

6 Hr Study Guide

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TRAIN FOR SUCCESS INC.
Assistance with self-administration of medication 6Hr

AGENDA (IF SCHEDULED FOR CLASSROOM)

9:00-9:15AM	Introductions/ Welcome
9:15a-10:30	Assistance with self-administration of medication Legal standards Indication for use Allergies / Anaphylaxis Medication Interactions Medication Dosage Routes and forms of administration The written Physician's order Medication label content Infection Control/ Handwashing
10:30a -10:40	Break
10 :40a– 11:40	The RIGHTS of Medication Administration Medication Errors Record Keeping Self-Administration procedures Abbreviations and meaning Medication classification Proper Storage of medications Proper Disposal of medications
11:40a- 12:10p	Lunch
12:10p- 3:00p	Written Examination <ul style="list-style-type: none">• Review of Exam• Course Eval

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OBJECTIVES:

At the conclusion of the class the participant will be able to:

1. Describe what the unlicensed personnel are allowed to do or cannot do, in relation to assisting with medications
2. Describe the Rights of medication administration
3. Describe some laws relating to assisting with medicines.
4. Describe infection control principles related to assisting with medications.
5. Describe several route procedures.
6. Describe some age related route and form considerations.
7. Describe some medication dosage, proper storage and disposal
8. Describe the components of a complete Medication label.
9. Describe a complete Physician order impact on assisting with medications.
10. Recognize acceptable abbreviations.
11. Define the meaning of acceptable abbreviations.
12. Summarize the use, side effects, adverse reactions, contraindications and implications of common medication classifications

INTRODUCTION

Assistance with self-administration of medication

Drug/ Medication, a pharmaceutical drug, also referred to as medicine or medication, can be defined as any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease.

Various States allow individuals, who do not have a license, such as the Certified Nursing Assistants (CNA) and Home Health Aide (HHA) to assist and help individuals with their medications. Assisting is not giving or administering the medication; the individual is simply assisting/ helping the patient /client /resident take their medications.

The patient has to be competent meaning that the he /she is cognizant regarding when a medication is required and understands the purpose for taking the medication. Be aware of what your state requires and allows you to do.



Assistance with self-administration of medication includes:

- Taking the medication from where it is stored and bringing it to the patient. Make sure the medication container has the label that can be read; if unable to read, you cannot assist with the medication and you must notify your supervisor,

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- While you are in the presence of the patient, read the label and make sure that the information is accurate for example, the right patient and other vital information we will discuss later in this course. Open the container for the patient, remove the prescribed amount of medication from the container, and then close the container,
- Place the oral dose that is prescribed, in the patient's hand or in another container and help the patient by lifting the container to his or her mouth,
- Application of topical medications,
- Returning the medication container to proper storage and
- Keeping a record of when a patient receives assistance with self-administration.

See the Florida Statutes below:



Legal Standards

429.256 Assistance with self-administration of medication;

(1) For the purposes of this section, the term:

(a) "Informed consent" means advising the resident, or the resident's surrogate, guardian, or attorney in fact, that an assisted living facility is not required to have a licensed nurse on staff, that the resident may be receiving assistance with self-administration of medication from an unlicensed person, and that such assistance, if provided by an unlicensed person, will or will not be overseen by a licensed nurse.

(b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility

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and who has received training with respect to assisting with the self-administration of medication in an assisted living facility as provided under s. 429.52 prior to providing such assistance as described in this section.

(2) Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers.

(3) Assistance with self-administration of medication includes:

(a) Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.

(b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.

(c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.

(d) Applying topical medications.

(e) Returning the medication container to proper storage.

(f) Keeping a record of when a resident receives assistance with self-administration under this section.

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- (g) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
- (h) Using a glucometer to perform blood-glucose level checks.
- (i) Assisting with putting on and taking off antiembolism stockings.
- (j) Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
- (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
- (l) Assisting with measuring vital signs.
- (m) Assisting with colostomy bags.

(4) Assistance with self-administration does not include:

- (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
- (b) The preparation of syringes for injection or the administration of medications by any injectable route.
- (c) Administration of medications by way of a tube inserted in a cavity of the body.
- (d) Administration of parenteral preparations.
- (e) Irrigations or debriding agents used in the treatment of a skin condition.
- (f) Rectal, urethral, or vaginal preparations.
- (g) Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.

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(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. [465.003](#).

