

Section D

Overview of Medication Administration

Section D

Overview of Medication Administration

Objectives:

At the completion of this section of study, the student should:

1. Demonstrate proficiency and safety in preparation of medications.
2. Recognize commonly used abbreviations and terminology related to medication administration.
3. Demonstrate proficiency in reading a medication label.
4. Identify the Six Rights to administer medications.

Advance Preparation – In General

- Review curriculum
- Add examples or comments
- Make copies of handouts or student manual for each student

Supplies

- Handout
 - D-1 Medication Orders
 - D-2 Medication Label
 - D-3 Abbreviations
 - D-4 Six Rights of Medication Administration
 - D-5 Decimal Point and Zeros
 - D-6 Common Routes of Medication Administration
 - D-7 Common Dosage Forms
- Examples of medication labels, MARs, OTC containers, photos used for MARs

Advance Preparation - Activities

- Medication Orders
- Medication Label
- Decimal Point and Zeros

NOTE:

Use visual aids to show common dosage forms of medications, MARs and other forms used for medication administration.

If training is for a specific facility, use MARs, medication labels and other documents used for medication administration in the adult care home during the training.

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Preparing to Administer Medications

- Often the words drug and medication are used interchangeably
- Medications more commonly is used when talking about drugs used for therapeutic or helpful effects
- In this course, the word medication will be used when talking about drugs or medications prescribed for residents
- Administering medications is an important responsibility and must be taken with great care. It is never an easy task and thus cannot be undertaken when you are trying to do several things at once
- In order to prevent errors and possible harm to a resident taking the medications, you must focus on this task solely
 - Do not talk to others while you or they are preparing and giving medications
 - Do not stop this task unless there is an emergency
 - Stopping and starting can cause medication errors
- Give medication to one resident at a time
 - Focus on giving all the medications for one resident before moving to another resident
 - This will help prevent getting one resident's medications mixed up with another resident's medications
 - Before taking the medications to the resident's room, mark your place in the MAR
- Remember to pour a cup (8 oz.) of water for the resident to drink with their medications.
 - When all the medications have been swallowed, encourage the resident to drink another cup of water to make sure all the medications were swallowed and moved into the stomach
 - Encouraging the resident to drink water also helps them stay hydrated
 - Oftentimes residents do not drink enough water and encouraging drinking of water at the time of medication administration will assist them in getting the amount of water they need each day
 - Giving the resident a sip of water beforehand may make it easier to swallow the medication
- Some residents take multiple pills at once
 - Ask them how they like to take their pills, one at a time or several at a time
 - If they prefer only a few at a time, assist them to take 1-2 pills at a time

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- It may be helpful to give medications to residents who do not need assistance first, leaving those needing assistance last
- This allows you to take the time you need to help those who need extra assistance take their medications
- Before you begin administering medications, check for any specific information needed prior to giving certain medications, such as pulse, blood pressure (BP), or blood sugar readings
 - This information is needed prior to giving certain medications to some residents
 - It is important this information be gathered as close to the time the medication is to be given as possible
- Another factor to consider when administering oral medications is how the resident is presently feeling
 - If resident is vomiting or has a change in behavior, contact your supervisor or resident's physician before administering any medication
- Resident may have various side effects from taking certain medications
- Side effects include but are not limited to the following
 - Change in behavior
 - Change in alertness
 - Change in eating or swallowing
 - Change in mobility
 - Skin rashes
- When there is a change in the resident, follow the facility's policy on what to do and who to notify, which may include
 - Notifying the supervisor, health care professional and/or physician
 - NOT administering a medication without first having contact with the resident's physician
- Observation of the resident is an important step in the cycle of medication administration
 - Resident's physician and health care providers often depend on the observations of direct care staff when evaluating residents
 - Also depend on Medication Aides to observe residents for both desired and undesired effect of medication
- To ensure safe care, the Medication Aide must know how to observe and report changes in the resident's physical and/or mental status. The Medication Aide must know what to report, to whom it should be reported, and when and how to report observations

