaded |
| • Tremors, shakiness | • Dry mouth |
| • Balance problems | • Blurred vision |
| • Shuffling when walking | • Diarrhea |
| • Confusion | • Nausea |
| • Changes in ability to concentrate | • Vomiting |
| • Hyperactivity | • Increased risk of sunburn |

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Adverse Reactions

An adverse reaction is a change that was not expected or dangerous. If you believe your resident is having an adverse reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the resident's physician right away and follow their direction. Be prepared to tell the physician the following information:

- A list of your resident's current medications
- A description of how your resident looks (pale, flushed, tearful, strange facial expression, covered in red spots)
- Any changes in their behavior or level of activity
- What your resident is exhibiting, for example: confusion
- When the symptoms started

Write down and report any changes in their bodily functions:

- Is the individual eating or drinking?
- Do they have a good appetite or no appetite?
- Are they experiencing any nausea, vomiting, loose feces, constipation, problems urinating?
- Describe any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
- Describe any known allergies to food or medication

You may need to call 911 if signs of a severe allergic reaction develop after taking a medication. Signs of an allergic reaction include:

- Wheezing or difficulty breathing
- Swelling around the lips, tongue, or face
- Skin rash, itching, feeling of warmth, or hives

Be sure to document in the resident's record/medication log.

Medications and Aging

Medications/drugs are absorbed and used differently in the body as we age.

According to the U.S. Food and Drug Administration (FDA), “*changes in the digestive system can affect how fast medicines enter the bloodstream.*

Changes in body weight can influence the amount of medicine you need to take and how long it stays in your body. The circulatory system may slow down, which can affect how fast drugs get to the liver and kidneys. The liver and kidneys also may work more slowly, affecting the way a drug breaks down and is removed from the body.”

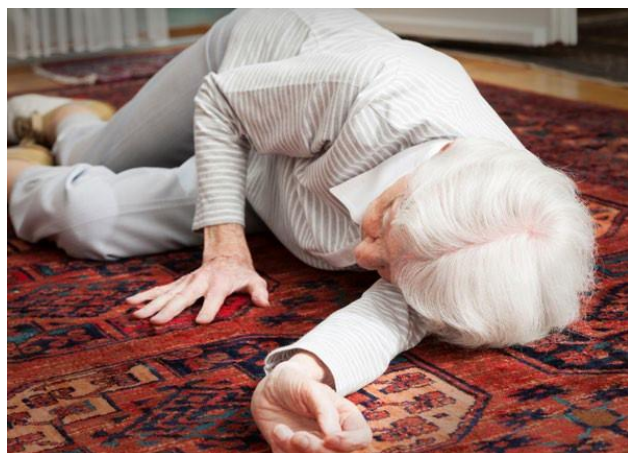


Older adults:

- Have more chronic medical conditions such as arthritis and high blood pressure. The use of medications to treat these conditions is the most common intervention.
- Tend to take multiple medications due to these chronic conditions. Polypharmacy is defined as the administration or use of more than five medications.
- Are more sensitive to the effects of taking multiple drugs and their side effects.
- Are at an increased risk of drug interactions due to the number of drugs and their effects on the body.
- Are more sensitive to side effects as drugs tend to stay in the body longer.

Medications That Can Increase the Risks of Falls

In the article, [Preventing Falls: 10 types of Medications to Review if You're Concerned About Falling](#), by Leslie Kernisan, MD MPH, medications are cited as one of the most common causes of increased fall risk in older adults. The more drugs your resident takes, the greater the chance that one or a combination of them will make a fall more likely to happen. Some medications are well known for side effects that increase a person's risk of falling. It is important to have medications reviewed to identify any that may increase the risk of your resident falling. Medications that are identified should be discussed with the resident's prescriber to determine if any can be reduced or eliminated. The term used to reduce medications is called “deprescribing”.



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
- Antidepressants*
- Antipsychotics
- Benzodiazepines
- Opioids
- 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
- Antihistamines
- Medications affecting blood pressure
- 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



STEADI Stopping Elderly Accidents, Deaths & Injuries

The Centers for Disease Control and Prevention (CDC) [Medications Linked to Falls – Fact Sheet](#)

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The following is a list of ten of the commonly used types of medication that increase the risk of falls in older adults according to Dr. Kernisan's article:

Medications that affect the brain

1. Benzodiazepines – used to help people sleep or with anxiety.
2. Non-benzodiazepine prescription sedatives – used to help people sleep – insomnia or sleep difficulties.
3. Antipsychotics – originally for treatment of schizophrenia and other psychosis symptoms. Are also used to help control difficult behaviors for people with dementia. Sometimes they are used to treat depression.
4. Anticonvulsants/Mood-stabilizers – used to treat seizures. May also be used to treat bipolar disorder and behaviors due to dementia.
5. Antidepressants – used to treat depression.
6. Opioid (narcotic) analgesics – Used to treat pain.
7. Anticholinergics – OTC sleeping aids as well as prescription drugs. These types of drugs include:
 - a. Sedating antihistamines such as Benadryl
 - b. "PM version of OTC analgesics, such as Nyquil
 - c. Medications for overactive bladder, such as Ditropan
 - d. Medications for vertigo, motion sickness, or nausea, such as Antivert
 - e. Oral medications for itching, such as hydroxyzine
 - f. Muscle relaxants, such as Flexeril
 - g. "Tricyclic" antidepressants, such as Paxil

Medications that affect blood pressure

8. Antihypertensives – used to treat high blood pressure.
9. Other medications that affect blood pressure, such as alpha-blockers (tamsulosin or terazosin) or prostate-specific alpha-blockers.

Medications that lower blood sugar (for people diagnosed with diabetes)

10. Medications that lower blood sugar can cause or worsen hypoglycemia which may cause falls.

Psychopharmacologic Medications

Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affect a person's ability to perform normal activities and to relate effectively to others. Many individuals with developmental disabilities who also have a psychiatric disorder, and individuals who have been diagnosed with a mental illness are often treated with psychotropic medications alongside other interventions. Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception.

Psychoactive medications are drugs that are used to treat mood and thought disorders by way of their effect on the chemicals in the brain. As with any drug, there is a potential for serious side effects. When drugs are taken long-term, there may be a greater chance for side effects. **It is important to understand that not all behaviors and symptoms need to be treated with psychoactive medications.** Classes of psychoactive medications include antidepressants, antipsychotics/neuroleptics, mood stabilizers, sedative/hypnotics, stimulants, and anti-anxiety drugs.



It is important, as with any drug, to not stop the medications suddenly unless directed by the resident's physician.

Before your resident starts medications to address a behavior or possible mental health issue, be sure all other reasons have been ruled out by their physician. Pain, hearing/vision problems, or an undetected medical problem may sometimes be the cause of severe distress.

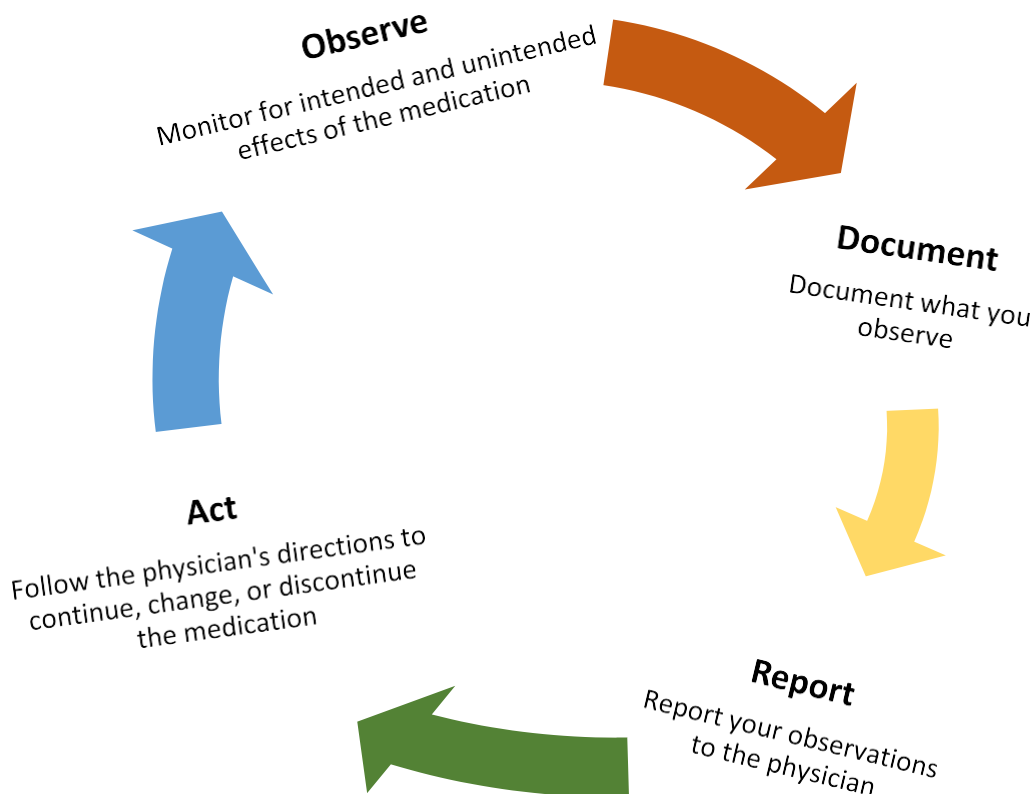
[WAC 388-76-10463](#) – Medication—Psychopharmacologic

For residents who are given psychopharmacologic medications, the AFH **must** ensure:

- The resident assessment indicates that a psychopharmacologic medication is necessary to treat the resident's medical symptoms.
- The drug is prescribed by a physician or health care professional with prescriptive authority.
- **The resident's NCP includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed.**
- Changes in medication only occur when the prescriber decides it is medically necessary; and
- The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

Monitoring The Effects of Medication

You need to know the intended and unintended effects of each medication your residents take. Monitoring medications is an ongoing cycle.



