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	MHL012-019	A. BUILDING: _____ B. WING _____	R-C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A follow up and complaint survey was completed on 9/26/23. Deficiencies were cited. The complaint was unsubstantiated. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 former client.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure medications were administered on the written order of a physician for 1 of 1 audited current client (Client #1). The findings are: Record review on 4/4/23 for Client #1 revealed: -Date of admission-6/20/23. -Diagnoses- Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Conduct Disorder. -Physician ordered medication on 6/15/23 included: -Sunscreen-SPF 30 or greater-apply to exposed areas of skin prior to sun exposure. Review on 9/26/23 of MARs for July-September for Client #1 revealed: -There was no documentation of sunscreen application. Interview on 9/25/23 with Staff #1 revealed: -She had a heat intolerance and would sit in the picnic area (under cover) or watch Client #1 from the kitchen window with the kitchen door open. -"Client #1 gets sunscreen and can go swing	V 118	V 118 10A NCAC 27G .0209 (C) Medication Requirements Correction The process for reporting and documenting medication errors has been evaluated and all facility staff have been in-serviced on Medication Management Part 3: Labels and Documentation (attached). Prevention Facility QP and Exec. Dir. will review that medication error procedures are followed as they occur. The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules. A member of the QM Team will review MAR's and incident reports quarterly.	10/31/23

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V 118	Continued From page 2 whenever; helps her calm down." Interview on 9/25/23 with Staff #2 revealed: -"Let Client #1 go out early in the morning to swing and play." -"I did not put sunscreen on her [Client #1] Saturday because it was cloudy and 65°." Interview on 9/26/23 with Qualified Professional revealed: -"Our nurse and I just talked about this. Staff do put sunscreen on [Client #1]." -"[Client #1] sometimes allowed staff to put on sunscreen." -"Staff usually try to go outside early in the morning or later in the evening. If she needs to use it as a coping mechanism during the day staff will redirect her back inside fairly quickly." -Will talk with staff to document on MAR all sunscreen use.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic	V 367		

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V 367	Continued From page 3 means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion	V 367		

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V 367	Continued From page 4 or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report Level II incidents to the LME/MCO (Local Managing Entity/Managed Care Organization) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:	V 367		

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V 367	Continued From page 5 Review on 9/25/23 of facility incident reports for July-September 2023 revealed: -7/12/23 "at approximately 11:55pm, [FC #2] walked into the living room and out the door. Staff attempted to redirect her and offered her distractions but she ignored staff and continued to walk out of the fence and toward [local fast food restaurant]. Staff contacted the on-call staff and contacted law enforcement to assist with the elopement. At approximately 12:11am, law enforcement contacted the facility to inform staff that [FC #2] had gone to [local fast food restaurant] and called 911 and had stated she had been locked out of the facility. Staff assure law enforcement that this was not accurate. Law enforcement brought [FC #2] back to the facility with food for [local fast food restaurant]. [FC #2] went to the kitchen and sat at the table to eat her food. [FC #2] again stated that staff had locked her out of the facility in which staff assured [FC #2] that this was not the case. [FC #3] became very agitated and attempted to flip the table over on staff. Staff redirected [FC #2]'s behavior and [FC #2] finished her food and then went to her room." -7/15/23 "at approximately 4:35am, [FC #2] snuck out of the back door. Staff caught her as she was going out of the gate. Staff asked where she was going and got no response. Staff watched until [FC #2] was out of sight and called law enforcement and the on-call staff. Law enforcement came and said [FC #2] was still on the property however when staff looked [FC #2] was nowhere to be found. At 6:15am, [FC #2] returned to the facility. Staff opened the door and [FC #2] yelled at staff. Staff attempted to redirect [FC #2] however [FC #2] continued to yell and curse staff. Staff attempted to redirect [FC #2] into the house however she refused. The QP	V 367	• V 367 10A NCAC 27G .0604 Incident Reporting Requirements Correction The process for reporting incidents has been re-evaluated and the procedure revised. The Chief Operations Officer will review with all Qualified Professionals the process implemented in March 2023 regarding crisis response and incident reporting: • Training on the necessity of gathering all information from staff and clients. Information gathered should include what was happening prior to the escalation and everything that happened until the incident was resolved. • If the incident starts during business hours, Mon-Fri 8am-5pm, the facility QP is responsible for handling and reporting the entire incident. If the incident starts after hours or on a weekend/holiday, the on-call QP is responsible for handling and reporting the entire incident. cont.	10/26/23

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V 367	Continued From page 6 (Qualified Professional) arrived as [FC #2] was crawling through the med (medications) room window. Staff attempted to redirect [FC #2] out of the med room but [FC #2] yelled at staff, 'make me b***h!'." Review on 9/25/23 of IRIS (Incident Response Improvement System) reports for the facility from July 1-September 25, 2023 revealed: -No IRIS report or notification to LME/MCO (Local Managing Entity/Managed Care Organization) on 7/12/23 or 7/15/23 to report FC #2 AWOLs (absence without leave). Interview on 9/26/23 with the QP revealed: -The on-call QP is responsible for writing the IRIS report because they usually have to come out to the facility. -Have a QP meeting next week and will suggest "I just be responsible for creating the IRIS report ...I need to know what happens in these incidents." This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 367	This procedure for incidents that occur after-hours or involve an on-call QP has been further revised. • The responsible person will initiate confidential written communication to the Executive Director, Chief Operation Officer, and the Facility QP documenting the timeline and details of the incident. • From this initial communication, the correct level of reporting will be assessed to ensure compliance with reporting requirements. • The written communication will serve as a working document to allow all persons involved to ensure the details are correct and accurately reflect the timeline. If the incident is determined to be a Level II or III incident, the responsible QP will enter the incident into IRIS and forward to the Executive Director or Chief Operation Officer to review, complete the Supervisor Actions and submit the report. <u>Prevention</u> Responsible QP and Exec. Dir. Will review incidents as they occur to ensure that reporting requirements are followed. A member of the QM Team also reviews incident reports at least quarterly and provides support as needed.	