(6) The department may by rule establish facility procedures and interpret terms as necessary to implement this section. History.—s. 16, ch. 98-80; s. 214, ch. 99-13; ss. 2, 48, ch. 2006-197; s. 11, ch. 2015-126.

Note.—Former s. 400.4256.



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The Florida State Statute (Chapter 465.003) states that "administration means the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption." (Florida State Statute, 2014)

Florida State Statute (Chapter 400.488) lists what assisting with the self-administration of medicines is and the laws about it when the person is cared for in their own home.

400.488 Assistance with self-administration of medication;

(1) For purposes of this section, the term:

(a) "Informed consent" means advising the patient, or the patient's surrogate, guardian, or attorney in fact, that the patient may be receiving assistance with self-administration of medication from an unlicensed person.

(b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who has received training with respect to assisting with the self-administration of medication as provided by agency rule.

(2) Patients who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact. For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers.

(3) Assistance with self-administration of medication includes:

(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.

(b) In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.

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- (c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
- (d) Applying topical medications.
- (e) Returning the medication container to proper storage.
- (f) Keeping a record of when a patient receives assistance with self-administration under this section.

Assistance with self-administration does not include:

- (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
- (b) The preparation of syringes for injection or the administration of medications by any injectable route.
- (c) Administration of medications by way of a tube inserted in a cavity of the body.
- (d) Administration of parenteral preparations.
- (e) Irrigations or debriding agents used in the treatment of a skin condition.
- (f) Rectal, urethral, or vaginal preparations.
- (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
- (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

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(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. [465.003](#).

(6) The department may by rule establish facility procedures and interpret terms as necessary to implement this section. *History.*—s. 16, ch. 98-80; s. 214, ch. 99-13; ss. 2, 48, ch. 2006-197; s. 11, ch. 2015-126. *Note* —Former s. 400.4256.



Florida State Statute (Chapter 400.4256) lists what assisting with the self-administration of medications is and the laws about it when the person is cared for in an assisted living home:

NURSING HOMES AND RELATED HEALTH CARE FACILITIES

400.4256 Assistance with self-administration of medication --

(1) For the purposes of this section, the term:

(a) "Informed consent" means advising the resident, or the resident's surrogate, guardian, or attorney in fact, that an assisted living facility is not required to have a licensed nurse on staff, that the resident may be receiving assistance with self-administration of medication from an unlicensed person, and that such assistance, if

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provided by an unlicensed person, will or will not be overseen by a licensed nurse.

(b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility and who has received training with respect to assisting with the self-administration of medication in an assisted living facility as provided under s. 400.452 prior to providing such assistance as described in this section.

(2) Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers.

(3) Assistance with self-administration of medication includes:

(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident.

(b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.

(c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.

(d) Applying topical medications.

(e) Returning the medication container to proper storage.

(f) Keeping a record of when a resident receives assistance with self-administration under this section.

(4) Assistance with self-administration **does not** include:

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- (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
 - (b) The preparation of syringes for injection or the administration of medications by any injectable route.
 - (c) Administration of medications through intermittent positive pressure breathing machines or a nebulizer.
 - (d) Administration of medications by way of a tube inserted in a cavity of the body.
 - (e) Administration of parenteral preparations.
 - (f) Irrigations or debriding agents used in the treatment of a skin condition.
 - (g) Rectal, urethral, or vaginal preparations.
 - (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
 - (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
- (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.
- (6) The department may by rule establish facility procedures and interpret terms as necessary to implement this section.

History--s. 16, ch. 98-80; s. 214, ch. 99-13.

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Assistance with self-administration of medication includes: (REVIEW)

- (a) Take the medication from where it is stored and bring it to the patient. Make sure the medication container has the label that you can read.
- (b) In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
- (c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
- (d) Applying topical medications.
- (e) Returning the medication container to proper storage.
- (f) Keeping a record of when a patient receives assistance with self-administration.

Assistance with self-administration does not include:

- (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
- (b) The preparation of syringes for injection or the administration of medications by any injectable route.
- (c) Administration of medications by way of a tube inserted in a cavity of the body.
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- (g) Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
- (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
- (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.
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Note.—Former s. 400.4256.

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In the state of Florida unlicensed personnel **CANNOT** assist with:

- Injections/ shots
- Vaginal routes
- Rectal routes,
- Urethral routes or
- Nebulizers or Intermittent positive pressure breathing therapy (IPPB).