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Medication Allergy

- A reaction occurring as the result of an unusual sensitivity to a medication or other substance
 - May be mild or life-threatening situation
 - May include rashes, swelling, itching, significant discomfort or an undesirable change in mental status, which should be reported to physician
- Role of Medication Aide
 - Should understand that information on allergies should be reported to the pharmacy and physician and this information is recorded in the resident's record
 - Upon admission, important to document any known allergies or if there are no known allergies should also be documented
 - Provide immediate emergency care if severe rash or life-threatening breathing difficulties occur

Medication Orders

Definition:

- The written or oral directions that a physician or other prescribing practitioner provides about a resident's medication or medications

Components of a Complete Order

- Medication name
- Strength of medication (if required)
- Dosage of medication to be administered
- Route of administration
- Specific directions for use, including frequency of administration
- Reason for administration if the medication is ordered PRN or as needed

Orders for psychotropic medications prescribed for PRN administration must also include:

- Symptoms that require the administration of the medication
- Exact dosage
- Exact time frame between dosages
- Maximum dosage to be administered in 24-hour period

HANDOUT D-1: Medication Orders

Distribute a copy of the handout D-1 to each student or locate handout in Student Manual

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TEACHING TIP: Medication Orders

Refer to the Medication Orders handout and tell students

- An order is required to administer, change or discontinue any medication or treatment
- It is important to know the components of a medication order
- Contact the prescribing health care provider if the order is not legible – **DON'T GUESS!**
- If an order is not complete or clear on how to administer, the medication aide must contact supervisor or physician – **DON'T GUESS!**

Discuss the different types of medication orders, examples and the difference between a routine medication order and a PRN medication order

ACTIVITY: Medication Orders

Refer the students to the lower section of the Medication Orders handout and require them to complete the activity. Discuss answers with students upon completion.

REMEMBER:

- An order is required to administer, change or discontinue any medication or treatment
- Contact the prescribing health care provider if the order is not legible-**DON'T GUESS!**
- If an order is not complete or clear on how to administer, the medication aide must contact the supervisor or physician – **DON'T GUESS!**

Types of Medication Orders

- Four types of medication orders – routine orders, PRN orders, one time orders, and STAT orders
- It should be clear on the MAR what type of order the Medication Aide is being asked to follow
- The most common orders in adult care homes are routine orders and PRN orders.

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- Medication Aide is allowed to accept verbal orders or orders over the telephone but obtaining a written order from the prescribing practitioner is the best and safest practice to obtain an order. With fax machines and other electronic technology, a written order should be able to be obtained.
- The medication orders are transferred to the MAR from the document(s) with the written orders when the orders are received. It is important the order is transferred to the MAR when the order is received. Do not wait until that medication is received.

Medication Labels

- Information required on medication labels of medications dispensed by the pharmacy:
 - Medication name
 - Medication strength
 - Quantity dispensed
 - Dispensing date
 - Directions for use
 - Pharmacy that dispensed the medication
 - Prescription number
 - Expiration date
 - Equivalency statement (when the brand or medication name dispensed is different than the brand or medication name prescribed)
- Labeling requirements for over-the-counter (OTC) medications include
 - In the original manufacturer's bottle with the resident's name, **OR**
 - Labeled by the pharmacy

TEACHING TIP: Medication Label

Locate a medication label or a copy of a medication label or copy of a medication label provided by a pharmacy provider and discuss the location of information on the label.

Show students example of OTC containers and discuss labeling requirements.

OTC medications administered to resident require prescription and at least the resident's name on the container.

HANDOUT D-2: Medication Label

Distribute a copy of the handout to each student or locate handout in Student Manual

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TEACHING TIP: Medication Label

Refer to the Medication Label handout and tell students

- Directions on medication label from pharmacy are checked against the order entry on the MAR
- If there is a discrepancy between the information on the MAR and the medication label, check the order in the resident's record

If a medication is received and there is no entry or information on the MAR for the medication, check the resident's record for an order and contact your supervisor.