Skill Creations, Inc.
Community Operations Division
Mountain Regional Office
50 S. French Broad Avenue Suite 251
Asheville, North Carolina 28801
Telephone: (828)232-0091
"Creating Life Skills For Those We Serve"

October 12, 2023

Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Follow-up & Complaint Survey completed September 26, 2023
SCI-Emergent Needs Respite Center
101 Poplar St., Morganton, NC 28655
MHL # 012-019
Complaint Intake #NC206133

Dear Ms. [redacted]
Please find enclosed the Plan of Correction for the deficiencies cited from the follow-up and complaint survey of SCI-Emergent Needs Respite Center completed on 9/26/23:

- V 118
  10A NCAC 27G .0209 (C) Medication Requirements

  The process for reporting and documenting mediations errors has been evaluated and all facility staff have been in-serviced on Medication Management Part 3: Labels and Documentation (attached)

- V 367
  10A NCAC 27G .0604 Incident Reporting Requirements

  The process for reporting incidents has been re-evaluated and the procedure revised.

  The Chief Operations Officer will review with all Qualified Professionals the process implemented in March 2023 regarding crisis response and incident reporting:
  - Training on the necessity of gathering all information from staff and clients. Information gathered should include what was happening prior to the escalation and everything that happened until the incident was resolved.
  - If the incident starts during business hours, Mon-Fri 8am-5pm, the facility QP is responsible for handling and reporting the entire incident. If the incident starts after hours or on a weekend/holiday, the on-call QP is responsible for handling and reporting the entire incident.

This procedure for incidents that occur after-hours or involve an on-call QP has been further revised.

- The responsible person will initiate confidential written communication to the Executive Director, Chief Operation Officer, and the Facility QP documenting the timeline and details of the incident.
- From this initial communication, the correct level of reporting will be assessed to ensure compliance with reporting requirements.
- The written communication will serve as a working document to allow all persons involved to ensure the details are correct and accurately reflect the timeline. If the incident is determined to be a Level II or III incident, the responsible QP will enter the incident into IRIS and forward to the Executive Director or Chief Operation Officer to review, complete the Supervisor Actions and submit the report.

A member of the QM Team also reviews incident reports at least quarterly and provides support as needed.

Please contact me at [redacted] with any questions or if further information is needed.

Sincerely,

[redacted]
QM Manager

RELIAS

Medication Management Part 1: Overview

Section 1: Introduction

About This Course

Most people with intellectual and developmental disabilities, or IDD, need support to use medications safely. Well-trained direct support professionals are key to this system of medication management. This course will provide an overview of medication management. You will learn about the purpose of medication management, your responsibilities, and the roles of other team members. You will also learn about general best practices in medication management.

The goal of this course is to provide DSPs with an overview of medication management.

This course is Part 1 of a 4-part series. To learn how to administer medications, you must take all four courses. This series of courses does NOT certify you to administer medications. It is designed to prepare you for your agency's certification process.

Learning Objectives

After taking this course, you should be able to:

- Define medication management and administration.
- Identify roles and responsibilities related to medication management.

Section 2: Medication Management

It Was Too Hot

It was a rough day at the group home. It was the hottest day of the year and the air conditioner broke. The repairman couldn't come out to fix the unit until the next day. [redacted] the DSP on shift, was trying to air the house out and cool it off, but it still felt like an oven.

Everyone was hot and irritable, but [redacted] was particularly upset. She often complained loudly when she is unhappy, but [redacted] had never heard her make so much noise. On her way to bed, [redacted] began to cry. [redacted] felt bad for her, but she didn't know how to help.

"[redacted] we just have to deal with the heat," [redacted] told her. "I'm sorry I can't make it cooler in here. Here, drink some cold water and we'll open your bedroom window."

The next morning, [redacted] didn't come out for breakfast at her usual time. [redacted] found her in bed, unconscious. She called 911, but [redacted] died in the emergency room due to an elevated body temperature.

[redacted] learned later that [redacted] had just started taking a new medication that made it difficult for her body to maintain a normal temperature. When the air conditioner broke, [redacted]'s body couldn't cool itself and she experienced heat stroke. [redacted] was shocked that nobody had told her about [redacted]'s medications. She was devastated that she had dismissed Louise's complaints, but she had no idea the heat could be fatal.

What Went Wrong?

- [redacted] story could have ended differently if her medications had been handled differently. [redacted] did not know that [redacted]'s medications had recently changed.
  Reveal [All support providers need to know about medication changes and other events that can affect someone's health.]