Check with your state; find out what you are allowed to do and stay within those guidelines / regulations.

INDICATIONS FOR USE

An indication is a valid reason to use a certain medication, test, procedure, or surgery. The opposite of an indication is a contraindication; a reason to withhold a certain medication or medical treatment etc. due to the harm that it would cause the patient. All medications have an indication for use.



Most of the indications for use are related to the desired actions of the medication. If you do not know the indication for use of a medication that your patient is taking, use a reference such as a drug guide or ask your supervisor or a Pharmacist.

CONTRAINDICATED

Some medications are not allowed to be used or they are contraindicated for some patients. Therefore, the medication should not be given to the patient.

Other medications may only be used with some patients when they are used with extreme caution and with frequent monitoring.

A very common contraindication is an allergy or sensitivity to the medicines. Always check the patient's medical record for allergies and ask the patient before you assist.

Sometimes you will observe **NKA** on the patient's medical record /chart; this indicates that the patient has no known allergies.

Sometimes you may observe **NKDA**- this means no known drug allergies.

ALLERGY

Allergy involves hypersensitivity or an exaggerated response of the immune system, often to common substances such as medication, pollen or foods. A rash or a life threatening reaction such as Anaphylaxis can occur if the patient takes a medication that he/ she is allergic to.

Some types of Allergies are:

- Food allergies e.g. peanuts, peanut butter, shellfish
- Drug allergies
- Latex allergies e.g. latex gloves
- Seasonal allergies
- Animal allergy

Some signs of Allergic reactions include:

- Itching , Hives
- Redness of the skin
- Dyspnea, Shortness of Breath (SOB)
- Problems with breathing
- Throat swelling
- Loss of consciousness
- Irregular heart beat /rhythm
- Decrease in the blood pressure (BP)
- Abdominal discomfort / cramps
- Nausea and / or vomiting
- Death

ANAPHYLAXIS

Anaphylaxis is a severe, whole-body *allergic reaction* to a chemical or substance that has become an allergen. An allergen is a substance that can cause an allergic reaction. Some drugs such as, Penicillin, aspirin, x-ray dye, morphine and others may cause an anaphylactic-like reaction when the patient is first exposed to them. Anaphylaxis is an emergency situation that requires medical attention immediately. Call 911 immediately.

Symptoms will develop very quickly, often within seconds or minutes. They may include:

- Difficulty breathing
- Facial swelling
- Redness of the skin
- Itchy /hives
- Light headed / dizziness
- Loss of consciousness
- Swelling of the face and eyes
- Chest tightness/ discomfort
- Palpitations
- High pitched abnormal breathing sounds
- Wheezing
- Coughing
- Speech becomes slurred
- Difficulty swallowing
- Swelling of the tongue
- Restlessness / anxiety
- Diarrhea
- Abdominal pain
- Nausea or vomiting
- Death

MEDICATION INTERACTIONS



Some medications may interact with other medications, various herbs, foods, supplements and drink for example; alcohol.



Medication interactions can cause the medication that the patient is taking, to be less effective, or cause unexpected side effects, or cause an increase action of a particular medication. Some drugs interaction can be very harmful to the patient. Always read the medication label for every prescription and nonprescription medications.

Take the time to learn about the medication interactions. You will reduce the risk of potentially harmful medication interactions and / or side effects.

Medication interactions fall into three categories:

DRUG TO DRUG INTERACTIONS

Drug to drug interaction occur whenever two or more medications react with each other. This drug-drug interaction may cause the patient to experience an undesired side effect / reaction, for example, patient who takes a blood thinner e.g. Coumadin and then takes aspirin for a headache will increase the risk of bleeding.



DRUG TO FOOD/BEVERAGE INTERACTIONS

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Drug to food / beverage interactions result from medications reacting with the food or drink. For example, having alcohol with some medications may cause the patient to feel sleepy or slow his/ her reaction.



DRUG TO CONDITION INTERACTIONS

Drug to condition interactions may occur when the patient has an existing medical condition / disease that makes some medications potentially harmful. For example, patients with high blood pressure may experience an undesired reaction if he/she takes a cough or decongestant medication.



ADVERSE REACTIONS / SIDE EFFECTS

SIDE EFFECTS

A side effect is also known as an adverse effect, adverse event, or undesirable secondary effect when a medication or treatment goes beyond the desired effect and causes or leads to a problem (an undesirable secondary effect). Some side effects are not life threatening but others can be life threatening.

