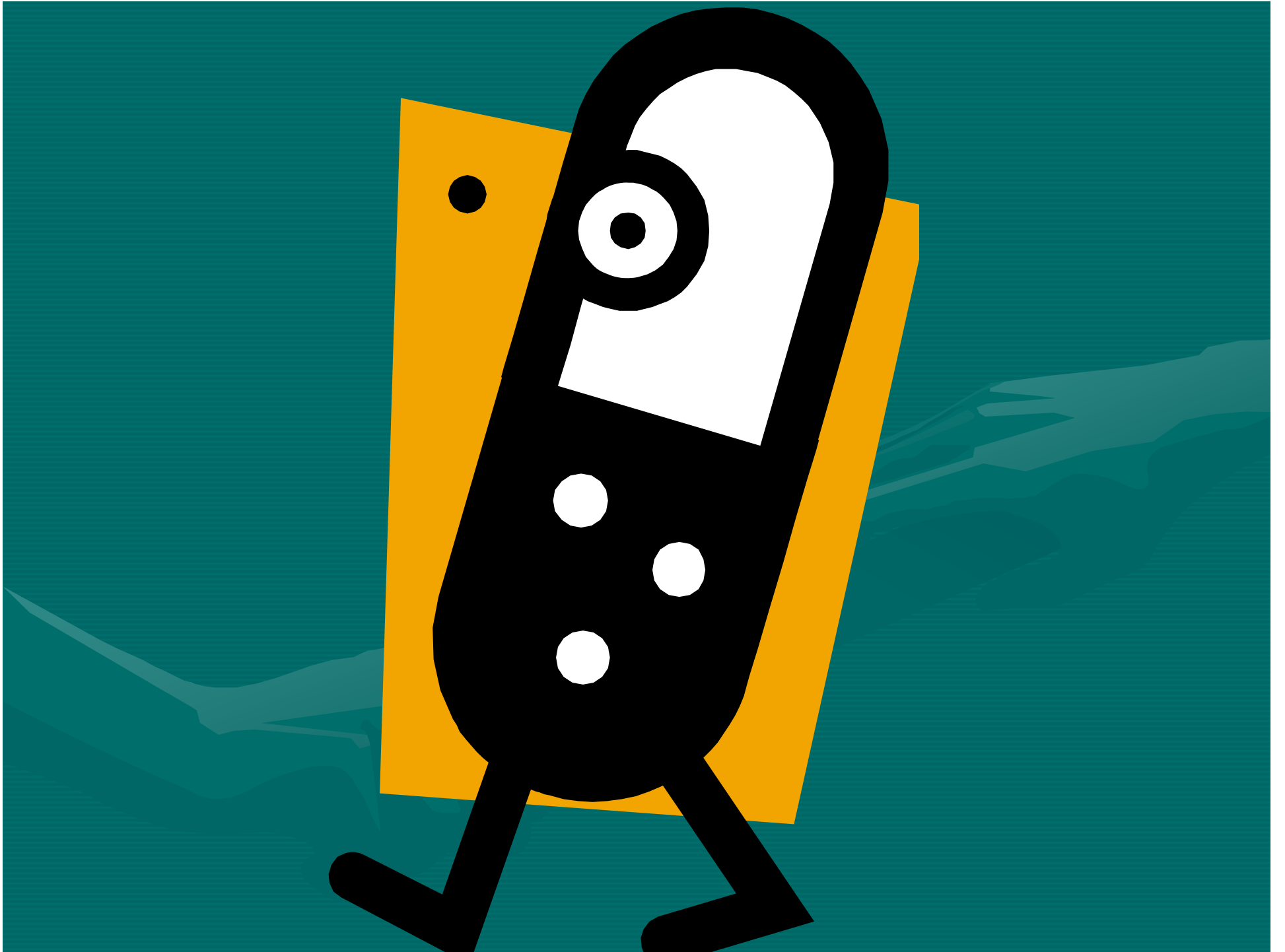


# *Medication Training Refresher*

**PART 1 - For ACT staff, Support Coordinators/Client Service Managers, Mental Health Professionals, Service Coordinators and Supervisors**

**PART 1 and 2 – For Day Program and Provider Direct Care Staff**



# PART ONE

Part One is a training module intended for **staff** that:

- delivers prepackaged medications to clients in their homes
- observes clients self-administering their own medications
- monitors clients setting-up their own medisets (med boxes)
- Supervises staff that provide medication related services.