- [redacted] did not know about the risks or side effects of [redacted] medication.
  Reveal [All support providers need to know about medication risks and side effects.]

- [redacted] did not know that overheating was a risk of her medications.
  Reveal [As much as possible, the person should know about their own medications and side effects.]

Because [redacted] did not know about her medications, they never considered that her discomfort might be a medical emergency. If they had been better informed, Monica could have called for help.

[redacted] story shows how dangerous medications can be, even when used correctly. Good medication management can help keep people safe.

Medication Management

A **medication** is a substance used for medical treatment. Medications may also be called drugs, but not all drugs are medications. Medications are used to (Hughes & Blegen, 2008):

- Diagnose disease

- Prevent disease
- Reduce pain or discomfort
- Cure an illness or disease
- Treat or manage a condition that cannot be cured

Medication management refers to a system a healthcare team uses to support a person in safely using their medications. It includes procedures to (Erickson, Salgado, & Tan, 2016):

- Prescribe medications
- Obtain medications
- Store medications
- Administer medications
- Monitor medication effects

Medication management is an ongoing process that takes a team of healthcare professionals. You are part of this team. Each team member must know their own role and responsibilities. These responsibilities are based on education, training, and professional licensing.

Team Roles

Prescriber

The medication management process begins with a healthcare provider who can prescribe medications. This is often a medical doctor, but can be another healthcare provider such as a:

- Nurse practitioner
- Physician's assistant
- Psychiatrist
- Dentist

These licensed healthcare providers work with the person and their support team to determine what medical treatment the person needs. They then **order** that treatment. When the order involves medication, it is called a **prescription**, sometimes shortened to **script.** Other members of the healthcare team, including you, must follow these orders.

Pharmacist

A pharmacist **dispenses** prescribed medication. This is <u>not</u> the same as administering medication. Dispense refers to a process of reviewing and packaging medication.

The pharmacist receives a prescription from the physician. They review it and check for possible problems, such as allergies or interactions with other medications the person uses. If they have concerns, they contact the physician to discuss changing the order. They then package and label the medication so the person knows how to use it.

Clinical pharmacists work with healthcare providers and service agencies to ensure people's medications are safe and effective. A clinical pharmacist can educate the person and their support team about medications. They may also assess whether a person's medications are working as intended, or if the person might benefit from a medication change (American College of Clinical Pharmacy, n.d.).

Nurse

Nurses include licensed practical nurses, or LPNs, and registered nurses, or RNs. In many

agencies, the nurse leads the agency's medication management process. The nurse communicates with the physician and pharmacist about orders, then gives DSPs instructions for how to handle those orders. The nurse also communicates with DSPs and physicians about problems the person experiences related to their medications.

If you do not have access to a nurse, ask your supervisor what resources are available to you. A clinical pharmacist, the person's primary care provider, and other healthcare professionals can help fill this role.

DSPs or Med Techs

Helping someone take or apply a medication is called **administering** it. In some states, only licensed healthcare providers, such as nurses, can administer medications. However, many states allow DSPs to administer medications. You must be specially trained and certified before you can administer medications. People with this training may be called "medication technicians," "med techs," or "medication aides." Staff members who administer medications must follow written orders and a standard process.

Your Responsibilities

Your actions can affect a person's risk of experiencing medication errors and other problems. It is important for you to know the limits of what you can and cannot do when you are certified to administer medications. Each state and agency may have different rules, so be sure you know what applies to you.

In general, unlicensed staff members such as DSPs can NOT:

- Administer any medications or treatments, including over-the-counter, without a prescription.
- Make decisions about a person's medications, dose, or schedule.
- Accept medication or treatment orders over the phone.

To reduce risk and support good medication management, you have several responsibilities. You must:

- Correctly store and secure medications
- Follow a standard administration process and report errors
- Support the person's independence and involvement
- Correctly document medication administration
- Monitor and report medication effects
- Communicate with other team members

Store and Secure Medications

Medications must be stored in a locked space. The key to this space must be controlled. Only people approved to give medications should have access to the medication storage space. This prevents untrained people from using medications incorrectly.

If your organization uses a physical key, the person who is responsible for administering medications should carry it with them at all times. In agencies that use electronic keys, each employee is responsible for their own key. However, a single person should still be assigned the responsibility of administering medications.

Medication security includes how you dispose of medications. You cannot simply throw unneeded medications in the trash. You must be sure an unauthorized person cannot get the medication. Follow your agency's policies and procedures for medication disposal.

In addition to keeping medications secure, you must also store them correctly to avoid damaging them. Know your agency's policies for how to store medications. In general:

- Medication storage areas should be organized and tidy.
- Drops, ointments, and other small containers should be stored in their original boxes.
- Medications that could leak should be kept in plastic bags.
- Oral medications should be separate from other types of medications.
- Medications that must be stored in the refrigerator should have a separate locked box.

Controlled Medications

Controlled medications require a higher level of security than other types of medication. The United States Drug Enforcement Administration, or DEA, regulates controlled substances (DEA, n.d.). You must take extra steps to keep them secure and report their use.

Examples of controlled substances include stimulants, sedatives, and opiates. Be sure you know which, if any, controlled medications you will be responsible for. They should be kept in limited supply, and double-locked at all times. This means you need two different keys to access them. This helps to prevent unauthorized access and theft.