Medication Guides and Information Sheets

Medication Information Guides, Package Inserts, Pharmacy Information Sheets, and Patient Tips

A **Medication Guide** includes the same information as the package insert but is written in a different format with risk information right up front and in language geared toward a patient or consumer, rather than a healthcare professional.

“Medication Guides are paper handouts that come with many prescription medicines. The guides address issues that are specific to particular drugs and drug classes, and they contain the Food and Drug Administration (FDA – Federal Program) approved information that can help patients avoid serious adverse events. FDA requires that Medication Guides be issued with certain prescribed drugs and biological products when the Agency determines that certain information is necessary to prevent serious adverse effects, patient decision-making should be informed by information about a known serious side effect with a product, or patient adherence to directions for the use of a product are essential to its effectiveness.” ([Medication Guides | FDA](#))

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Package insert is a document included in the package of a medication that provides drug prescribing information. The package insert includes details and directions that health care providers need to prescribe a drug properly, including approved uses for the drug, contraindications, potential adverse reactions, available formulations, dosage, and how to administer the drug. The package insert is included with drug packaging.

Pharmacy Information Sheets

The pharmacist will provide you with additional information about the prescribed drug. The label cannot tell you everything. Information includes warnings or cautions, drug uses, how to use the drug, side effects, precautions, drug interactions, overdose information and how to store the drug.

Patient Tips

You can find patient tips on many websites such as Drugs.com. The Patient tips will often tell you the answers to the Seven Important Questions.

The 5 Rights of Medication Administration + 2

Ask yourself the following questions **EVERYTIME**. These are especially important if you are training new staff who are not familiar with all the residents.

1. Am I giving the medication to **The Right Resident**?

- How do you verify? Check their picture in their record. Carefully check the name on the medication label. If medications are given to the wrong person, it could cause harm or even death.
- Prepare medications for one person at a time.
- Do not become distracted when giving medications, refrain from having conversations with others, and stop doing any other tasks.
- Always stay with the resident until the medication is taken.



2. Am I giving **The Right Medication**?

- Read the label. All prescription medications are required to be labeled with the following:
 - Resident name
 - Medication name
 - Physician's name
 - Pharmacy name/number
 - Dosage
 - Route
 - Expiration date
 - Schedule
 - Strength
 - Directions for use
 - Quantity in the prescription
 - Number of refills



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- b. Read the physician's order carefully and make sure that the order matches the name on the label.
- c. Read the MAR, verify that the name on the label, the order, and MAR all match.
- d. Look at the medication and if it is a refill note any differences in size, shape, or color. Does it match up to what you usually give? If not, look for any documentation to support the difference. If you do not see any, call the pharmacist because you may have the wrong medication.
- e. Verify the medication is not expired.

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 cut, etc.)
- ✓ **Third Check** – When putting it back into the storage area

3. Am I giving **The Right Dose/Amount**?

- a. A dose refers to a specified amount of medication given at one time.
- b. Compare the dosage information to the physician's order and MAR.
- c. Know the correct dosage symbols and abbreviation for medications.
- d. Be sure the amount taken matches the label.



4. Am I giving it at **The Right Time**?

- a. Regularly scheduled medications are taken at certain times of the day or days of the week.
- b. Medications must be given within a two-hour time window. This means that the medication is given between one hour before and one hour after the listed time on the MAR, unless otherwise ordered.
- c. You may obtain a physician's order to go outside the two-hour window for certain circumstances such as when a resident who normally takes medications at 7 am, likes to sleep in until 10 am on weekends or a resident is going on an outing and a medication would need to be given a bit early. The physician must write an order with specifics including how early or late the medication may be taken and under what circumstances the medication may be given either early or late.
- d. If a medication is given outside the normal two-hour window, document when the medication was given and why it was given outside the window. **If there is not an order to give a medication outside the two-hour window, it is considered a medication error.**



5. Am I using **The Right Route**?

The way the medication enters the body is called the "route". The most common are:

- a. **Oral** – taken by mouth (tablets, capsules, syrups, mouthwashes, reconstituted powders, etc.)
- b. **Sublingual** – placed under the tongue to dissolve
- c. **Topical** – applied to the skin or mucous membranes (creams, lotions, eye drops, etc.)
- d. **Otic** – placed in the ear
- e. **Ophthalmic** – placed in the eye
- f. **Suppositories** – inserted into the rectum or vagina
- g. **Aerosol medications** – inhaled through the nose or mouth
- h. **Injected** – piercing the skin with a needle and putting the medication into a muscle, fat, tissue, under the skin, or into a vein



When given by the wrong route, harm may occur to the individual. For example, if a medication that is meant to be placed in someone's ear, is put into the eye, serious damage could occur to the eye.

+ Did the resident **Refuse** their medication?

- a. If your resident is refusing their medication, review the Right to Refuse section in the module.



+ Have I done all **The Required Documentation**?

- a. Document that a medication was administered to the resident on the MAR/medication log **OR** if a medication was not administered and the reason it was omitted.
- b. Documenting that a medication was given, means you:
 - i. Witnessed the resident self-administer their medication.
 - ii. Assisted them with administering their medication.
- c. Always document each medication administered on each person immediately. Do not go back and fill in the MAR after you have finished helping all the clients with their medications.
- d. You cannot document medications that another staff person administered. Only document the work that you do.
- e. To document on the MAR:
 - i. Use blue or black ink only; no pencil or white-out can be used.
 - ii. Never cross out or write over documentations.
 - iii. If you make a mistake, circle your mistake, and write a note on the log to explain what happened.



Medication Assistance

[WACs 388-76-10440](#), [388-76-10445](#), [388-76-10450](#), [388-76-10455](#)

As the AFH provider, you must ensure that each resident assessment identifies the amount of medication assistance they need. Make sure the resident's physician knows of any physical or mental limitations the resident has and that they are residing in your AFH.

You must contact the resident's physician to determine if there is a need for a reassessment when the resident has a change in their health status, medications, physical or mental limitations, or environment that might change their need for medication assistance, or if the resident may need more than one kind of medication assistance.

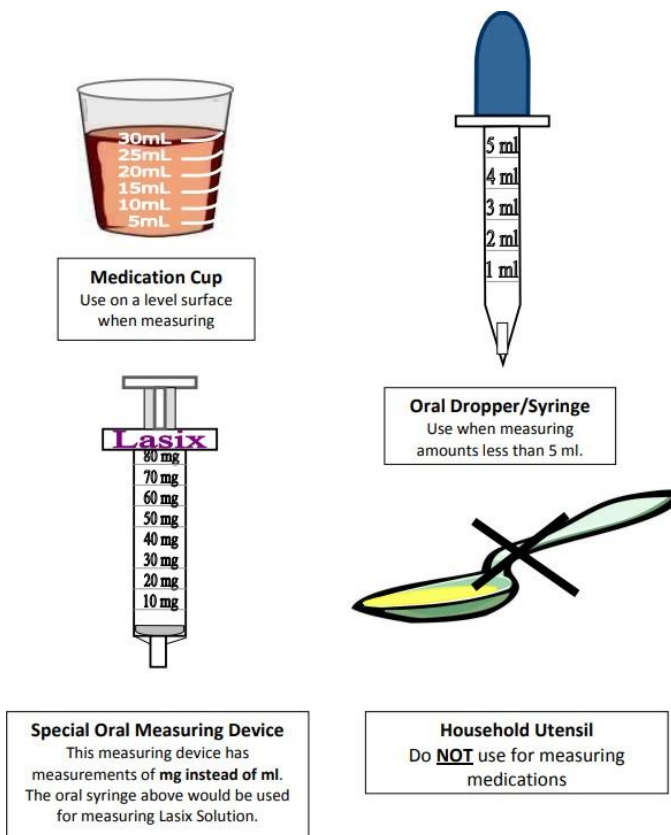
Levels of Medication Assistance

- **Independent Self-Administration** – The resident does not need **any** help taking their medications and is able to directly take their medications by eating or drinking, inhaling, by injection, through the skin or other means. Residents that self-administer, are allowed to keep their prescribed and OTC medications securely locked in either their room or another agreed upon location. Self-administration is documented in their NCP. A medication log is not required.
- **Self-Administration with Assistance** – When a resident is assisted in taking their medication by a nonpractitioner. You must ensure:
 - The resident can:
 - Put the medication into their own mouth; or
 - Apply, inject, or instill (drop-by-drop) the medications.
 - You must:
 - Provide set-up assistance just before the resident takes or applies the medication; or
 - Only give oral medications through a gastrostomy or "g-tube" when ordered by the practitioner; and
 - Ensure the resident is aware they are taking a medication; however, the resident does not have to name the medication, effects, or side effects.
 - **DOES NOT** include:
 - Shots or intravenous medication as defined in WAC [246-888-020](#), except for a prefilled insulin syringe.
 - Direct assistance with intravenous and injectable medications except the home may carry a prefilled insulin syringe which the resident can administer.
 - **MAY** include:
 - Steadying or guiding a resident's hand while applying or instilling medications such as ointments, eye, ear, and nasal preparations.
 - Transferring the medications from one container to another to make a single dose such as pouring a liquid from the medication container to a calibrated spoon or measuring cup.
 - Reminding or coaching the resident to take their medication.
 - Using an enabler.