Targeted staff for this refresher training are all non-medical staff that are members of an ACT Team, Continuous Support Team, Mobile Crisis Outreach Teams. After you finish this viewing, please check-in with your team nurse for training completion and certification.

- **Part 1 Review is required for all staff.**
- **Part 2 is required for Day Program and Provider Direct Care Staff.**

# Over the Counter and Prescription Medications

- Over the counter (non-prescription) medications do not need a prescription to obtain them
- Prescription medications are prescribed by a physician, dentist, clinical nurse specialist or psychiatrist and dispensed by a pharmacist
- There must be an order or prescription for all prescription and non-prescription medications that staff are monitoring.
- Scheduled or Controlled Medications need special handling procedures for storage and administration because there is high potential for abuse, such as narcotics. Other controlled medications include: Ativan, Ritalin and Valium.
- Non-scheduled medications are all other prescription or non-prescription medications

# Before Administering Medication

- Staff must pass the medication training and be supervised administering medications before administering medications independently.
- Staff should complete a Medication Refresher Training according their agency policy.
- Staff must have clear information about the purpose, dose, route, time and side effects/adverse effects of all medications available to them.
- Questions regarding medication administration can be answered by the assigned nurse, medical provider, doctor, medication reference book, pharmacist or Medication Information Service at U-M Hospital (734-936-8200)
- Staff must know how to report medication errors.

# Medication and Safety

The major area of information in the following medication protocols is intended to impact **Client Health and Safety**

One important safety measure is : *avoid the use of abbreviations* when documenting medication information.

# Sound Alikes – Look Alikes

**Caution - Safety Warning -** There are many medications that have names that sound similar to other medications. Also, there are many pills that look very similar in appearance.

Examples of Sound Alikes: Celexa and Celebrex, Clonidine and Klonopin, Lamictal and Lamisil. If you have any questions about a medication name contact the pharmacist.

# Prohibited Abbreviations

We have adopted the JCAHO list of ‘do not use abbreviations’.

DO NOT USE:

U - instead write unit

IU - instead write international unit

Qd - instead write daily

Qod - instead write every other day

# Medication Reconciliation

In situations when a client may have had changes in medications (hospitalization, emergency room or crisis services, doctor appointment) it is important to STOP and verify:

- Consents to speak with health provider are in place
- ALL medication orders are clear and current
- Medication changes are transcribed correctly.
- Gaurdian or family, caregivers and staff are notified of changes.
- Primary care physician and psychiatrist have been notified if changes were made.
- Follow-up appointments are scheduled

# Pharmacy Label

All containers in which prescription medication is dispensed must have a label, with the following information:

- **LABELS MUST BE LEGIBLE**
- Pharmacy name and address
- Prescription number
- Client's name
- Date the prescription was most recently dispensed
- Physician's name
- Directions for use
- The name of the medication
- Amount dispensed
- Strength of medication
- Dosage of medication

# Special Concerns

- Medication errors must be reported to your supervisor, the physician, and the Office of Recipient Rights, using the Incident Report form & following your agency policy.
- Medications are highly regulated, monitored and audited by a variety of sources.
- Staff must have a positive attitude regarding medications.
- Client questions should be answered accurately and honestly.
- Additional training is provided for special procedures. Injections and other procedures are not to be done without special training from a health professional.

# Medications Work on the Body in the Following Ways

- Local action – applying medication directly to tissue or organ.
- Systemic action – circulates through bloodstream and carried to cells capable of responding to them – effects the whole body

# Medications Effect the Body In Different Ways

- **Therapeutic effect** – obtaining the desired response on the body system it was prescribed for
- **Side effect** – response to the medication other than which it was prescribed
- **Adverse effect** – a side effect which may be harmful
  - Medication should never be taken again
  - Allergic reaction – monitor client closely for increased irritability, respiratory difficulty, changes in pulse – anaphylactic shock
  - This is a medical emergency - Call 911 if these symptoms are present or institute emergency response system for your facility
  - Document allergy to medication in record – report to physician

# Psychotropic Medications

Psychotropic medication includes:

- anti-anxiety
- antidepressants
- antipsychotics
- mood stabilizing medications
- medications for side effects
- medications needed for sedation