ACTIVITY: Medication Label

Refer the students to the lower section of the Medication Label handout and require them to complete the activity. Discuss answers with students upon completion.

Common Abbreviations

- Abbreviation – a shortened form of a word or phrases
- Abbreviations are being used less often for medication administration but you still may see abbreviations
- Medication Aides need to learn abbreviations for terms common to medication administration
- On the MAR, abbreviations should be spelled out
- Be aware that abbreviations can lead to mistakes if they are not legible
- Always check with the supervisor if you have questions about abbreviations

HANDOUT D-3: Abbreviations

Distribute a copy of the handout to each student or locate handout in Student Manual

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TEACHING TIP: Abbreviations

Tell students:

- These are abbreviations that you may see when you give medications to your residents

HANDOUT D-4: SIX RIGHTS of Medication Administration

Distribute a copy of the handout on Six Rights to each student or locate handout in Student Manual

Referring to the handout and the content below, discuss the Six Rights of Medication Administration

SIX RIGHTS of Administering Medications

Importance

- Safety and accuracy are important to welfare of the resident
- During a normal workday, Medication Aide may give many medications to large number of residents
- Chance of making a mistake each time a medication is given
- Anyone giving medications needs to stay focused, be organized, and careful
- Follow each and every time when administering medications; never skip them or become careless during administration
- To safeguard the resident always ask self these six questions when administering medications, which are often called **SIX Rights** of medication administration

Questions to Ask Self

- Am I giving the medication to the **right resident**?
- Am I giving the **right medication**?
- Am I giving the **right dose**?

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<ul style="list-style-type: none"> • Is this the right route (method of administration)? • Is this the right time? • Have I done the right documentation?
<p><input checked="" type="checkbox"/> TEACHING TIP: Identifying Residents Before Administering Medications</p> <p>Review procedures for identifying residents before administering medications at adult care homes and teach/demonstrate the procedure.</p>
<p>Right RESIDENT?</p> <ul style="list-style-type: none"> • Each time Medication Aide gives medications, the resident must be identified • Giving medications to the wrong resident can cause serious harm • Identify the resident who is to receive the medication by using methods outlined by facility; some facilities require identifying resident two to three different ways • While Medication Aide may know the resident, this part of routine allows for completion of three checks in a careful manner, so do not skip it • This habit will prevent carelessness and possibility of making a mistake now and later • Most adult care homes have the Medication Aide perform identifying steps <ul style="list-style-type: none"> ○ A photo of the resident on the MAR to determine the right resident is about to take the right medicine by matching the picture with the resident ○ Require that the resident states first and last name ○ Do not ask the resident, “Are you James Jackson?” because it is too easy for the resident to say “yes” when he may not be James Jackson; particularly if the resident is confused or hard of hearing ○ Some residents are not able to state their names because they cannot talk, they may be confused or have speech impairments due to illness. In those situations, individual responses may not be realistic or accurate • Even when Medication Aide administers medications to the same resident every day, safety measures for identifying the residents have to be in place • If the facility has residents who are receiving medications with similar names, be certain to have an alert on the MAR; date of birth could be a better identifier, such as Leigh Chan and Lee Chang

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- Do not use room numbers as an identifier because
 - There may be more than one resident in the room
 - A confused resident could have wandered into the wrong room and crawled in bed
 - Administration may have moved resident into a different room
 - Resident could have been discharged and Medication Aide not aware prior to administering medications
- Some people may answer yes to another resident's name trying to get additional medications or trying to jump ahead of other people; particularly true if residents do not understand that medications can be different for different people or if the residents are confused
- If Medication Aide prepares medications away from the resident taking them, it is important to keep the MAR with the medications until the medications are taken, so that the wrong medicines are not accidentally given to wrong resident
- Important that Medication Aide keeps identifying information with the medications from the point of preparation to the point of giving medication to the resident

Right MEDICATION?