Another safeguard is the controlled medication log. This document tracks the amount of a controlled medication in stock. The amount on the log should always match the amount of medication in stock. If the quantity of medication does not match the amount on the log sheet, immediately report it to your supervisor or the nurse. In some states, you must report it to a pharmacist.

Follow Procedures

You must follow a standard process to administer medications. You will learn more about this process in Parts 3 and 4 of this course series. You will also receive training on your agency's specific procedures.

It can be tempting to take shortcuts to administer medications faster. However, it is important to follow all procedures. Medication procedures are based on best practices and designed to prevent errors. When followed correctly, the process protects the people you support. It is your responsibility to understand and follow your agency's medication procedures.

Report Medication Events

A **medication event** is anything out of the ordinary. There are several types of medication events. Some events have to do with the person's reaction to the medication. This could include side effects, allergic reactions, or other problems with the medication. You will learn more about medication effects and responses in Part 2 of this series.

A **medication error** is an event that occurs when a medication was not used correctly (National Coordinating Council for Medication Error Reporting and Prevention, n.d.). Errors are usually accidents or mistakes. Not following procedures increases the risk of errors. You will learn more about medication errors in Part 3 of this course series.

DSPs sometimes hesitate to report medication errors. However, reporting errors is important. Failing to report errors can cause serious problems:

- The person may need medical treatment or monitoring to avoid harm. Failing to report the error means the person will not get the care they need.
- Whatever caused the problem may happen again. Reporting errors allows the team to learn from and correct mistakes.
- You are required to report errors. In some states, you must report within a certain timeframe. You could face consequences for not reporting an error you discover.

You should report any medical concern or medication event as soon as possible. If you are not sure if you should report something, report it!

Encourage Independence

You should always look for ways to help people gain independence with medication administration. You might do this by asking them to:

- Gather supplies, such as a cup of water
- Identify their medications
- State what the medication is for
- Apply creams or ointments to their skin

You should always explain what you are doing. You should also always tell people what medication you are giving them and why they take it.

Self-Administration

Some of the people you support may have the skills to administer their own medications.

Laws about self-administration vary by state. In general, people who live in licensed support settings, such as a group home, must have a physician's order to self-administer medications. The person must receive education about how to safely self-administer their medications.

Even when a person can self-administer, their medications should be stored in a locked location.

Document

Documentation helps the team communicate about medications. The **Medication Administration Record**, or **MAR**, is a key part of this documentation. The MAR:

- Lists all medications and treatments a person takes
- Instructs staff on the correct times, dose, and route of administration
- Records when each medication dose was administered

Some agencies use both a MAR and a **Treatment Administration Record,** or **TAR**. The TAR includes treatments that a doctor has ordered, but which are not medication.

This course will use the term MAR to refer to both medication and treatment records. It is critical that you keep the MAR current and accurate. You will learn more about the MAR and documentation in Part 3 of this course series.

Monitor Effects

As you saw in Louise's story, medications can have serious effects even when the person takes them exactly as prescribed. All support providers should watch for medication side effects. However, this responsibility is most important for people who are trained to administer medications.

To monitor for effects, you must know what is normal for a person. A change in their behavior or physical condition may be due to a medication effect. This is most likely to happen when a person starts a new medication, stops a medication, or changes the dose.

You should **always** question if a behavioral or physical change might be due to medications. Report possible medication effects to the nurse or your supervisor **immediately**.

You will learn more about medication effects in Part 2 of this course series.

Communicate with the Team

Remember [redacted] who died because her DSP did not know about her medication side effects? You are part of a team. You must communicate effectively with other team members. This means sharing information they need. It also means seeking information you need and asking questions when something is unclear.

You may sometimes communicate with the pharmacy about prescriptions and refills. If so, follow your agency's policies and procedures to do so.

Review

Which of the following actions follow best practices? Choose all that apply.

Options	Feedback
The medication closet has a single key, which hangs on a hook in the kitchen.	Only authorized people should have access to medications. Leaving the key in the kitchen does not keep the medications secure.
The side effects for [redacted] new medication are communicated to all DSPs who work with him.	All DSPs should know about new medications and their side effects.
[redacted] is assigned to administer medications. He plans to read the details of [redacted] new medication by 8:00 pm, which is when he usually administers medications.	[redacted] should check the schedule for John's new medication right away to ensure he does not miss a scheduled dose.
The key that accesses regular medications also accesses controlled medications.	Controlled medications should be double-locked. You should need two different keys to access them.

Section 3: Conclusion

Summary

Now that you have finished viewing the course content, you should have learned the following:

- The definition of medication management and administration

- Roles and responsibilities related to medication management

Course Contributors

The content for this course was revised by [redacted] received her Bachelor of Arts in Psychology from the University of North Carolina at Chapel Hill, and her Master of Business Administration from Elon University. She has 12 years of experience in human services roles, including direct care, program director, and training facilitator. She has created and facilitated training on topics including non-violent crisis interventions, person-centered planning, cultural competence, quality service delivery, regulatory compliance, and a variety of topics related to intellectual and developmental disability services.

This course was reviewed by [redacted] **BSN, MA, RN, CDDN.**
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Ms. Kluttz-Hile is a member of the national Developmental Disabilities Nursing Association, where she holds a national certification in Developmental Disabilities Nursing.