# Mood Stabilizers Side Effects

**Bipolar Disorder** - medications commonly prescribed are Lithium, Depakote, Tegretol

Side Effects may include:

- May cause increased thirst, urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory
- **Notify the client's nurse, physician or call 911 if the client reports persistent symptoms from Lithium or if they develop diarrhea, vomiting, fever, unsteady walking, fainting, confusion, slurred speech, or rapid heart rate**

# Anti-psychotic Medication Side Effects

**Anti-psychotic** medications commonly prescribed for **Schizophrenia** or **Psychosis** are Haldol, Prolixin, Risperdal, Zyprexa, Geodon, Abilify, and Seroquel

Side effects may include:

- Drowsiness
- Constipation
- Rapid heartbeat
- Dizziness
- Decrease in sexual interest or ability
- Weight gain
- Sensitivity to the sun
- Restlessness, pacing, slowing down of movement and speech, shuffling walk.

# Tardive Dyskinesia

A condition characterized by involuntary, abnormal movements

- Most often around the mouth – grimacing, tongue protrusion, lip smacking, pursing, puckering
- Rapid eye blinking
- Rapid movements of arms, legs, trunk
- Impaired finger movements
- Seen most often after long term treatment with typical antipsychotic medications – Haldol, Prolixin, Mellaril, Thorazine
- Higher incidence of TD in women, risk increases with age
- There is not a way to determine if somebody will develop TD
- There is no effective treatment
- Symptoms can be reduced by using atypical antipsychotics – Clozaril, Zyprexa, Seroquel
- Vitamin E also reduces symptoms
- The psychiatrist or mental health nurse will do an Abnormal Involuntary Movement Scale test every three months for early detection

# Anti-psychotic Medication Side Effects

**Neuroleptic Malignant Syndrome (NMS)** a potentially fatal disorder characterized by:

- Severe muscle rigidity (stiffening)
- Fever
- Sweating
- High blood pressure
- Delirium and sometimes coma
- Call 911 if you suspect NMS. (see NMS handout)

# Clozapine (Clozaril)

An atypical antipsychotic with potential serious adverse effect of agranulocytosis that requires lab monitoring of WBC's & granulocytes. Frequency of labs may be weekly to monthly.

Other adverse effects; increased risk of seizure activity, hypotension with related dizziness, increased salivation, weight gain, hypertension, tachycardia. Report all adverse effects to RN or MD.

Doses should not be missed and pharmacy will not dispense refills of medication unless labs have been completed as recommended.

# Anti-depressant Medication Side Effects

Anti-depressants-Serotonin Reuptake Inhibitors (SSRIs) (example: Paxil, Prozac, Zoloft) and Tricyclics (example: Doxepin, Amitriptyline) may cause:

- Dizziness, drowsiness, dry mouth
- Problems with sexual interest or performance.
- Constipation, Nausea
- Blurred vision
- Weight gain
- Increased heart rate
- Drowsiness
- Urinary retention
- Impotence
- Decreased blood pressure
- Dizziness when standing up

MAO anti-depressants require dietary restrictions and special monitoring; consult with the nurse or doctor. (Nardil, Parnate)

# Anti-anxiety Medication Side Effects

**Anti-anxiety** medications commonly prescribed:

Benzodiazepines, such as Valium, Klonopin, Ativan and Xanax

Side effects:

- These drugs do carry a risk of addiction so they are not as desirable for long term use
- Other possible side effects include drowsiness, poor concentration and irritability

# Protocol for Medication Delivery

- Positively identify client – at least 2 identifying methods:
  - Knowledge of client by name.
  - Have another staff person that already knows the client introduce you.
  - Have a photo of client in the chart.
  - Ask for picture identification.
  - Ask and verify date of birth.

# Giving Medication Correctly

- Compare the label of the medication with the medication record 3 times to ensure accuracy:
  - As the medication container is taken from the storage area
  - Before the Medication is given to the client
  - When giving to client, review together.
- Compare the Medication and Treatment Record to the Medication label. If they do not match, **DO NOT GIVE** the medication until you have checked with the pharmacist, nurse or psychiatrist or primary care physician

# Medication Box\*

Medication Boxes may be used as a Safety measure and/or as a tool to assist individuals in organizing their medication regimen and learning with practice to manage them.