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- Could Include:
 - Delivering a prefilled insulin syringe to the resident if the resident independently self-administers the injections per WAC 246-888-020.
- **Medication Administration** – When medications are administered to the resident by a person legally authorized to do so (the resident's physician, through nurse delegation, a family member, or their legally appointed resident representative).
 - You need to know why the medication is being given, what the expected result is, possible side effects, and if there are any precautions
 - Follow the **Five Rights of Medications** EVERY time
 - Right Person
 - Right Medication
 - Right Dose
 - Right Route
 - Right Time
 - +Right to Refuse
 - +Right Documentation
 - Stay with your resident until the medication is taken
 - Never give or document medications set up by another person – only give and document medications you have set up and administered
 - Only give medications from containers that have an intact pharmacy label as it was prescribed or an OTC manufacturer's intact label

NOTE: An “enabler” is a physical device used to facilitate a resident's self-administration of a prescribed or OTC medication. Physical devices include, but are not limited to a medicine cup, glass, cup, spoons, bowl, prefilled syringes, syringes used to measure oral liquids, specially adapted table surfaces, drinking straw, piece of cloth, and the resident's hand.



MEASURING TIPS



10cc = 10ml
20cc = 20ml
30cc = 30ml

Reminder: 1cc = 1ml

A cubic centimeter is the same as a milliliter.

TIP: use an oral syringe for amounts less than 5ml



mg. \neq ml.

A mg is NOT the same as a ml !!!

TIP: Always read the label carefully to be sure you are measuring the right thing.



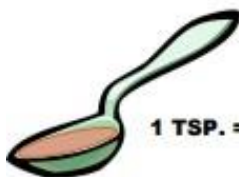
←15ml→



If the strength of a medication is 20mg/5ml, this 15ml cup contains 60mg of medication.

If the strength of a medication is 40mg/5ml, this 15ml cup contains 120mg of medication.

YOU CAN'T TELL THE DIFFERENCE BY LOOKING



1 TSP. = 5ml.



TIP: Don't use household teaspoons. They are not accurate!

TIP: To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.



1 tbsp. = 3 tsp



3 tsp. = 15ml



25 mL



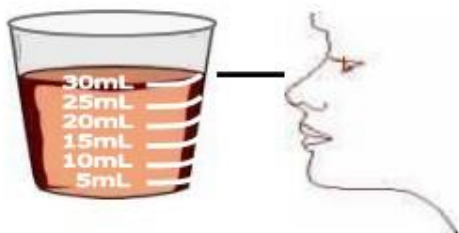
TIP: When measuring liquids, hold the cup at eye level.

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 mls, **ALWAYS** use a measuring device that is marked in mls.
5. If the label says to measure in mgs, **ALWAYS** use a measuring device that is marked in mgs 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 mgs.
5. **NEVER** measure mgs with measuring devices that are marked in mls.

mg \neq ml

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

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Steps for Medication Administration

These steps **must** be followed every time for every medication regardless of the route taken.

1. Wash your hands
2. Review the information on the MAR:
 - Resident's name
 - Verify all medications ordered are listed
 - Identify the medications that are to be given for this time of day
 - Confirm that the last dose was given
 - Confirm that the dose due has not already been given
 - Look for any allergies or signs to look for
 - Review any special instructions
 - Confirm the entire name of medication, the strength, and the dose for the medications you will giving at this time are on the MAR
3. Get the medication from the storage area – remember to lock the storage area if you step away from it **for any reason**. (NOTE: You can be cited for stepping away from an open medication storage closet/area to answer the phone or door and you have taken your eyes off it.)
4. Read the entire label carefully, note the expiration date and any special instruction.
5. Compare the bottle label to the MAR – they must match exactly. Confirm the Five Rights of Medication Administration again. If they do not match, do not administer until you have clarification from their physician or pharmacist.
6. Do not touch the medication with your fingers or place in your hand. Pour the medication into the lid of the container and then into a dispensing cup. If dispensing from a bubble pack, place the dispensing cup under the correct bubble and push the pill(s) into the cup. If there are several medications in one bubble, identify each pill/capsule and compare it to the label and MAR before putting it into the dispensing cup.

NOTE: Only prepare medications for one person at a time. Never prepare medications ahead of time. They cannot be left out for later. Never administer medications prepared by someone else.

Nurse Delegation

The Nurse Delegation Program, under Washington State law, allows long-term care workers (LTCW) working in certain settings to perform certain nursing tasks – such as administration of prescription medications or blood glucose testing, and insulin injections – normally performed only by licensed nurses. A registered nurse must teach and supervise the LTCW, as well as provide nursing assessments of the patient's condition. [WAC 246-840 to 960](#)

You must notify your Registered Nurse Delegator (RND) anytime there is a new or change in medications. The RND will review the changes and document action taken on the Nurse Delegation: Change in Medical Orders ([13-681](#)) form. You will learn more about nurse delegation in Module 10 – Admitting Your Resident.

Nurse Delegation: Change in Medical / Treatment Orders			
1. CLIENT NAME		2. DATE OF BIRTH	
3. SETTING		4. DATE RND WAS NOTIFIED	
5. BY WHOM		6. CHANGES IN ORDER(S)	
7. HOW WAS THE CHANGE RECEIVED?		8. EFFECTIVE DATE OF CHANGE	
9. ONLY COMPLETE IF NUMBER 7 WAS A VERBAL ORDER		10. NURSING TASK(S)	
11. THIS MEDICATION(S) IS:		12. DATE ORDERED	
13. NAME OF MEDICATION		14. START DATE	
15. STOP DATE (IF APPLICABLE)		16. STRENGTH/DOSE	
17. MEDICATION FREQUENCY		18. ROUTE	
19. NOT TO EXCEED		20. REASON FOR MEDICATION	
Optional Task Sheet: (21-29)			
21. STEPS TO PERFORM THE NEW TASK			
22. EXPECTED OUTCOME OF DELEGATED TASK			
Report side effects or unexpected outcomes to:			
23. RND NAME (PRINT)		24. TELEPHONE NUMBER	
25. WHAT TO REPORT TO RND			
26. HEALTH CARE PROVIDER		27. TELEPHONE NUMBER	
28. WHAT TO REPORT TO HEALTH CARE PROVIDER			
29. WHAT TO REPORT TO EMERGENCY SERVICES, 911			
Select Only One of the Following			
30. <input type="checkbox"/> Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated Long Term Care Worker(s) (LTCW) and this form should be added to the client's chart. OR			
31. <input type="checkbox"/> A site visit is required for training or assessment prior to delegation. The LTCW(s) may not perform the task until the site visit is completed.			
32. RND SIGNATURE		33. DATE	

To register concerns or complaints about Nurse Delegation, please call 1.800.562.6978

DISTRIBUTION: Copy in client chart and in RND file

NURSE DELEGATION: CHANGE MEDICAL / TREATMENT ORDERS
DSHS 13-681 (REV. 07/2017)

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Timing of Medications

[WAC 388-76-10470](#) The adult family home must ensure medications are given at the specific times ordered by the practitioner. However, when the practitioner does not order a medication to be given at a specific time, but orders a medicine to be given one or more times per day, medicines may be given as follows:

- Once per day, approximately every twenty-four hours
- BID, TID, or QID means that a medication is given twice, three times, or four times a day **during the awake hours** rather than at exact intervals over 24 hours.
 - Twice per day (BID), approximately twelve hours apart, or morning and evening
 - Three times a day (TID), approximately six hours apart, or three times during the awake hours – morning, mid-day, and evening.
 - Four times a day (QID), approximately four hours apart, or rather the medication should be given at approximately equal lengths of time apart 4 times during the normal awake time. This would be during the hours from the normal waking times such as 6 or 7 am and the normal going to bed hours; 8 to 10 pm.

The High Cost of Not Taking Your Medicines as Prescribed

The Centers for Disease Control and Prevention (CDC) estimates that non-adherence causes 30 to 50 percent of chronic disease treatment failures and 125,000 deaths per year in this country. Twenty-five to 50 percent of patients being treated with statins (cholesterol lowering medications) who stop their therapy within one year have up to a 25 percent increased risk for dying.

[8 Tips for Sticking to Your Medication Routine](#)

Module 6b - Medication Systems and Documentation – Part 1

NOTE: Medications may be prescribed for **every** 4 hours or **every** 6 hours or at other intervals. Unless the prescription indicates that this only refers to when the person is awake which would be written “while awake”, then you will need to awaken the resident to give the medication at the correct time.



Remember, unless the medication indicates a particular time, take into consideration a resident’s right to choose when they wake up and go to bed.

In addition, all directions given by the practitioner with respect to timing are followed when assisting or giving each resident medication. This includes, but is not limited to:

- Before meals
- After meals
- With or without food
- At bedtime
- With other medications

If the medication order does not include a specific time or times to give the medication, consult with the prescriber or pharmacist to determine the best time(s) to give the medication. Also consider:

- When does the individual take other meds? Try to schedule medications so that they will have the least impact on the individual’s daily activities.
- If you must choose a time of day that differs from the time that other medications are administered, beware! New or “off-time” meds are more likely to be forgotten or overlooked.
- If the person is receiving enteral feedings, you must ask the pharmacist if the medication and the feeding will interact. If the answer is yes, you will need to separate the enteral feeding and the medication by at least 30 minutes.