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Congratulations!

You have finished viewing the course content.

RELIAS

Medication Management Part 2: Understanding Medications

Section 1: Introduction

About This Course

Before you administer medications, you should understand basic medication concepts and terminology. This can help you be sure you are following orders and administering medication correctly. It can also help you identify possible problems.

This course will provide an overview of medications. You will learn about medication names, common forms, and routes of administration. You will also learn about medication effects, side effects, and interactions. Finally, you will learn about common types of medications and their use.

The goal of this course is to provide direct support professionals in IDD service settings with an introduction to medication concepts and terminology.

This course is Part 2 of a 4-part series on Medication Management. To learn how to administer medications, you must take all four courses. This series of courses does NOT certify you to administer medications. It is designed to prepare you for your agency's certification process.

Medication Management Part 2: Understanding Medications

Learning Objectives

After taking this course, you should be able to:

- Identify basic medication concepts and terminology.
- Identify common medication forms and administration routes.
- Define medication effects, side effects, and interactions.

Section 2: Medication Basics

Understanding Medications

It is important for you to have a basic understanding of medications and what to expect from their effects. This will help you administer medications safely. It will also help you identify problems, including side effects or adverse reactions.

You are not expected to memorize every detail of the medications you administer. You can learn about medications from many sources, including:

- The prescribing physician
- The pharmacist
- The nurse
- Drug reference books
- Online resources

Be sure any books or websites you consult are up to date and trustworthy. Ask your supervisor or the nurse if your agency uses a certain guide. You can also check the Resources section of this course for suggested online tools.

Medication Names

Most medications have a **brand name**, or trade name, and a **generic name**. The brand or trade name belongs to the company that makes the medication. A generic medication is a non-branded version of a brand name drug. For example, acetaminophen is the generic name for a common pain reliever. Johnson & Johnson sells acetaminophen under the brand name Tylenol®.

The first time this course mentions specific medications, you will see both the brand and generic names. For example, in the previous paragraph, you read about acetaminophen (Tylenol®).

Newer medications may not have generic versions. When new medications are developed, they are typically patented, or legally protected, by the company that created them. When the patent expires, other companies can develop generic versions of the drug. Generic drugs must have the same active ingredients and provide the same effect as the original medication (Food and Drug Administration [FDA], 2018a).

Medication Routes and Forms

Route refers to the way a medication enters the body. For example, medications may be swallowed, applied to the skin, or dropped into the ear canal. Each medication has a specific route.

Medications come in many forms. **Never** assume you know which route to use based on the medication's form. For example, both antifungal foot cream and toothpaste sometimes come in

similar tubes. The two may even have a similar appearance and consistency. However, you would not want to brush your teeth with foot cream.

A medication's form affects how it works. For example, a pill may begin dissolving as soon as a person takes it. However, it would dissolve even faster if it were crushed or cut into smaller pieces. Similarly, the gelatin shell of a capsule may be designed to dissolve slowly so it releases the medication after a certain time.

Never change a medication's form unless the medication order directs you to do so. This includes:

- Crushing or cutting tablets
- Opening capsules
- Dissolving pills in a liquid or food
- Mixing liquids or topicals

Common Routes

Oral

Oral medications are swallowed and enter the person's bloodstream. Forms include:

- **Tablets** are solid pills that contain powdered medication and other ingredients. They may be plain or coated. Some tablets taken orally must be chewed first. Caplets are tablets with an oval shape.
- **Capsules** are oval-shaped, hollow pills. They are made of a gelatin shell with powdered or liquid medication inside. Some capsules can be opened and sprinkled onto food.
- **Liquid** medications can include dissolved or undissolved particles of medication. Liquids may need to be shaken before use or refrigerated, so check the label on the bottle. Sometimes you may create a liquid medication by dissolving a medication powder into water or another beverage. Liquids may be called a mixture, suspension, solution, or syrup.

Tablets and capsules taken orally are to be swallowed whole unless stated otherwise.

Sublingual

Sublingual means under the tongue. Sublingual medications are placed under the person's tongue and left to dissolve.

Topical

The word "topical" is used to describe both an administration route and a group of medications that work on contact. That is, they are applied to the outside of a person's body or a mucous membrane such as the eyes or nose. Unless otherwise specified, the word "topical" usually means the medication is applied to a person's skin. However, there are many other routes to apply topical medications.

Topical medications include:

- **Skin preparations** such as lotions, creams, ointments, medicated shampoos, and powders.
- **Transdermal patches** are adhesive patches that contain medication on one side. The medication absorbs through the person's skin.

- **Aerosols** are a mist of small medication particles. These are often sprayed onto the skin.
- **Inhalants** are aerosols breathed directly into the lungs. Equipment such as an inhaler or nebulizer creates a mist that the person inhales. Because inhalants enter the body through a mucous membrane, they are a topical medication.
- **Ear drops** are administered into the ear, which is also called the **otic** route.
- **Eye drops** are administered into the eye, which is also called the **ocular** route.
- **Nasal sprays** are administered into the nose, which is also called the **nasal** route.

Vaginal and Rectal
Medications administered vaginally or rectally may be pills, creams, or liquids. Some of these may be called **suppositories**.