No staff should independently set-up a med box, rather the client should set up their box with staff support and monitoring. This is a great opportunity to educate client's about their medications, uses, effects and assess mental status and functioning.

When working from medication bottles, be sure the label is accurate and current, and the medication box should be labeled also.

Alternative: some Pharmacies will prepackage medications for a small charge.

\*Medication monitoring services and interventions should be specifically included in the Person Centered Plan and adequately authorized.

# Telephone Medication Orders

- Staff cannot take medication orders from the physician over the phone (nurse or pharmacist only)
- Alternative: The physician could fax the prescription to the pharmacy and to the home or provider agency, or call the pharmacist or the nurse...



# How to Prevent Medication Errors

- **Stay alert**, and always observe the “Six Rights”
- **Avoid distractions** when preparing, administering and documenting medication.
- **Be knowledgeable** about the medications you administer.
- **Ask for help** from your licensed health professionals if you are unsure about the preparation, administration, and documentation of medications.
- If an error does occur, it must be reported immediately to your supervisor, the registered nurse, or physician. The error must be recorded on an **Incident Report (IR)** according to your agency’s policy.

# The Six Rights

- Right dose
- Right route
- Right time
- Right individual (person)
- Right medication
- Right documentation

# Medication Errors Occur When...

- The wrong medication was given to a client.
- One client's medication was given to another client.
- The wrong dosage was given to a client.
- A medication was given at the wrong time to a client or a medication was not administered at all.
- A medication was given by the wrong route.
- Documentation was incorrect or missing.

# When Not to Give Medication

Unusual circumstances when you should *not* administer medication:

- If the Medication and Treatment Record form is missing – contact your supervisor
- If the pharmacy label is not legible – contact your supervisor
- If the medication has expired
- If there are visible changes or an unusual odor – contact the pharmacy
- A client exhibits a dramatic change in status – seizures, unconsciousness, difficulty breathing, other change which appears to be life threatening – follow emergency procedures and instructions for reporting
- If you have doubt that you have the right person, dosage, time, route – get assistance from supervisor or nurse
- Person refuses to take the medication

# Safe Storage of Medication

All medications should be stored under double lock and key. Only certified medication trained staff should have access to medication.

When providing home delivery.. do not leave medications unattended.

Educate clients to keep all medications out of the reach of children and pets.

# Client Rights

Clients have the right to refuse medications.

Court-ordered clients may refuse but other legal consequences may occur. You can reply to the client that yes, they have the right to refuse but ask them to reconsider. Medication Refusal is a reportable incident and the team should also be informed.

Consent to medications should be in place prior to administering any medication.

# Documenting on the Medication and Treatment Record

- Draw a single line through errors, initial, rewrite
- Use pens
- Write clearly and legibly
- All medications must be documented including over the counter
- The person administering the medication must document
- Sign with your name, title and initials at the top of the page
- STAT and single dose medications must be documented
- Codes must be explained at the bottom
- If a medication is not given, circle in red and explain why, inform your supervisor or nurse, complete an Incident Report
- The allergy portion must be complete, even if there are “no known allergies”
- Also known as the MAR

# Outreach Tips & Summary

*Remember:*

- To positively identify the person
- Remind client to wash their hands prior to setup
- Never force
- Educate on both the therapeutic effects and the side effects of the medication
- Encourage client to drink a full glass of water
- Document completely