- Medication Aide must always refer to MAR when giving medications; never give medications from memory
- Three medication checks should always be done when giving medications to make sure Medication Aide has the right medication
- During the three medication checks, Medication Aide will not only make sure a particular medication is labeled for a particular resident, but during the process Medication Aide also makes sure that medication name, dose, time, and route on the medication label matches information on the MAR
 - Check the medication name, dose, time and route on the package against the MAR when container is removed from shelf, drawer, or other storage place
 - Check medication name, dose, time, and route on the actual drug package or unit dose label against the MAR as medication is poured, package is opened, or before the medication is placed in the medicine cup
 - Check the medication name, dose, time, and route on package when medication container is returned to the shelf, drawer or storage place or before it is opened and place in the medicine cup, just prior to giving the medication to the resident
- **Remember if in doubt, ASK**

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- May feel like you are overdoing the checking, but it is this careful practice that will prevent medication errors
- Do not be lulled into poor and unsafe practices because medication administration is done day in and day out
- Many adult care homes use medication packaging that helps to reduce errors such as unit dose, punch cards of medications, etc.
- Be alert for similar sounding names for medications while making right medication choices
- Never give a medication that you cannot identify by a written medication label or that is found at the resident's bedside
- Best and safe practice is to never give a medication prepared by someone else

Right DOSE?

- Medication Aide must make sure the right dose is about to be administered by comparing medication label to the MAR; MAR will state exactly how much medication is to be given
 - For example, if digoxin 0.25 mg is to be given and the supply is digoxin 0.125 mg., two tablets must be given to equal the right dose
 - It is best for the MAR to state to give two tablets of digoxin 0.125 mg (0.125 mg + 0.125 mg = 0.25mg)
 - If instructions are not clear, ask for them to be made as clear and complete as possible to help prevent medication errors
- To help prevent medication dosing errors, a zero (0) should always precede a decimal but should not follow a decimal
 - For example, if the 0 is not present in the example above, the decimal might be missed and instead of giving 0.125 mg. of digoxin it might incorrectly be read as 125 mg of digoxin which would be deadly
 - If a medication is ordered at 1 mg and the order is written on the MAR as giving 1.0, the decimal might again be overlooked and the MAR might read to give 10 mg of the medication, which would mean that the resident would be getting 10 times the ordered dose
- Another common right dose error is for people to mix up the abbreviations of ml (or mL) for milliliter and the abbreviation of mg for milligram
 - For example, a 1 ml dose does not equal 1 mg
 - Mixing up those abbreviations can result in dosage error

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ACTIVITY: HANDOUT D-5 Decimal Point and Zeros

Refer the students to the Decimal Point and Zeros Activity handout and require them to complete the activity. Discuss answers with students upon completion.

HANDOUTS: D-6 Common Routes of Medication Administration D-7 Common Dosage Forms

Distribute a copy of the handouts on Common Routes of Medication Administration and Common Dosage Forms to each student or locate handouts in Student Manual

TEACHING TIP: Common Routes of Medication Administration and Common Dosage Forms Referring to the handouts and the content below, discuss the common routes of medication administration and common dosage forms. Use visual aids if available.

Right ROUTE?

- Right method of administration, such as whether a medication is given by mouth, in the ear, or eye, or if it is to be applied to the skin
- The route of medication administration will be noted on the MAR; if it is not, stop and ask supervisor
- Do not make assumptions about how to give a medication
- **Oral Routes**
 - Referred to as oral or PO - meaning by mouth
 - Medication is placed in mouth and swallowed
 - Certain people cannot take oral medications; people who cannot swallow well, such as residents who do not have a gag reflex and choke easily, are confused, refuse to take medications by mouth, or are not to have anything by mouth
 - NPO - meaning nothing by mouth
- **Sublingual**
 - Placed under the tongue and allowed to dissolve and be absorbed under the tongue
 - Dissolves quickly and gets into blood stream quickly
 - Resident not to swallow tablet, nor to smoke, drink or eat while this tablet is under tongue
- **Topical Route**
 - Delivers medication directly to the area needing treatment or may allow medication to be absorbed to affect the entire body
 - These medications can be a variety of preparations including drops or ointment into the eye, drops into the ear, sprays in the nose or throat, suppositories in the rectum or vagina, and creams or ointment on the skin