Injections
Some medications are injected into the body. Intramuscular, intravenous, and subcutaneous routes are all injections. Intramuscular and intravenous injections are advanced skills that a nurse must perform.

However, in some states, DSPs may become certified to administer medications subcutaneously. This includes injecting insulin and testing blood glucose levels, or blood sugar, to manage diabetes.

Medication Doses

The **dose** measures how much of a medication a person receives at once. The physician prescribes a dose to give a person the correct amount of medication. Some medications use a standard dose based on a person's age or weight. Other medications may have a wider range of doses based on how a person's body responds to the drug.

A **dosage regimen** includes the schedule for taking certain doses. For example, a person might take two doses of their medication each day: One in the morning and one in the evening. The timing of medication doses is important. Doses must be spaced correctly to allow the medication to be effective without exposing the person to too much medication at once.

Some medications are designed so the dose absorbs more slowly into the body. These medications are labeled **DR** for delayed-release or **ER** for extended-release.

Medication Effects

It is important to understand the effects a medication can cause. Sometimes, medication effects can be dangerous. When this happens, you must recognize them and respond immediately. You should learn about the possible effects of each medication you will administer. This is especially important when someone you support begins taking a new medication.

Intended effects are what the medication is supposed to do. For example, the intended effect of diphenhydramine (Benadryl®) is to relieve allergy symptoms.

Side effects are known effects that are different from the medication's purpose. They are usually, but not always, unwanted. For example, diphenhydramine often causes drowsiness.

Many drugs have common, but fairly mild, side effects. Some have more severe side effects and are only used when absolutely necessary. Side effects often become less intense over time as a person's body adjusts to the medication.

An **adverse drug reaction** is an unintended, unpredicted, harmful effect of a medication. It may also be called an **adverse drug event.** Report adverse reactions immediately. Adverse reactions often require medical treatment and/or a change in medication. Adverse reactions include:

- Unexpected severe side effects
- Allergic reactions
- Interactions

Drug reactions can be unpredictable. However, you can reduce interactions or other problems by educating yourself about the risks. Pharmacy labels show common side effects, interactions, and warnings. Read and follow these warnings.

Local vs. Systemic Effects

Some medications affect a person's entire body system. Medications taken orally and other medications that enter the bloodstream have a **systemic** effect. Some medications applied topically can have a systemic effect, as well. Other topical medications act **locally**. This means they only affect the part of the body where they are administered. For example, a person might have two types of medication for joint pain:

- Ibuprofen (Advil®) is taken orally for a systemic effect.
- Methyl Salicylate-Menthol (Bengay®) is applied directly to the joint for local pain relief.

Medications that enter a person's body system are more likely to cause interactions or dangerous reactions.

Medication Interactions

An **interaction** means another substance changes how the medication works in the body. An interaction might delay, reduce, or increase the effect of a medication. This could lead to the medication not working. It could also lead to an overdose.

Medications can react with three types of substances:

- **Medications:** For example, Warfarin (Coumadin®) treats and prevents blood clots. Aspirin (Bayer®) increases the effects of warfarin, which can lead to uncontrolled bleeding (Drugs.com, n.d.).
- **Food:** For example, milk can prevent the body from absorbing certain antibiotics. Antibiotics treat infections, so if they are not absorbed the infection will not be treated (Bareuther, 2008).
- **Dietary supplements:** For example, the herb St. John's Wort decreases the effectiveness of alprazolam (Xanax®), which treats anxiety (Drugs.com, n.d.).

Monitoring Medication Effects

Part of your role in medication management is to observe medication effects and communicate them to the rest of the team. To do this, you must know what is normal for the person. You must also recognize changes and report them to the healthcare team. Sometimes monitoring simply means observing and reporting changes. Other times, you may need to document certain

events, behavior, or vital signs to know how a medication affects the person.

When a person is used to a medication, you can usually predict its effects. That is, you know how the person responds to the medication because they take it regularly. Monitoring effects is most important when a person:

- Starts a new medication
- Changes dosage
- Stops taking a medication

Follow your organization's policy for responding to side effects and adverse effects.

Special Monitoring

Some medications need to be monitored more closely than others. This may be due to a higher risk of side effects. Sometimes it is because the prescribed dose changes based on how the person's body responds.

Special monitoring might include laboratory blood tests, which are sent to the person's physician. However, you may also do some special monitoring. For example, you might document vital signs to report to the physician. You might also ensure vital signs are within a certain range before administering a medication. The medication administration record, or MAR, will identify any special monitoring you are responsible for.

Vital signs include:

- Temperature
- Blood pressure
- Heart rate, or pulse
- Blood glucose levels, or blood sugar
- Pain

Prescription vs. Over-the-Counter

Because medications have such a wide range of effects, they should be used carefully. Many medications are classified as **prescription** drugs. Their use must be supervised by a physician. They are only available from licensed pharmacies and only when a physician prescribes, or orders, their use.

Over-the-Counter, or **OTC,** medications are available for purchase without a prescription. They are generally considered safe to use with few side effects or interactions (FDA, 2018b). Examples include:

- Pain remedies
- Cough remedies
- Allergy medications
- Dietary supplements

The United States Food and Drug Administration, or FDA, decides which medications require a prescription and which are available over the counter. However, in licensed facilities such as group homes, you must have a prescription to administer **any** medication, even one the FDA classifies as OTC. This includes dietary supplements.