# Documentation

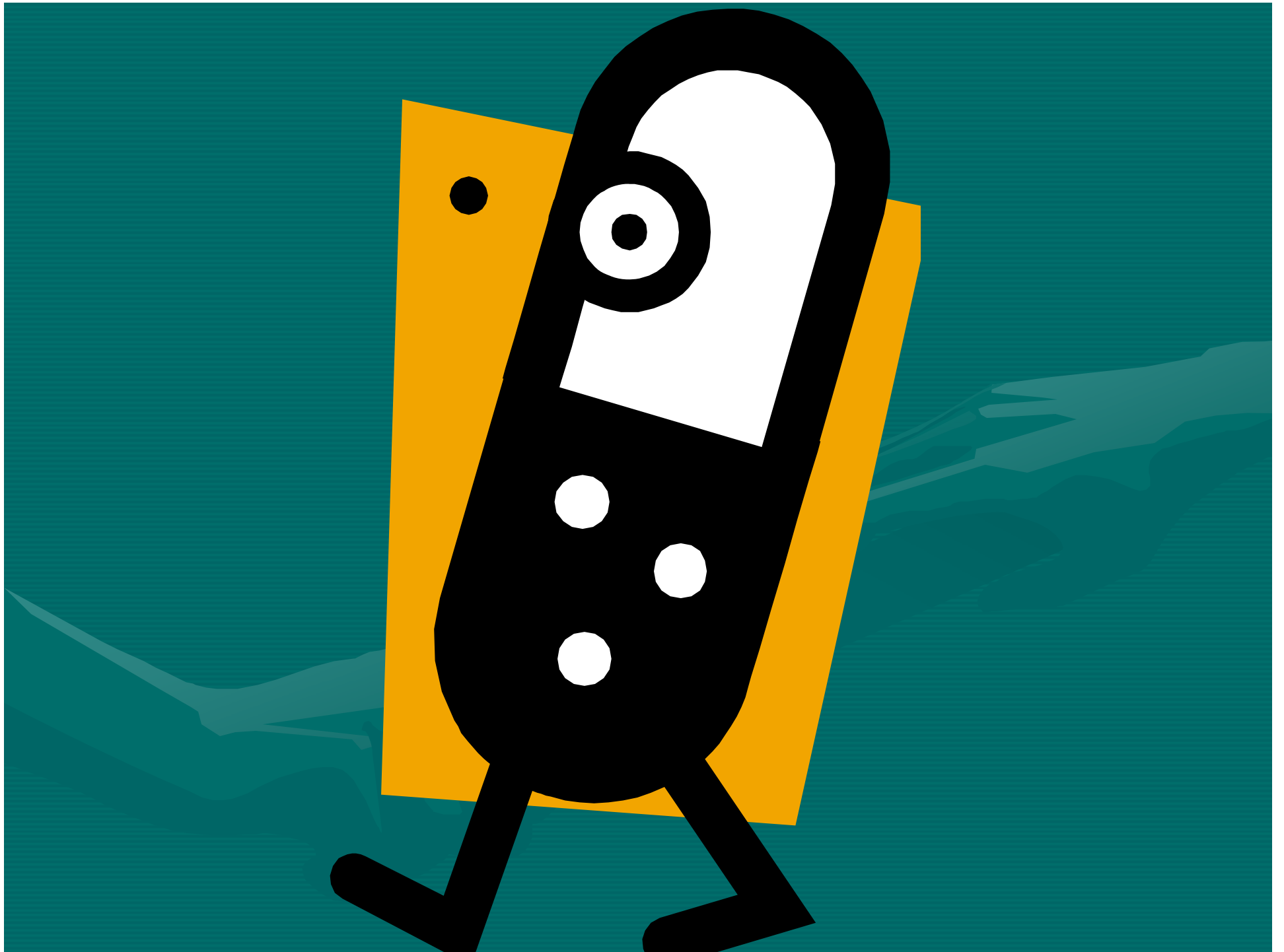
- The Medication and Treatment Record is used to document medications, it is also known as the MAR (Medication Administration Record ).
- If another form is used, it must hold the same information as the Medication and Treatment Record
- ACT staff have specific guidelines for signing out medications prior to leaving the office and *Circling in Red* the medication doses that are not given and returning those unused medications to the office.

# Next Steps for staff requiring Part One only

Part One is completed.

Next steps...

- See the designated nurse for a short post test.
- Review any “team specific” protocols or procedures with the nurse.
- Receive your Recertification for Medications.
- Yea!
- Part Two is next – staff that are not required to take Part Two are welcome to continue.



## Part Two

This section of the Medication Training Refresher is intended as a Refresher training for staff that provide direct Day Program services to clients and for direct care staff working in Supported Living, Adult Foster Care or Specialized Residential settings. Residential provider direct care staff must complete the Initial Medication Training to be eligible for the Refresher Training. After viewing Part One and Two please see the designated nurse for completion and recertification.