Establish *total windows of time* that do not exceed the following:

- **1** hour for time-critical scheduled medications
- **2** hours for medications prescribed more frequently than daily, but not more frequently than every 4 hours; and
- **4** hours for medications prescribed for daily or longer administration intervals.

What To Do If You Miss the Administration Window

What you do depends on the medication. If it is almost time for the next dose (within 2 hours), skip the missed dose and take the next dose when it is due. Otherwise, administer it as soon as it is remembered, and then go back to the schedule as usual. Do not provide a double dose to make up for the dose that you missed. Be sure to document on the MAR.

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Medication Timing Errors

The issue of what constitutes a medication error with respect to timing of medications remains under discussion. CMS has provided a few guidelines on this topic:

1. Verify that there are policies and procedures, approved by a provider, addressing the timing of medication administration.
2. Verify that your home acts consistent with its policies for identified medications which are:
 - Not eligible for scheduled dosing times.
 - Eligible for scheduled dosing times and are time-critical; and
 - Eligible for scheduled dosing times and are not time critical.
3. Verify your home has established total windows of time that do not exceed the *total windows of time* indicated above.



Right to Refuse

A resident has a right to refuse their medication ([WAC 388-76-10435](#)). If you are assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication, you must notify their physician unless you, your entity representative, resident manager, or caregiver is a nurse or other health professional acting within their scope of practice and is able to make a judgment about the impact of the resident's refusal.

If your AFH becomes aware that a resident who self-administers or takes their own medications, refuses to take a prescribed medication, you must notify the practitioner, unless, as above, you are acting within your scope of practice and is able to make judgement about the impact of the resident's refusal.

The refusal may be an actual refusal, meaning they directly refuse the medication, or a passive refusal, meaning you need to watch to ensure the medication was taken. For example, your resident may spit out the medication, hide it in their mouth, or attempt to hide it elsewhere. There are many different reasons your resident may refuse their medication, such as:

- The effects and/or side effects are unpleasant or unwanted
- It tastes bad
- It is hard to swallow
- Religious, cultural, or ethnic beliefs
- Depression or lost the will to live
- Delusional thinking that you are trying to hurt/poison them

Try to determine the reason for the refusal. If the resident does not give a reason, try coming back with the medication in a few minutes. If they are still refusing, give them a little more time before trying again. If the answer is still no:

1. Notify their prescribing physician and document the refusal.
2. Document the refusal and the reason the resident gave, if applicable.
3. If the resident did not explain the reason for their refusal, do your best to determine if it is related to one of the possible reasons listed below.
 - a. If it is too difficult to swallow, check with the pharmacist or doctor. They may be able to use a different method, alter the medication, or switch to an alternative.

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- b. If the effect of taking the medication interferes with an activity or their sleep, ask the prescribing physician if you can change the time the medication is given or if there is another alternative.
- c. If the resident is starting to hide their medications in their mouth (“cheek”) or spit out their medication, you need to address the behavior. Reach out to your available resources if needed. If this is a new behavior, you will need to update their NCP and their assessment may need to be updated.

NOTE: Passive resistance is not unusual for individuals with dementia or a mental illness.

Altering Medications



"Altering a medication" means changing prescribed or OTC medications and includes, but is not limited to crushing tablets, cutting tablets in half, opening capsules, and mixing powdered medications with food or liquids. Some medications cannot be altered, such as extended release (ER) and sustained release (SR) medications.

You must consult with the practitioner or pharmacist and receive permission before altering any medication. Another alternative, such as a liquid may be an option instead of a pill. If the practitioner or pharmacist agrees with altering a medication, be sure to document on the medication log, the time, date, and the name of the person who

provided the consultation as well as documenting in the resident's Negotiated Care Plan.

You must ensure the resident is aware that a medication is altered and/or put in their food or drink.

[WAC 388-76-10465](#)

Medication Orders

Adapted from [DHSR Adult Care Homes Training](#)

A medication order is written directions provided by your resident's physician for a specific medication to be administered to the resident. The physician may also give a medication order verbally to a licensed person such as a pharmacist or a nurse.

Unless you are a nurse or other licensed professional, you cannot take verbal medication orders from a prescribing practitioner. This is outside the scope of what you can do as an AFH provider. You must get **written** orders – [WAC 388-76-10475 \(c\)](#).

Components of a Complete Order

An order from the resident's physician or prescriber must contain the following information:

- Name of Medication
- Medication Strength (if required), dosage and route
- Frequency of Administration
- Specific directions for use
- Reason for administration if the medication is ordered PRN or “as needed”

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Examples:

Lasix 40 mg. – 1 tablet by mouth once a day in the morning.

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

NOTE: **DO NOT** accept medication orders that state “continue previous medications” or “same medications” because they are not complete medication orders

ACTIVITY: Medication Orders

Identify the information missing for each medication order below:

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 _____

NOTE:

- All medications, including prescription, PRN, and over the counter (OTC) medication **MUST** have a physician’s order.
- You **MUST** have an order to discontinue any medication

Working with Family

Working with families around medication requirements can be challenging. Remember these high points:

- **All medications**, including those brought by the family, must have a physician’s order. This includes vitamin supplements and OTC pain relievers such as acetaminophen, even if they are still sealed. If the family brings you these items, let them know that you cannot legally accept them without a physician’s order. The family will need to return home with them until an order is received.
- Only a licensed nurse, pharmacist, the resident, or the resident's family member can fill a resident's medication organizer. ([WAC 388-76-10480 - Medication Organizers](http://WAC388-76-10480-MedicationOrganizers)) **This task cannot be delegated.**
- Upon admission of a new resident, the family may bring all their current medications with them. As mentioned above, you must have a physician’s order. Any medications that do not have an order or are expired, return to the family and refer them to takebackyourmeds.org or Med-project.org website to look up safe drop off location.




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PRN Medications

A PRN prescription means the medication is not scheduled and is given through [nurse delegation](#) as needed or necessary within a designated time.

The RND will complete a [13-678A – Nurse Delegation: PRN Medication](#) form for PRN medications ordered by your resident’s physician.

The acronym **PRN** is an acronym commonly used in the medical field for the Latin phrase "pro re neta" which translates to "as the need arises".

		Nurse Delegation: PRN Medication TO BE COMPLETED ONLY IF PRN MEDICATIONS ARE DELEGATED	
1. CLIENT NAME		2. DATE OF BIRTH	3. SETTING
Order 1			
4. DATE ORDERED	5. NAME OF MEDICATION	6. DOSE / FREQUENCY / ROUTE	7. ROUTE
8. NOT TO EXCEED	9. REASON FOR MEDICATION		
10. SYMPTOMS FOR ADMINISTRATION			
11. NOTES			
12. RND SIGNATURE			13. DATE
Order 2			
4. DATE ORDERED	5. NAME OF MEDICATION	6. DOSE / FREQUENCY / ROUTE	

PRN Example: Mary has a medication order for Tylenol, 650 mg by mouth every four hours as needed for pain or fever. Your delegating nurse has trained you on the use of Tylenol and completed the PRN Medication form outlining how the PRN medication is used. Mary has a headache. You have checked the medication log to verify that Mary has not received any Tylenol within the past 4 hours. According to the PRN delegation, the specific symptoms that Mary can have the Tylenol for are "pain" and "fever". This means that you can give Mary Tylenol for her headache. Document in the MAR the time and reason the PRN medication was given and the outcome.

NOTE:

- Do not accept orders that require nursing judgement like: "Tylenol 325 mg, 1 or 2 tabs every 4-6 hrs.
- Look instead for: Tylenol 325 mg, 2 tabs by mouth every 4-hrs as needed for pain, not to exceed 3000 mg daily.
- If you have any question about giving a PRN medication, call the resident’s physician.



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.

ACTIVITY – Label Abbreviations Commonly Used – Pretest

Match the definition with the abbreviation:

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	_____ q.i.d. (QID)
I. Four times a day	_____ h.
J. Grains	_____ h.s. (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

Module 6b - Medication Systems and Documentation – Part 1

Times of Day

The following tables are from the State of Montana - JJustad, MD, DDP; Medication/MAR training

Abbreviation	Times of Day Descriptions
BID	<ul style="list-style-type: none">Means a medication is given twice a day during normal awake hours, not at exact intervals over 24 hoursDoes not mean 12 hours apart but rather in the morning and in the evening
TID	<ul style="list-style-type: none">Means a medication is given three times a day during normal awake hoursDoes not mean 8 hours apart but means three times during the day: morning, mid-day, and evening
QID	<ul style="list-style-type: none">Means a medication is given four times a day during normal awake hoursDoes not mean every 6 hours but rather it is given at close to equal times apart throughout a normal day while awake
2 qd or two daily	<ul style="list-style-type: none">Means that two tablets (or capsules, etc.) Are given together once during the day.It does not mean to give one tablet twice during the day (that would be bid)
3 qd or three daily	<ul style="list-style-type: none">Means to give three tablets together once during the dayIt does not mean to give one tablet three times during the day (that would be tid)
q 4 hrs. or every 4 hours	<ul style="list-style-type: none">Medications may be prescribed for every 4 hours (or any other interval)The person may need to be awakened to take medications if written this way, unless the prescription states “while awake”
q am	<ul style="list-style-type: none">“Q” means “every” so “q am” means every morning.When a medication is ordered for only certain days of the week, then “q am” refers to “in the morning” on those days that the medication is orderedFor example, “q am twice weekly” would translate to “in the morning twice a week” or “in the morning on Monday and Thursday”The same rules hold true for qd (every day), q pm (every evening) and q hs (every bedtime or night)

Most order are written avoiding these terms; however, you may still see them, for example:

- New way: Atenolol (Tenormin) 50 mg, 1.5 tab (75mg) by mouth, twice daily at 8AM and 8PM
- Old way: Atenolol 50 mg, 1.5-tab p.m. BID

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Frequently Used Dosing Schedule Examples

Frequently used dosing times for BID, TID, QID, and q am, q pm and hs medications.