Medication Management Part 2: Understanding Medications

Medication Classes

Each medication belongs to a **class**. A class is a group of things that are similar. Common classes of medications you may administer include:

- Analgesic medications for pain
- Anti-infective medications, including antibiotics, for infections
- Anticoagulant medications for blood clotting
- Psychotropic medications for mental health conditions
- Anticonvulsant medications for seizures
- Cardiovascular medications for heart conditions
- Antidiabetic medications for high blood sugar

You can safely administer a medication without knowing its class. However, knowing a bit about medication classes can help you know what sort of effects to watch for. It can also help you discuss medications with healthcare professionals.

Psychotropic Medications

Many people with IDD use **psychotropic**, or psychoactive, medications. These medications affect a person's mood, mental status, or behavior. Psychotropic medications usually treat mental illnesses. However, sometimes people take psychotropic medications to manage symptoms of other conditions, such as irritability due to autism spectrum disorder. There are many types of psychotropic medications, including:

- Antipsychotics
- Antidepressants
- Sedatives
- Anxiolytics, or anti-anxiety medications

Psychotropic medications are powerful drugs. They affect a person's brain and behavior, and they often have serious side effects. Because these drugs are so powerful, the healthcare team closely monitors their effects. People who use psychotropic medications must see their healthcare provider at frequent intervals, typically every 3 to 6 months, to be sure the medication is working as intended. It is best practice for this provider to be a psychiatrist or other healthcare provider experienced with treating mental health conditions or challenging behavior.

Antipsychotic Medications

Antipsychotic medications are a type of psychotropic medication. Antipsychotics treat serious mental illnesses including schizophrenia and bipolar disorder.

Some antipsychotic medications can cause a serious set of side effects called **tardive dyskinesia.** Tardive dyskinesia causes a person to make movements they cannot control. It can be permanent. Symptoms include (National Organization for Rare Diseases, 2018):

- Abnormal tongue movements
- Sucking or fish-like lip movements
- Facial grimaces
- Jerky arm or leg movements
- Slow twisting movement in the neck or torso

If you notice any of the signs of tardive dyskinesia, report them to your supervisor or the nurse.

Review

When is a person MOST likely to experience unexpected medication effects? Choose all that apply.

- **When they start a new medication**
- **When they stop taking a medication**
- **When they change medication dose**
- When they are on a consistent dose

Feedback [Unexpected medication effects are most likely when the medication or dose changes. When a person is on a consistent dose, the effect of the medication is not likely to change.]

Summary

Medications have multiple forms, multiple doses, and even multiple names. They can have different effects on the same person. They can even affect the same person differently at different times. To administer medications, you must have a basic understanding of medications and their effects. Monitoring medication effects is a key part of medication administration.

You do not need to memorize all the details of every medication you administer. However, you should be familiar with their effects. Talk to your supervisor about where you can find more information about each one.

Section 3: Conclusion

Summary

Now that you have finished viewing the course content, you should have learned the following:

- Basic medication concepts and terminology
- Common medication forms and administration routes
- Medication effects, side effects, and interactions

Course Contributors

The content for this course was revised by Katy Kunst, MBA, QIDP.
Ms. Kunst received her Bachelor of Arts in Psychology from the University of North Carolina at Chapel Hill, and her Master of Business Administration from Elon University. She has 12 years of experience in human services roles, including direct care, program director, and training facilitator. She has created and facilitated training on topics including non-violent crisis interventions, person-centered planning, cultural competence, quality service delivery, regulatory compliance, and a variety of topics related to intellectual and developmental disability services.

This course was reviewed by Cathy Kluttz-Hile, BSN, MA, RN, CDDN.
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for people with special health care needs and the NC Infant-Toddler Program. In addition, she has worked with community-based IDD programs in quality improvement/program development. Ms. Kluttz-Hile is a Mentor Trainer for Person Centered Thinking through the Learning Community for Person Centered Thinking.

Ms. Kluttz-Hile is a member of the national Developmental Disabilities Nursing Association, where she holds a national certification in Developmental Disabilities Nursing.

Resources

U.S. Food and Drug Administration
Medication guides
https://www.fda.gov/drugs/drug-safety-and-availability/medication-guides

National Library of Medicine
Pill identification tool
https://pillbox.nlm.nih.gov/

Drugs.com
Drug interactions checker
https://www.drugs.com/interaction/list/

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Congratulations!

You have finished viewing the course content.

RELIAS

Medication Management Part 3: Labels and Documentation

Section 1: Introduction

About This Course

This course provides an overview of labels and documentation used in medication administration. You will learn how to find critical information, including the 6 Rights of Medication Administration. You will also learn about documenting medications you administer.

The goal of this course is to provide direct support professionals in IDD service settings with the knowledge needed to use pharmacy labels and the Medication Administration Record, or MAR, correctly.

This course is Part 3 of a 4-part series on Medication Management. To learn how to administer medications, you must take all four courses. This series of courses does NOT certify you to administer medications. It is designed to prepare you for your agency's certification process.

Medication Management Part 3: Labels and Documentation

Learning Objectives

After taking this course, you should be able to:

- Explain the Six Rights of medication administration.
- Describe how to use pharmacy labels and the MAR to administer medications.