# More Definitions

- Specialized residential setting is a program licensed to serve adults with mental illness or developmental disabilities where treatment is designed to meet the unique programmatic needs of all residents of that home as set forth in each individual client's person-centered-plan.
- Special contract in a general Adult Foster Care (AFC) home is the same as above except that the specialized treatment/service is specific only to individuals in the home designated under contract for additional supports/services. Most residents in the home are not receiving the additional supports.
- Day Program – clients may live with family or in a residential program and are eligible to attend a day program.
- Non-licensed settings are all other settings in which you will be assisting clients with their medications. (Supported Living)

# Protocol for Medications in a Day Program Setting

- Pharmacist gives two labeled bottles of each medication, one just for the day program location (may use prepackaged bubble packs) and one for the home.
- The pharmacist will need the necessary information for proper labeling of each container.
- Give the medication containers and physician's order directly to the primary home provider, who can pass on the medication to the day program.
- Day Program and home staff may share information about the medication and potential response of the client
- Do not move medication from one bottle to another
- Register the correct code on the Medication and Treatment Record
- Day Program and Group Homes have registered nurses, prescribing doctor or pharmacy to consult with when questions arise.
- Day Program staff are to give medications following these same protocols.

# Specialized Residential and AFC

These types of homes are licensed by the Department of Community Health. Your Housemanager can answer questions regarding DCH licensing regulations and medications or licensing information is available online at the Michigan Department of Community Health Website.

Clients that live in these homes require different levels of daily assistance with personal care activities including; medications, hygiene and grooming, nutrition, transportation, etc.

# Protocol for Monitoring Medication

- Give only medication that you prepare.
- Prepare and pass one individual's medications at a time.
- Observe, document, report client's response to the medication
- Wash your hands, clean work area, go to the next client
- There are specific protocols for administering eye drops, nose drops, suppositories, etc.

# Important Things to Be Aware Of When Preparing

- If there is anything unusual about the appearance or the smell of the medication, **DO NOT GIVE IT** until you check with the pharmacist.
- Make sure each client has enough medication AT ALL TIMES.
  - One week before medication runs out prepare to reorder
  - If no refills, contact the primary care physician or psychiatrist to make an appointment or ask for refills
  - Be aware of prescriptions needed at physician appointments
  - New prescriptions are to be filled and administered as soon as possible
  - **IT IS YOUR RESPONSIBILITY TO MAKE SURE THERE IS ENOUGH MEDICATION TO ADMINISTER**

# Protocol for Disposing of Discontinued, Contaminated or Expired Medications

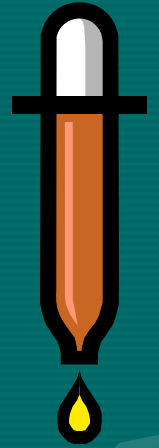
- A physician's order authorizing discontinuation should be on file in the client's record for discontinued medications
  - Contaminated or expired medications do not need an order to destroy them
  - Two direct care staff:
    - Compare pharmacy label with physician's order
    - Destroy medication according to your agency policy.
- NEVER DISPOSE OF MEDICATIONS WHERE HUMANS OR ANIMALS MAY COME IN CONTACT WITH THEM. (Do not place in the trash)**

# Protocol for Administration of Topical Medications



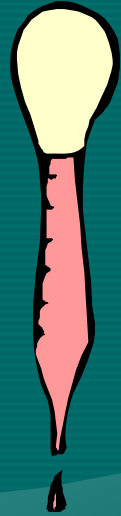
- **Wash hands. Put on non-sterile gloves.**
- Remove medication from the jar with tongue blade or cotton tipped applicators. DO NOT USE YOUR FINGERS.
- Insert applicator or tongue blade into container only once, NEVER RE-INSERT.
- Use cotton tipped applicators, sterile gauze, or gloved hand to apply topical medications unless otherwise directed.
- **Remove gloves and wash hands.**

# Protocol for Administration of Nose Drops



- **Wash hands. Put on non-sterile gloves.**
- Check the dropper tip for chips or cracks.
- Have client gently blow their nose.
- Have the client tip their head back while either sitting or lying flat.
- Draw the medication into the dropper.
- Avoid touching the dropper against the nose or anything else.
- Replace dropper and secure.
- Encourage the client to remain with head tilted back for 3-5 minutes. Provide tissue for nasal drainage.
- **Remove gloves and wash hands**

# Protocol for Administration of Ear Drops



- **Wash hands. Put on non-sterile gloves.**
- Check the dropper tip for chips or cracks.
- If the drops are a cloudy suspension, shake well for ten seconds.
- Position the client with the affected ear up.
- Draw the medicine into the dropper.
- Avoid touching the dropper against the ear or anything else to reduce chance of contamination or ear injury.
- To allow the drops to run in, straighten the ear canal on an adult by pulling the ear up and back.
- Replace dropper and secure.
- Keep the ear tilted up for 3-5 minutes.
- **Remove gloves and wash hands.**