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- Areas for topical medications are skin, eyes, ears, nose, throat, vagina, and rectum
- Some topical medications affect the entire body, such as patches applied to the skin
- **Inhalation Route**
 - Delivers medication to lungs through an inhaler or aerosol
 - One way this medication is taken in is with an inhaler and a tube that is called a “spacer” or a disc device that allows the powder form of the medication to be pushed toward the back of the mouth and inhaled
 - Many different types of devices for inhalants
 - Become familiar with device before assisting someone with their inhaled medications
- **Subcutaneous**
 - Delivers medication to the subcutaneous (fat) layer of the body using a syringe and needle

Right TIME?

- Make sure you give the medication at the **Right TIME**
- The time to give a medication is stated on the MAR
- Individual adult care homes will have set standard times for administration of medications
 - If a medication is to be given BID, meaning twice a day, then the facility may set those times to be 10 am and 10 pm
 - When a medication is ordered before (a.c.) or after (p.c.) meals, it should be given 30 min. before or after meals
- Medications that are given once a day should be given at the same time each day to keep the right amount of medicine in the resident’s system
- Set times within a facility helps to prevent missed or doubled doses, which can be harmful to the resident receiving the medications
- The Medication Aide should not give the medication too early because it could be too much medication in the resident’s system at one time
- Medication needs to be given within a set amount of time to provide the resident with the correct dose of medication at the right time that allows the medication to work as it should
 - For example, if a medication is fighting an infection and doses are given at time spans between doses too far apart, the infection may get worse, making it harder to treat

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- The window of time for the medication to be given is one hour before or one hour after the time stated on the MAR; medications should be administered within this designated time frame
- If Medication Aide is unsure about giving the medication because it is outside the designated time frame, i.e., a medication was missed, a medication just arrived from pharmacy or a resident has returned to the facility after medications were administered, always check with supervisor, nurse, pharmacist or the resident's physician to determine if the medication should be administered or not administered; never omit a medication without contacting your supervisor, nurse, pharmacist or resident's physician because a resident was out of the facility when medications were administered
- Timing of medications in relation to meals
 - Before meals – medication administered about 30 minutes prior to the resident eating meals
 - With meals – medication administered while the resident is eating meals
 - After meals – medication administered directly after the resident has finished eating meals up to 30 minutes afterwards
- Always check the time the last dose of a PRN medication was given before giving the new dose; if ordered time has passed since the last dose, the medication can be given

Right DOCUMENTATION?

- May have heard people say, "If it is not documented, it is not done."
- Documentation is important
 - If documentation is not completed there is no way to know that a medication has been given
 - Without correct documentation, there is a danger the resident will get the medication twice, possibly causing them great harm or to miss receiving an ordered medication
- Medication Aide must document medications *immediately* on the MAR after each resident's medications are administered and prior to administering another resident's medications
- Do not chart or document medication before the resident actually takes it (called pre-charting)
 - Many things can happen between the time preparation area is left and when the resident actually swallows the medication
 - Always chart or document after the resident takes the medication

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- After administering a PRN medication to a resident, the Medication Aide must also document the date, time and reason the medication was given on the MAR (The effectiveness or results of the PRN medication is documented later when the effectiveness or results can be determined or reported by the resident)
- Immediate, clear, and accurate documentation shows that the **Right DOSE** of the **Right MEDICATION** was given to the **Right RESIDENT** at the **Right TIME on the Right DATE** by the **Right ROUTE**

Proceed to Section E