Section 2: Labels and Documentation

Key Documents

Medication administration relies on three key documents:

- Prescriptions
- Pharmacy labels
- Medication Administration Records, or MARs

These documents should always match. If they do not, there may be an error with the person's medications. Report mismatches immediately to the nurse or your supervisor. Never try to correct a mismatch by yourself.

Prescriptions are used to create pharmacy labels and the MAR, which DSPs then typically use to administer medications.

Reading a Pharmacy Label

When the pharmacist packages a medication they attach a label with information about the medication and how to use it. Select the following items on this sample pharmacy label:

- Patient's name and address
  Reveal [This tells you who this medication is prescribed to.]
- Medication details
  Reveal [This includes the medication name, strength, form, dose, and instructions for use.]
- Quantity of pills in the bottle
  Reveal [This tells you how many pills were packaged.]
- Physician's name
  Reveal [This is the name of the person who prescribed the medication. It will not always match the physician listed on the MAR.]
- The expiration date
  Reveal [Do not use medications after the expiration or discard date.]
- Warning labels
  Reveal [Warnings provide information about how to safely use, store, or handle the medication.]
- Medication description
  Reveal [Use this to confirm that the correct medication is in the package.]

You must never change a pharmacy label. If you believe the label is incorrect, contact your supervisor, the nurse, or the pharmacist for instructions.

Always take warning labels seriously. Ask your supervisor, the nurse, or pharmacist if you have questions about a warning.

Medication Management Part 3: Labels and Documentation

Reading the MAR

The MAR is a form that shows every medication prescribed to a person. Electronic versions of this record are often called "eMars." The MAR has two functions:

- It contains all the information you need to administer a person's medications.
- It documents when a person received their medications, and who helped them.

Some agencies also use a Treatment Administration Record, or TAR, to record treatments that are not medications. These **ancillary orders** could include:

- Type of diet
- Adaptive equipment
- Nail care schedule

You read and use TARs just as you read and use MARs. This course will use the term MAR to refer to both the TAR and MAR forms.

In long-term care settings such as group homes, MARs are usually made a month at a time. Specialty pharmacies usually print MARs from prescription records. If your pharmacy does not provide this service, agency employees will have to create the MAR. Regardless, the MAR must be updated throughout the month if any medications change. Creating or updating the MAR is often the nurse's responsibility. If your agency does not employ a nurse, ask your supervisor who handles this process.

Basic Information

The MAR includes key information you will need to administer medications safely. Locate the following items on this sample MAR:

- Person's name and date of birth
  Reveal [Use this to be sure you administer medications to the right person.]
- Photograph
  Reveal [Use this to be sure you administer medications to the right person.]
- Dates the MAR covers
  Reveal [These are the dates for which this MAR page is valid.]
- Known allergies
  Reveal [Never administer a medication the person is allergic to. Instead, call your supervisor, the nurse, or the pharmacist for instructions.]
- Physician's name
  Reveal [This physician oversees the person's medical treatment.]

Medication Information

The left side of the MAR lists all the person's prescriptions. On the right is a calendar grid. You will write your initials in this grid to document that you administered a medication at that date and time.

Each medication entry includes the:

- Medication name and form
- Medication dose
- Administration times
- Administration route

Medication Management Part 3: Labels and Documentation

The Six Rights

To administer medications correctly, you need both the pharmacy label and the MAR. Check and compare the two to be sure they match. You will compare six key pieces of information. These are the "Six Rights" of medication administration (Moore, 2011):

- Right person
- Right medication
- Right dose
- Right time
- Right route
- Right documentation

If the label and MAR do not match for any of the Rights, do not administer the medication. Call your supervisor, the nurse, or the pharmacist for instructions.

Over-the-Counter Labels

In licensed settings, you must have a prescription to administer any medication, including medications and dietary supplements that are over-the-counter, or OTC. With a prescription, you can obtain these with a pharmacy label. It is best practice to have a pharmacy label on all over-the-counter medications. In some states, it is required.

This course will explain how to follow the Six Rights using a pharmacy label. If you administer over-the-counter medications without a pharmacy label, use the medication packaging instead. It will not have the person's name or other identifying information. However, the other key information will still be present.

Right Person

Before you handle any medications, be sure you have the right person's MAR. Check the name and photo on each page. If you do not know the person well, ask a coworker who does to help you verify the person's identity. When in doubt, ask for a photo ID and the person's birthdate.

After you have confirmed the person's identity, ensure their name is on each medication package. Omit this step for over-the-counter medications that do not have a pharmacy label.

Right Medication

Check the name of the medication on both the MAR and the pharmacy label. The name must match exactly. Small differences in spelling, including extra letters such as ER or DR at the end, mean the medications are not the same.

Sometimes the MAR will use a brand name but the pharmacy dispenses a generic. When this happens, the pharmacy label will say "dispensed for" followed by the brand name. This is an acceptable match.

Next, be sure the medication is what the package says it is. Look at the color, size, and shape of the medication. Those approved by the Food and Drug Administration (FDA) are imprinted with letters and numbers to help identify them (FDA, 2004). You can check if they are the right pill in three ways:

- The pharmacy label should describe the pills in the package.
- Some MARs include photographs so you can compare the MAR to the actual