

HANDOUT – Additional Resources

10 Tips for Administering Medication to the Cognitively Impaired Resident

INTRODUCTION: Accurate, safe medication administration means giving the *right drug* to the *right resident* in the *right dose* by the *right route* and at the *right time*, and documenting correctly. Achieving these goals can be a challenge with the cognitively impaired resident. Because they have difficulty with thinking, reasoning and remembering, these residents may, at times, be resistant, suspicious, or even aggressive. These problems may be compounded if the resident has difficulty chewing or swallowing. Caregivers must fine-tune skills to meet these unique challenges. The following will help caregivers to achieve medication administration:

- 1. Respect** A diagnosis of cognitive impairment is no different than any other diagnosis when it comes to respect. Knock before entering the resident’s room. A cheery “good morning” and a pleasant “please” and “thank you” may be the deciding factors as to whether the resident chooses to take the medication or not. Regardless of the resident’s response, show respect in every aspect of your behavior.
- 2. Explain** But keep it simple. Remember that the resident has the right to be informed and to be involved in his/her treatment. Some residents may understand single words only. Mirroring is a good technique to use to indicate what you want the resident to do. The simple action of placing an empty medication cup in your lips might be sufficient to get the resident to do the same.
- 3. Encourage Compliance** Residents frequently refuse to take medications. Encourage, but be gentle. A non-confrontational approach and a gentle manner go a long way when it comes to persuasion. Be persistent. Residents who refuse medications one minute will often accept the next. Remember, the resident ultimately has the right to refuse. Force is never acceptable.
- 4. Make Eye Contact** We speak volumes with our eyes. Cognitively impaired residents often have difficulty with verbal communication. Making eye contact when speaking helps the resident understand what you are saying. Teach your eyes to say, “I want you to take this medication because I care about you”.
- 5. Adequate Fluids** Offer fluids before giving the medication. A drink of juice or some pleasant-tasting beverage not only moistens the mouth, but evokes positive feelings as well. This will aid swallowing and help to prevent the medication from sticking inside the cheek or to the tongue. Don’t forget to give plenty of fluids after the medication has been swallowed. The general rule is 8 oz unless fluid restriction is ordered.

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6. Crush Medications Crushing medications may be done in accordance with facility's policy and procedures. A physician's order is needed to crush medications. There are some medications that should not be crushed, e.g., enteric coated and delay release, and if there is no alternative for the medication, there has to be a physician's order for the medication to be crushed. When in doubt on whether a medication can be crushed, contact your supervisor and/or pharmacist.

7. Be Patient Rushing not only agitates. Rushing may also cause choking and errors.

8. Observe & Report Be aware of any changes with a resident. The length of time that a resident takes a drug may alter the effectiveness of the drug, or have unwanted effects. Psychoactive drugs, those that affect the brain have long-term negative effects in the elderly. Report your observations promptly to the health care provider.

9. Document Record the date and time of every medication that you administer, if a drug is not given, record the reason why. Record the reason for administering, and effectiveness of all PRN (as needed) drugs.

10. Communicate Opening communication with residents, family and health care providers is a must. Frequent reviews of the resident's drug regimen should be done to reduce dosages or eliminate unnecessary drugs.

Good medication administration procedures combined with individualized care-giving strategy equals ***mission accomplished!***

Adapted from National Gerontological Nurses Association. 2000 Horizons Christine A. Stacy, MS, RN, BC