The following tables are from the State of Montana - JJustad, MD, DDP; Medication/MAR training

Abbreviation	AM	Daytime hours	Daytime hours	PM
BID	6, 7, 8			6, 7, 8
TID	6, 7	12, 1		7, 8
QID	6, 7	11, 12	3, 4	8
q am	6, 7			
q pm				5, 6, 7
q hs				7, 8, 9

Frequently used dosing times for specific interval hours of administration

q 6 hrs – or every 6 hours	6 am, 12 noon, 6 pm, midnight, or 7 am, 1 pm, 7 pm 1 am
q 8 hrs – or every 8 hours	6 am, 2 pm, 10 pm, or 7 am, 3 pm, 11 pm

Frequently used schedules for intermittent medication dosing during the week

2/wk. or 2 x (times) per week or twice weekly, etc.	Monday and Thursday, or Tuesday and Friday, or Wednesday and Saturday or Sunday
3/wk. or 3 x per week or three times weekly, etc.	Monday, Wednesday, and Friday (MWF), or Tuesday, Thursday and Saturday or Sunday (TThS)
4/wk. or 4 x per week or four times weekly, etc.	Saturday, Sunday, Tuesday, and Thursday (SSTTh)

Module 6b - Medication Systems and Documentation – Part 1

Diagram illustrating the components of a prescription label:

- Name and address of the pharmacy: **Bidwell Rx**, 1815 Metropolitan St, Pittsburgh, PA 15233, www.btc-medical.org, 412.323.4000
- Prescriber's name: **DR JOHN SCHOULTIES**
- Date of filling: **08/31/2013**
- Auxiliary labels: **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.**
- Prescription number: **RX 0123456789**
- Patient's name: **PEARSON, PATRICIA**
- Directions for use: **TAKE ONE TABLET BY MOUTH EVERY DAY**
- Medication name, strength, and dosage form: **Atorvastatin calcium 20 mg Tablets**, **Watson**
- Quantity dispensed: **QTY 30**
- Refills left: **REF 2**

ACTIVITY - Prescription Labels have the following information on the label. What two items are missing from the prescription label above?

- 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)

Reading an OTC Label

The OTC label tells you what the medicine is supposed to do, who should or should not take it, and how to use it. The FDA, using the Nutrition Facts food label as an example, published the OTC Drug Facts Label regulation in 1999. The regulation requires that most OTC drug products comply with the following format and content requirements. [OTC Drug Facts Label - FDA](#)

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.									
<table border="1"> <tr> <td>Directions</td> <td></td> </tr> <tr> <td>adults and children 12 years and over</td> <td>take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours</td> </tr> <tr> <td>children 6 years to under 12 years</td> <td>take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours</td> </tr> <tr> <td>children under 6 years</td> <td>ask a doctor</td> </tr> </table>		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
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									

The label information **must appear in this order**:

1. **Active Ingredient with the amount in each dosage unit, and the Purpose.** This section lists the ingredient that makes the drug work. It also lists what the active ingredient does and how much of it is in each medication dose.
2. **Uses** - The uses/symptoms and conditions the drug can treat.
3. **Warnings** – Tells you about any severe side effects or drug interactions that can occur and describes who should not use the drug. It tells you when to stop using the drug and when to consult your doctor and/or pharmacist.
4. **Directions**--when, how, and how often to take the drug.
5. **Other Information** – How to store the drug and if sensitive to heat or moisture.
6. **Inactive Ingredients** – other ingredients added to the active ingredients such as dyes, preservatives. Some of these ingredients may cause an allergic reaction.

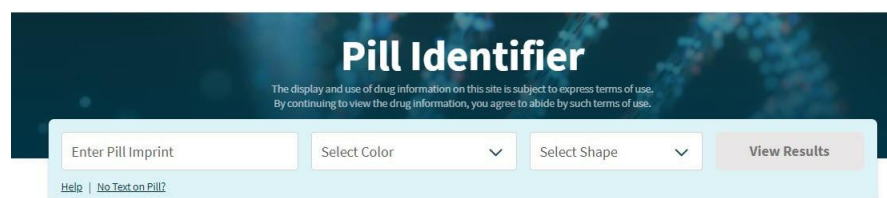
Drug information Resources

There are many online resources to learn about a drug your resident has been prescribed and how to identify it. Photos of the medications help you identify what is in the bubble pack/medication bottles you receive from the pharmacy. A few examples are listed below.

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

Lisinopril is one of the [top ten drugs](#) prescribed to older adults. Qbrelis, Zestril, and Prinivil, are brand names for Lisinopril. Lisinopril is usually prescribed for high blood pressure and congestive heart failure. See screen shots below using Lisinopril as an example.

-webmd.com



Drugs & Medications Resources



-[Medscape.com](https://www.medscape.com)



-[Drugs.com](https://www.drugs.com)

Module 6b - Medication Systems and Documentation – Part 1

Pill Identifiers

Pill Identifier

Search by Imprint, Shape or Color

Use the pill finder to identify medications by visual appearance or medicine name. All fields are optional.

Tip: Search for the imprint first, then refine by color and/or shape if you have too many results.

Pill Imprint

Color (optional)

Shape (optional)

Search

Enter the letters or numbers from your pill

Example

9 3

5510

SIDE A

SIDE B

FOR THIS TABLET
YOU WOULD ENTER
9 3 5510

HINT: To get more results, enter an imprint only. To further expand your search, try entering only part of your imprint.

How to identify a pill using the Pill Identifier?

1. Enter the imprint code that appears on the pill. Example: L484
2. Select the the pill color (optional).
3. Select the shape (optional).
4. Alternatively, search by drug name or NDC code using the fields below.

Search by Drug Name

Search by National Drug Codes (NDC)

[What is an NDC Number?](#)

Popular Pill Imprints

30 M	512	031 R	R 029
M367	M366	IP 109	R P 5 325
M365	S 90 3	15 M	R 0 3 9
L484	AN 627	1 2	U03
RP 10 325	PLIVA 433	4H2	2632 V
K 56	C 230	R180	PERCOCET 10/325
10/325 M523	X ANA X 2	IG 283	M 05 52

-Drugs.com

Module 6b - Medication Systems and Documentation – Part 1

"Lisinopril" Pill Images

The following drug pill images match your search criteria.

[Search Results](#) [Search Again](#)

Results 1 - 10 of 184 for "Lisinopril"

Sort by: Relevance Results: 10



LUPIN 10 1/4 X

Drug: Lisinopril
Strength: 10 mg
Pill Imprint: LUPIN 10
Color: Pink
Shape: Round

[View Images & Details](#)



LUPIN 20 1/4 X

Drug: Lisinopril
Strength: 20 mg
Pill Imprint: LUPIN 20
Color: Pink
Shape: Round

[View Images & Details](#)



5 1/5 X

Drug: Lisinopril
Strength: 5 mg
Pill Imprint: 5
Color: Pink
Shape: Round

[View Images & Details](#)



LUPIN 40 1/4 X

Drug: Lisinopril
Strength: 40 mg
Pill Imprint: LUPIN 40
Color: Yellow
Shape: Round

[View Images & Details](#)

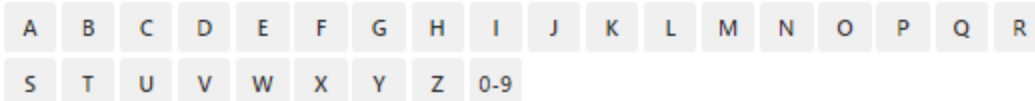
Drug Index A to Z

Detailed and accurate information is provided on over 24,000 prescription and over-the-counter medicines for both consumers and healthcare professionals.


Search



Browse Alphabetically



-Drugs.com



Search

Browse all medications: [A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)[0-9](#)

[DRUGS A-Z](#)[PILL IDENTIFIER](#)[INTERACTIONS CHECKER](#)[NEWS & ALERTS](#)

ADVERTISEMENT

Drug Index A to Z

Detailed and accurate information is provided on over 24,000 prescription and over-the-counter medicines for both consumers and healthcare professionals.

Search

Q

lisinopril

hydrochlorothiazide/lisinopril

lisinopril side effects


lisinopril dosage

lisinopril during pregnancy

Q See all results for lisinopril

Q

R



Search

Browse all medications: [A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)[0-9](#)

[DRUGS A-Z](#)[PILL IDENTIFIER](#)[INTERACTIONS CHECKER](#)[NEWS & ALERTS](#)

ADVERTISEMENT

Treatments > High Blood Pressure

Print Save

Lisinopril



Click on the microphone to hear how the word is pronounced

Generic name: lisinopril (lyse IN oh pril)

Brand name: Prinivil, Qbrelis, Zestril

Dosage forms: oral solution (1 mg/mL); oral tablet (10 mg; 2.5 mg; 20 mg; 30 mg; 40 mg; 5 mg)

Drug class: [Angiotensin Converting Enzyme Inhibitors](#)



Medically reviewed by [Sanjai Sinha, MD](#). Last updated on Sep 30, 2021.