# Protocol for Administration of Eye Drops



- **Wash hands. Put on non-sterile gloves.**
- Check the dropper tip for chip or cracks.
- Have the client lie down or tilt head back.
- With your index finger, pull the lower lid of the eye down to form a pocket.
- Draw the medicine into the dropper.
- Hold the dispenser with the opposite hand and place as close to the eye as possible, without touching it.
- Hold the dropper tip down all the time. This prevents the drops from flowing back into the bulb where they may become contaminated.
- Brace hand on forehead.
- Drop the prescribed amount into the pocket made by the lower lid.
- Avoid touching the eye with the dropper or anything else.
- Replace dropper and secure.
- Caution the person not to rub their eyes. Wipe off any excess liquid with a tissue.
- **Remove gloves and wash hands.**

# Protocol for Administration of Eye Ointment



- **Wash hands. Put on non-sterile gloves.**
- Tilt head back.
- Hold the tube between your thumb and forefinger and place the tube as near to the eyelid as possible.
- Avoid touching the top of the tube against the eye or anything else.
- With your finger on the other hand, pull the lower lid of the eye down to form a pocket.
- Place the ointment into the pocket made by the lower lid.
- Have the client blink eye gently.
- With a tissue, wipe off any excess ointment.
- **Remove gloves and wash hands.**

# Protocol for Administration of Rectal Suppositories

- **Wash hands.**
- Remove suppository from storage (Store suppositories in a cool place to avoid melting. Refrigerate them if so labeled.)
- Explain to the client why the physician ordered the medication and the procedure.
- Provide privacy.
- Have the client remove their undergarments and lie on their left side with the lower leg straightened out and the upper leg bent forward toward the stomach. Cover exposed area with a towel or sheet. Do not give in a sitting position.
- Remove wrapper if present. **Put on disposable gloves.** Lubricate suppository, finger and rectal opening with water-soluble lubricant (e.g. K-Y Jelly).
- Lift upper buttock to expose rectal area. Encourage the client to take several deep breaths to help relax.
- Insert suppository with finger until it passes the muscular sphincter of the rectum, about  $\frac{1}{2}$  to 1 inch in infants and 1 inch in adults. If not inserted past this sphincter, the suppository may pop back out.
- Hold buttocks together for a few seconds.
- Have the client remain lying down for about 15 minutes to avoid having the suppository come back out.
- **Remove gloves and wash hands.**

# Protocol for The Administration of Vaginal Suppositories

- **Wash hands** and remove suppository from storage. (Store suppository in a cool place to avoid melting. Refrigerate them if so labeled.)
- Explain to the client why the physician ordered the medication and the procedure.
- Select a private location with adequate lighting.
- Have the client lie on back with knees bent.
- Remove the wrapper if present.
- Put on gloves.
- Identify vaginal opening.
- Insert medication approximately two inches into vaginal canal, following the instructions on the pharmacy label.
- Ask the client to remain lying down for 15 minutes.
- **Remove gloves and wash hands.**

# Transcription

Transferring prescription information to the Medication and Treatment Record must be done accurately.

Transcription errors is a leading type of medication error.

Transcription errors occur because:

Handwriting may be difficult to read.

Abbreviations are still being used.

Generic vs Name Brand Medications can be confusing.

Staff not focused on the transcription activity only until completed.

So ..

Be sure to write legibly, avoid abbreviations, avoid distractions, and you can use both names of a medication if necessary to reduce any confusion.

# Transcription Tips

- Do not transcribe unclear medication orders and do not give any of that medication until clarified.
- Send Prescription to the Pharmacy first, then take the information from the Pharmacy Label.
- Have two other staff check your transcription

Can you transcribe the following  
prescription ?

RX: Cogentin 1mg po qHS

## Answer

Rx: Cogentin 1mg. po qHS

- Take one milligram of Cogentin by mouth every night.
- Take one milligram of Cogentin orally at bedtime.
- Both are correct !

# PART TWO

## Next Steps

You have completed Parts One and Two.

Your next steps are...

See the designated nurse

Take a short post test

Receive your recertification.

Way to go!