[Uses](#) | [Warnings](#) | [Dosage](#) | [What to avoid](#) | [Side effects](#) | [Interactions](#) | [FAQ](#)

Phonic and Wildcard Search

– Drugs.com

Phonetic and Wildcard Search

Drugs.com has developed a phonetic search function to assist in identifying the correct medicine where the spelling of a medicine's name is unknown and only the pronunciation is available. We have also listed the most common misspellings of popular drug names below.

Phonetic Search

Not sure how to spell a drug name? Type the drug name the way it sounds in the field below.



Example: zanacks will suggest the correct spelling of xanax.

Wildcard Search

Use the asterisk (*) character to represent zero or more wildcard characters.



Examples:

aceta* - drug names that start with aceta

*azole - drug names that end with azole

hydro*ate - drug names that start with hydro and end with ate

hydro or hydro - drug names that contain hydro

Patient Tips – Patient Resources

Look for “Patient Tips”, “Patient Resources” – on drug websites, they can help you answer the seven important questions we learned earlier:

1. Name of the medication
2. Purpose of the medication
3. Effect on the individual taking the medication, how you know it is working
4. How long it takes the medication to work
5. Side effects, adverse reactions and/or signs of overdose
6. Interactions
7. Administration or storage instructions

[-Drugs.com](#)



Patient Tips

Drugs.com Patient Tips are written and peer reviewed by our experienced clinical team. These tips are intended to highlight important facts about each medicine.

Search Patient Tips



Patient Tips

 Print  Save

Lisinopril: 7 things you should know

Medically reviewed by [Carmen Fookes, BPharm](#). Last updated on Nov 10, 2020.

[How it works](#) | [Upsides](#) | [Downsides](#) | [Bottom Line](#) | [Tips](#) | [Response/effectiveness](#) | [Interactions](#)

Controlled Medications

Medications are generally broken down into prescription and OTC medications. Prescription medications are further broken down into controlled and non-controlled. Most prescriptions you will see for your residents will not be controlled medications. Controlled medications are then further broken down into specific categories called schedules and have different restrictions on how and when a pharmacist can fill and refill them. If you are not sure if a medication is a controlled medication, ask the pharmacist. This is one of the "Seven Important Questions" you learned about earlier in this module.

Controlled medications can cause physical and mental dependence. They are regulated by state and federal laws that aim to control the danger of addiction, abuse, as well as physical and mental harm. Some of these medications are illegal for sale or use but may be dispensed under a physician's prescription. Their use and distribution are regulated by law.

Module 6b - Medication Systems and Documentation – Part 1

Controlled Medications - Best Practice

1. Start a controlled medication log as soon as you receive a controlled medication from the pharmacy. Use a log for each controlled medication. Track on a “per dose” basis. Start a new log each month if needed.
2. Count the number of pills as soon as they are received from the pharmacy, and document on the controlled medication log. Always "physically" count the pills. Never "assume" that the bottle or supply contains the number of pills listed on the label.
3. Count the medications before administering the medication to confirm that the count is correct.
4. Consider disposing of controlled medications with a minimum of two people.
5. Consider keeping controlled medications under double lock (in a locked container within a locked container or cabinet).

Controlled Medications Record

The following is sample of a Controlled Medication Record (See Appendix for full sheet). You can easily create your own.

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 Negotiated Care Plan (NCP)

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

You must ensure that each resident's negotiated care plan addresses the amount of medication assistance needed by each resident. At a minimum, you must include:

- The reasons why your resident needs that amount of medication assistance.
- When there is a need for the resident to have more than one type of medication assistance.
- How the resident will get their medications when the resident is away from the home.
- How the resident will get their medications when a family member or resident representative who is assisting with medications is not available.

Your resident's NCP should also include:

- If they are prescribed psychopharmacologic medications, be sure to include the specific behaviors it is addressing and what non-medication strategies and modifications of the environment and staff behavior have been made to address the symptoms for which the medication is prescribed.
- Any special requirements/storage for any controlled medications.
- Where their medications are stored, for example: in the locked medication room.

Module 6b - Medication Systems and Documentation – Part 1

Medication Log

Keeping a medication log is a WAC requirement. Medication log errors are the most cited reasons for medication noncompliance. 27% of the medication errors for 2020 were related to Medication Logs.

[WAC 388-76-10475](#) – Medication Log requirements are outlined below:

You must keep an up-to-date daily medication log **for each resident** unless they are assessed as independent with self-administration.

The medication log must include:

- The name of the resident
- The names of all prescribed and OTC medications
- Dosages
- Frequency
- The approximate time the resident must take each medication
- It must also include:
 - The initials of the staff who assisted or gave each resident medication(s)
 - If the medication was refused and why
 - Documentation of any changes or new prescribed medications which includes:
 - The change,
 - The date of the change,
 - The date a logged call requesting written verification of the change, and
 - The date a copy of written verification of the change from the practitioner was received by you either by mail, fax, or other electronic means or on new original labeled container from the pharmacy

Ensure that the changed or new medication is received from the pharmacy

NOTE: If you develop your own log, or get one online, it must contain all the items included in the WAC above. Review your MAR, it usually includes all the required WAC elements.

Sample Medication Log Template

Medication Log									
Name:					Discharge Date:				
Name of Medication	Dosage	How Often	Time of Day	Staff Initials	*Note	Changes			
						Change	Date	Date of Call for Written Verification	Verification or new container received
1.									
2.									
3.									
4.									
5.									

*Include: Reason for a refusal; reason and outcome of a PRN medication

Module 6b - Medication Systems and Documentation – Part 1

Medication Storage

[WAC 388-76-10485](#) – Medication Storage

You must ensure all prescribed and **over the counter** (yes, even aspirin) medications are stored:

- In locked storage
- In the original container with legible and original labels
- Appropriately for each medication, for example, if a medication requires refrigeration, then the medication is kept in the refrigerator in locked storage



Key Points:

- All medications must be stored in locked cabinets or drawers
- The medication storage area should provide an environment that is cool, dry, and away from direct sunlight.
- Medications must be stored in original containers from the pharmacy that dispensed them.
- The medication cabinet should be clean and orderly with adequate space.
- There should be adequate lighting in this area.
- Medication must never be left unattended.
- Refrigerated medications must be in a locked container. Refrigerator temperature should be in the 36–40-degree range
- Never leave the keys out where they may be picked up.
- Medications should never be stored with any other products.

Best Practice: Any controlled substances should be double locked. Your liability insurance may have other requirements.

Medication Organizers

[WAC 388-76-10480](#) – Medication Organizers

You cannot fill a resident's medication organizer. If the family insists you use one, you must ensure:

- Medication organizers are filled by either a licensed nurse, pharmacist, the resident, or the resident's family member.
- Prescribed and OTC medications that are placed in a medication organizer come from the original container labeled for the resident by the pharmacist or pharmacy service.
- Each resident and **anyone giving care to a resident** can readily identify medications in the medication organizer.
 - Detailed descriptions can be used to identify each medication, for example: white, oblong, scored, marking "325".
 - Keep original pharmacy container with 1 pill in it for medication ID.
- **Medication organizer labels clearly show the following:**
 - **The name of the resident**
 - **A list of all prescribed and over-the-counter medications**
 - **The dosage of each medication**



Module 6b - Medication Systems and Documentation – Part 1

- **The frequency which the medications are given**
- The person filling the medication organizer updates the labels on the medication organizer when the practitioner changes a medication

Medication Disposal

At Home Disposal Options

- **Destruction** – If a *Drug Take Back* site is not an option, the FDA provides these directions for disposing of medications in your garbage:
 1. Mix medicines (liquid or pills; do not crush tablets or capsules) with an unappealing substance such as dirt, cat litter, or used coffee grounds
 2. Place the mixture in a container such as a sealed plastic bag
 3. Throw away the container in your trash at home
 4. Delete all personal information on the prescription label of empty medicine bottles or medicine packaging, then trash or recycle the empty bottle or packaging.
- **Use a Commercial Drug Product** such as: DrugBuster.
- **Flushing** - Only for select medications AND when other options, such as a take back option is not available. **Flushing is used only as a last resort**, there are dangers involved – see flushing section below.
- **Sharp Containers** – Insulin needles

NOTE: Remember to NOT share personal glucometers or insulin pens due to the risk of spreading blood borne pathogens.



FDA photo: Disposal of Medications at home

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Flushing Medications



- DO NOT Flush unused medications down the toilet. Septic systems and sewers are not designed to, nor are they capable of, removing all medications from treated wastewater. Levels of some medications are virtually unchanged after treatment, meaning that these drugs enter the environment through discharges or land application (biosolids).
- DO NOT flush the medication unless it is on the [FDA Flush List](#). Check out the [Medication Disposal Q&A](#) on the FDA site for more information.
- **Flushing any meds is only used as a last resort.**

FDA believes that the known risk of harm, including toxicity and death, to humans from accidental exposure to medicines on the flush list far outweighs any potential risk to human health and the environment from flushing these unused or expired medicines.

Remember only flush medicines on the flush list **if a take-back option is not readily available and it cannot be placed in a 'Drug Buster'**

Offsite Options

Drug Take Back Options

According to the Food and Drug Administration (FDA), medicine take back options are the best way to safely dispose of unused or expired prescription and nonprescription (for example, over the counter) medicines.

Before disposing of prescription medicines, be sure to remove all personal information on pill bottle labels and medicine packaging. All your medicines dropped off at the take back locations will be destroyed.

To locate disposal sites near you:

- [Takebackyourmed.org](https://takebackyourmed.org) or [Med-Project.org](https://med-project.org)
- Go to the US Department of Justice – Drug Enforcement Administration – Controlled Substance Public Disposal Locations - [Search](#)
- You can go to [Google Maps](#) and type in "drug disposal near me" or "medication disposal near me" to find your nearest drug disposal site
- [Find a Location - Med Take Back Washington](#)



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Best Practice for Disposing Of Narcotics

1. Dispose in [RXDestroyer](#) or other approved medicine disposal product, record in a tracking sheet with two witnesses
2. May use a police station/fire department/other drop off locations, inquire at [takebackyourmeds.org](#) or [med-project.org](#) for locations (still record in tracking sheet)

You CANNOT give leftover medication to family or guardians. Each pharmacy dispensed medication label in the USA states, “**WARNING:** State and Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.” Therefore, medication is to be disposed of by AFH and should not be returned to the family or a guardian.

UNUSED MEDICATION TRACKING SHEET

NOTE:

- Document wasted/unused controlled medications on the *Controlled Medications Record* form.
- Place completed form with your medication disposal policy

Date	Drug Name	Form*	Strength	Amount^	Disposal Method	Staff/Witness Signatures
1.						
2.						
3.						
19.						
20.						
21.						

*Forms include tablet, capsule, vial, cream, gel, emulsion, inhalant, patch, lollipop, suppository, liquid, etc.

^Amount wasted: number of items or liquid volume

Module 6b - Medication Systems and Documentation – Part 1



Assignment #7: Create a Medication Disposal Policy

A Medication Disposal Policy is required. You must have and implement a written policy that addresses how you will safely dispose of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for current residents living in the adult family home and residents who have left the home either by going to a private home, another facility, or who have died. [WAC 388-76-10490](#)

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. For example, when medications are soiled, expired, refused, or discontinued and upon the death of the resident.
- **How** you will discard OTC and prescription – either onsite, off-site, or both. If offsite - Include in your protocol the location and contact information

BEST PRACTICE: Include how you will inform the resident/representative that you will provide all their medications upon discharge to another facility or home. They will be provided with an inventory and documentation of all medications given to them.

Resources: Disposal of Medications



- [WAC 388-76-10490](#) – Written Policy – Required
- [FDA: Disposal of Unused Medicines: What You Should Know](#)
- [FDA: Drug Disposal: Questions and Answers](#)
- [how-to-dispose-medicines.pdf \(epa.gov\)](#)

VIDEO: [Where and How to Dispose of Unused Medicines | FDA](#)

Working with Your Long-Term Care (LTC) Pharmacy

VIDEO: Long Term Care Pharmacies in Action (1:33)

VIDEO: Where are My Meds? (1:43)

LTC pharmacies serve residents in LTC settings such as nursing homes, assisted living facilities, adult family homes, and retirement homes. Often these are “closed-door” pharmacies, meaning that someone cannot walk in and get a prescription filled like they could at a regular retail pharmacy. They may provide both LTC and retail services.

It is essential that medications are ordered from the pharmacist on a regular basis so that your resident always has their medication. It is a good idea to order refills at least a week before running out. New medications should be ordered immediately after being prescribed by the doctor.

LTC Pharmacy Videos: There are hundreds of long-term pharmacies in the United States. The videos in this section are by Omnicare, a CVS Health company. They give a good overview on the basics of how a LTC pharmacy functions. Each pharmacy will be a bit different. Some may only use paper MARS, some will offer both; some have electronic ordering, some ask you to phone in your requests. Explore the options in your community.

Using a LTC pharmacy can be a great asset to your AFH. Not all LTC pharmacies are the same. For example, some pharmacies will deliver medications to your AFH 24/7, bubble package each resident’s

Module 6b - Medication Systems and Documentation – Part 1

medication, and work with you to replace a medication that was dropped on the floor. Look around your community to find the one LTC pharmacy that will meet the needs of your home.

Below is a list of services often provided by LTC pharmacies. You will need to research and learn about the services available through your local LTC. Not all LTC pharmacies include all the services:

- Customized Medication Packaging – for example: bubble packs
- Medication Delivery Service or mailing service – some deliveries can be made on the same day
- Medication Administration Records (MARs), paper and electronic
- A monograph/Information leaflet on each new prescription filled and/or upon AFH request
- Billing services
- Medication Therapy Management
- Pharmacist Consulting services
- Hospice prescriptions and Hospice Comfort Kit
- Return, reuse, and disposal of medication
 - [RCW 18.64.570](#) (4) *A pharmacy may repackage and dispense unused drugs returned by a long-term care facility or hospice program to the pharmacy in per-use, blister packaging, whether in unit dose or modified unit dose form, except as prohibited by federal law.*
- Ability to respond to emergencies and fill prescriptions 24/7 (on call services), such as:
 - Faxing a new prescription to the pharmacy
 - Pharmacy updates/replaces the bubble packs timely with the new medication
 - Provide you with an updated MAR

Enhanced services

Some pharmacies offer additional services. Many of these services are free, and others have a cost:

- GPS tracked delivery service to provide estimated time of arrival (ETA) inquiries
- Personal Care Records, non-drug order MARs, a physician's order template, psychotropic medication list, hospice MARs
- On-site vaccination services
- Continuing Caregiver Education, via online, webinar, on-site at the AFH
- Hospital or nursing home medication discharge reconciliation review
- Monthly Newsletters on current topics
- On-line forms such as Med Disposal, and Medication Re-Order Form



BEST PRACTICE:

- Choose one pharmacy and keep all interactions to just that one pharmacy. This will reduce errors and possible drug interactions.
- Create a pharmacy phone log to document conversations with the pharmacy/pharmacist.

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Reviewing the Bubble Pack

Don't assume because the medications come prepacked in a bubble pack it is correct. **You must check the medications in each bubble just like you would verify the medication in the medication bottle is the one listed on the label.** Use these steps to verify your bubble pack:

1. Review the MAR against the hospital/doctor's orders - Be sure all medications on the order are listed on the MAR.
2. Verify the MAR's labels: correct resident's name, date of birth, name of the medication, strength, and directions.
3. Check the contents of each bubble:
 - a. Verify you have the right number of "bubbles".
 - b. Verify that the right medications are in the bubble pack.
 - i. If a medication is missing, call the pharmacy to check why that medication is missing; ask if it is discontinued, or prior authorization is in process or backordered. Make appropriate notations on the MAR and make sure to get the pharmacist's or technician's name, also record the conversation in your pharmacy phone log.
 - ii. If a medication looks different, look to see that it the same medication just from a different company. The MAR should indicate if a pill is the same but looks different from last time.
 - c. Count the contents, to verify the right number of doses are in each bubble.
 - d. Look to make sure any discontinued medications have been removed.
 - e. Familiarize yourself with any new medications – ensure they have been added.
4. Verify the date on the bubble pack – **multipacks in Washington expire in 2 months.**
5. Add your initials, signature, printed name, and title onto the MAR – initials must be at least 2 letters.
6. Do any required documentation.
 - a. Is it a controlled medication? If yes, you will need to start a control log.
 - b. Are there any psychotropic medications? if yes, you will need to update the NCP; add specific behavior and non-medicine strategies/interventions the medication is being used to address.



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The Pharmacist's Role as Part of LTC Pharmacy Services

“Practice of Pharmacy” or scope includes the practice of and responsibility for: interpreting prescription orders, compounding, dispensing, labeling, administering, and distributing of drugs and device. ([WAC 18.64.011](#))

A pharmacist:

- Provides expertise about the composition and chemical, biological, and physical properties of medications.
- Reviews and understand your resident's medication record and has ultimate responsibility for all aspects of their prescriptions.
- Matches the prescriber's prescription with the label and stock medication bottle for accuracy.
- Checks for drug-drug and drug-disease interactions, therapy duplications, and drug allergies.
- Makes sure proper containers or packing systems are used, and proper storage/expiration dates are reflected on the label.
- Can print MARs for your AFH.
- Communicates with:
 - AFH providers
 - Caregivers
 - Nurse Delegates
 - Social Workers
 - Physicians and many other health care practitioners involved in the resident's care



Providing Medications When Your Resident is Not at Home

There may be times when your resident goes on outings with friends/family and will be gone during a time when medications are given.

If your resident's medication is distributed by a LTC pharmacy in a bubble/blister pack, the card may be perforated so each day's medication can be torn off the main card and given to the resident's family/friend. Other options are individual packets or placed in an envelope (or container) labeled with the: individual's name, name of the medication and instructions for assisting with administration of the dose.



If an individual is regularly taking a dose of medication at school or at a day program, tell the physician and pharmacist. The doctor may order a separate prescription for a particular dose of medication, or the pharmacist can divide the medication into two labeled containers. A signed doctor's order must be given to the appropriate program staff.

When an individual will be gone for an extended amount of time, you should obtain separate labeled containers with the exact amount of medication required or tear off the appropriate medications as above. If time doesn't permit you to get separate containers, then the medication must be given to the family in its original pharmacy container. Be sure to count the number of pills in each resident's

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medication with the family. Document the action you took and the number of medications and amounts leaving with the resident.

When the resident returns home, do a medication count (if original container is given to the family) with the family and document the amount of medication returned.

- If there is any discrepancy between what should have been given and the count, talk with the family and find out what happened.
- All information should be documented.

NOTE: When completing the MAR, place an “F” for family in the box for each medication administered by the family member. Document in the notes the name of the family member and reason they administered the medication.

Training Your Staff About Medications

You are responsible for everything that happens in your AFH. Be sure any staff that will be assisting/administering medications under nurse delegation understands the 5 Rights of Medication Administration +2. Use this module to help train your staff on medication management.

Residential Care Services Medication Investigations

Residential Care Services (RCS) will visit your home either due to a complaint received or as part of their regular licensing activities. RCS investigates all allegations related to handling, management, supervision, assistance with or administration of medications. Their goal is to determine if a failure to meet WAC/RCW requirements has occurred and if the failed practice has the potential to contribute to negative resident outcomes.

To meet resident’s needs, you are required to accurately and safely provide/obtain medication services, including the provision of routine and emergency medications and biologicals. Whether prescribed on a routine, emergency, or as needed basis, medications should be administered to each AFH resident in a timely manner.

When investigating a complaint, RCS determines if there were/are medication management and/or medication assistance/administration practices that are deficient. If deficient practices were found, they look to see what caused them and what potential/actual negative effects they have on residents. In addition, your RCS investigator is to determine what your AFH’s response is. Do you have a system in place to support safe medication practices? Did you prevent reoccurrences of any medication errors? They will be looking at your decisions and interventions affecting each resident reviewed.

You may receive a deficiency citation if there is a violation of the AFH WACs/RCWs. Citations will include the WAC/RCW reference which pinpoints the requirement with which your AFH failed to comply.

Biological Drugs

According to WebMD, Biologic medications are drugs that target specific parts of your immune system to treat disease. They come from a living source (a human or animal) or its products. These medicines are given as a shot or through an infusion into a vein. These drugs can also have serious side effects. Click here: [WebMD](#) or [MedicineNet](#) to learn more.

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Medication Errors

Every medication error is serious and could be life threatening. The quicker the error is noted and reported, the better for your resident. Prevention is the #1 Priority.

A medication error is made if:

- 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 was crushed that should not be crushed
- 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

If there is an error:

- Report on the Incident Report. Documentation should include the date, time, medication involved, description of what happened, who was notified, physician's name, instructions given, and action taken.
- Document on the MAR by initialing the square or box and putting a circle around it in red ink.

Prevent errors by:

- 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 in preparing, assisting, or documenting medications
- Always completing the medication count before beginning to administer medication
- Only assisting one resident at a time – put all their medications away and document before assisting another

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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

BEST PRACTICE:

- Do a FULL medication audit
 - Upon a new resident's admission
 - Every month when receiving a new medication cycle 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



REMEMBER: The prescription, medication bottle/bubble pack label, and the MAR **must all match**

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Medication Error Statistics

Medication Errors continue to be one of the highest reasons for RCS citations. Of the 1691 citations for fiscal year 2021, 248 were related to medications. Below are the most frequently cited medication errors:

WAC	WAC Description	Citations
WAC 388-76-10430-2-d	1. Medication system – When providing medication assistance or medication administration for any resident, the home must ensure each resident receives medications as required.	34
WAC 388-76-10430-1	2. Medication system - If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, <u>the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.</u>	33
WAC 388-76-10430-2-c	3. Medication system - When providing medication assistance or medication administration for any resident, the home must ensure each resident medication log is kept current as required in WAC 388-76-10475 .	23
WAC 388-76-10485-1	4. Medication storage - The adult family home must ensure all prescribed and over-the-counter medications are <u>stored in locked storage.</u>	18
WAC 388-76-10475-1	5. Medication log - The adult family home must keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.	15
WAC 388-76-10475-3-a	6. Medication log - The adult family home must ensure the medication log includes initials of the staff who assisted or gave each resident medication(s).	14
WAC 388-76-10455-2	7. Medication Administration - For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is performed by <u>nurse delegation</u> per WAC 246-840-910 through 246-840-970 unless done by a family member or legally appointed resident representative.	9
WAC 388-76-10490-1	8. Medication disposal - The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and	9

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WAC	WAC Description	Citations
	expired medication must be disposed of in a safe manner for current residents living in the adult family home.	
WAC 388-76-10485-3	9. Medication storage - The adult family home must ensure all prescribed and over-the-counter medications <u>are stored appropriately</u> for each medication, such as if refrigeration is required for a medication and the medication is <u>kept in refrigerator in locked storage</u> .	7
WAC 388-76-10430-3	10. Medication system - Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.	7
WAC 388-76-10475-2-d	11. Medication log - The adult family home must include in each medication log the frequency which the medications are taken.	6
WAC 388-76-10475-2-b	12. Medication log - The adult family home must include in each medication log the name of all prescribed and over-the-counter medications.	6
WAC 388-76-10475-3-c-ii	13. Medication log - The adult family home must ensure the medication log includes documentation of any changes or new prescribed medications including the date of the change.	5
WAC 388-76-10475-2-c	14. Medication log - The adult family home must include in each medication log the dosage of the medication.	5
WAC 388-76-10475-3-c-iii	15. Medication log - The adult family home must ensure the medication log includes documentation of any changes or new prescribed medications including <u>a logged call requesting written verification of the change</u> .	4
WAC 388-76-10475-3-c	16. Medication log - The adult family home must ensure the medication log includes documentation of any changes or new prescribed medications.	4
WAC 388-76-10475-2-e	17. Medication log - The adult family home must include in each medication log the approximate time the resident must take each medication.	4
WAC 388-76-10475-3-c-i	18. Medication log - The adult family home must ensure the medication log includes documentation of any changes or new prescribed medications including the change.	4

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RCS Key Points

Remember, when RCS comes for an inspection, they will look at your overall medication system. Expect them to:

- Interview you or your caregiver staff to determine if there will be an opportunity to observe medication services during the inspection.
- Complete a comprehensive review of selected residents' records for correct identification of medication needs on the assessment and negotiated care plan and to reconcile the prescription, medication bottle label and the Medication Administration Record (MAR).
- Verify residents that are medication independent have a locked container in their room.
- Observe the medication storage area and ensure medications (including over the counter medication such as aspirin) are in a locked storage area.
- Observe if all medications are stored in the original containers or in organizers that clearly identify, the resident name, name of medication, dose, and frequency.
- Review the MAR with you and/or staff.
- They will take the time to:
 - Observe your delivery system to ensure residents receive their medication.
 - Observe to see if the **right medication was given to the right resident**.
 - Observe to see if **medication was given at the correct time**.
 - Verify if the level of medication assistance/administration is appropriate for the resident's needs.
 - Observe the resident's ability to take medication/s safely and appropriately.

Resources: Drug Information

- [U.S. Food & Drug Administration \(FDA\) – Information for Consumers and Patients – Drugs](#)
- [FDA – Disposal of Unused Medicines: What You Should Know](#)
- [mmLearn.org](#) – Caregiver Training Videos, Medications
- [DrugWatch.com](#)

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:

1	<p>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.</p>	<p>What do you do?</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7.
2	<p>You receive a bubble pack from the pharmacy. One of the meds is missing.</p>	<p>What do you do?</p>
3	<p>You receive a bubble pack from the pharmacy. One of the medications looks different from last month.</p>	<p>What do you do?</p>
4	<p>The family brings all of Mary's medications in a shoe box, many of them are expired.</p>	<p>What do you do?</p>
5	<p>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.</p>	<p>What do you do?</p>
6	<p>You are upset that Mary isn't taking their medication, so you crush it and puts it in Mary's applesauce.</p>	<p>Can you do this? What do you need to do and/or consider? When can you crush her medication? How do you document this?</p>
7	<p>Mary takes one of their medications with their noon meal. Mary's family picked Mary up at 9:30 for a Dr. Appointment.</p> <p>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.</p>	<p>What do you do?</p>

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Get Ready for Your Next Class



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

Forms Used in this Module

- Medication Administration Record (MAR)
- Medication Safety Questionnaire
- Controlled Medication Record
- Medication Log
- Unused Medication Tracking Sheet
- SAMPLE Medication Disposal Policy

Acronyms Used in the Module

Acronym	Description
FDA	Food and Drug Administration
HMO	Health Maintenance Organization
LTC	Long Term Care
LTCW	Long Term Care Worker
MAR	Medication Administration Record
NCP	Negotiated Care Plan
OTC	Over the Counter
PRN	As Needed
RND	Registered Nurse Delegator
Rx	Medical Prescription
WAC	Washington Administrative Code – The Rules

Revision Table

Date	Volume	Changes	Page(s)
1/2025	V5.2	<ul style="list-style-type: none">• Minor grammar, formatting corrections• Added/removed, and repaired links throughout• Changed the DHSR Adult Care Homes Training link from instructor manual to student manual (pg. 6.26)• Added Note: NOTE: Remember to NOT share personal glucometers or insulin pens due to the risk of spreading blood borne pathogens. (pg. 6.44)• Added Summary Review (pg. 6.56)	