Side effects vary for each patient, and depend on different factors such as;

- the patient's general health,
- age,
- the stage of their disease,
- weight and
- Gender.

ADVERSE DRUG REACTIONS

Adverse drug reactions are serious and they can also lead to death. Some medications also have toxic effects. Learn about the possible adverse drug reactions, side effects and the toxic effects of all the medications that your patient is taking so that you can report them.

DOSAGES/ DOSES

All medications have prescribed amount or dosage ranges for the adults and for children. Older patients are at greater risk for adverse drug events because of the metabolic changes and decreased medication clearance that is associated with the aging process.

For example:

25 MG 250MG

Some adult dosages may be lowered for the older patient because they are more susceptible to adverse medication reactions, side effects, over dose and even toxicity. Adolescents can take the adult dosages.

Children are given medications with a dose that is based on their body weight.



TOXICITY

Toxicity is the degree to which a substance “a toxin” can cause harm to humans or animals. Acute toxicity involves the harmful effects in an individual or organism through short-term exposure.

Subchronic toxicity is the ability of a toxic substance to cause effects for more than one year but less than the lifetime of the exposed organism.

Chronic toxicity is the ability of a mixture of substances or a substance to cause harmful effects over an extended time period, usually upon continuous or repeated exposure, that can sometimes last for the entire lifetime of the exposed organism/ individual.

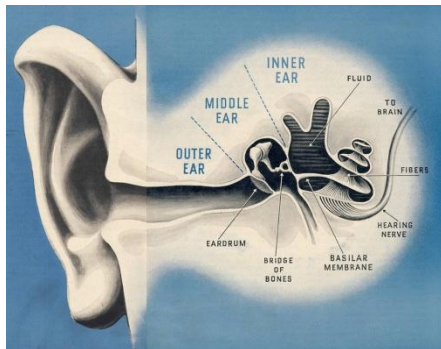
MEDICATION ROUTES AND FORMS

Route of medication administration refers to the path by which the medication is taken into the body. Medications are made in various forms and for administration by different routes.

Some routes may be unsafe or ineffective. This can be due to the patient's health conditions, such as unable to swallow, dehydration or other factors.

Some medications can be administered by more than one route, for example Tylenol is available in tablet form, suppository and also in liquid etc. The tablet may be taken by mouth in tablet or liquid form; however, a child might not be able to take the tablet and able to take the liquid and/ or a suppository may need to be given by a nurse per rectum if the patient is unable to take the medication by mouth.

The medication order has to state the form and the route that the physician wants the patient to take.



Route of administration will vary depending on:

- The property of the medication,
- Its action of the medication,
- The desired effect,
- The patient's physical wellbeing,
- The patient's mental status,
- The patient's age.

Routes of medication administration include:

- oral route (by mouth)
- sublingual route (under tongue)
- buccal route (inside the cheek)
- otic (ear)
- ophthalmic (eye)
- topical (applied on the skin)
- nasal route (nose)
- vaginal route (vagina)
- rectal (by rectum)
- inhalation (by inhaling)
- nasogastric tube (tube in the nose to the stomach)
- gastrostomy tube (tube in the stomach)
- intramuscular (into the muscle)
- subcutaneous (under skin)
- intradermal (in the skin)
- intravenous (into the vein via an I.V.)
- transdermal (through the skin e.g. a patch on the skin)



Intravenous (IV) by Nurses or other Licensed personnel

INJECTIONS by Nurses and other Licensed Personnel



In the state of Florida unlicensed personnel **CANNOT** assist with:

- Injections/ shots
- Vaginal routes
- Rectal routes,
- Urethral routes or
- Nebulizers or Intermittent positive pressure breathing therapy (IPPB).

Check with your state; find out what you are allowed to do and stay within those guidelines / regulations.

FORMS OF MEDICATIONS

Medications are made in various forms meaning that they are available in more than one form. Therefore a tablet cannot be given if the order says liquid.

Different forms of medications include:

- capsule (regular and sustained release)
- tablet
- suppositories (rectal and vaginal)
- elixir
- syrup
- cream
- oral suspension
- tincture
- paste
- ointment
- drop (ears and eye)
- Intravenous /IV solutions and suspension
- metered dose inhaler



Oral suspensions, Tablets, drops and ointment

Some Route and Form considerations

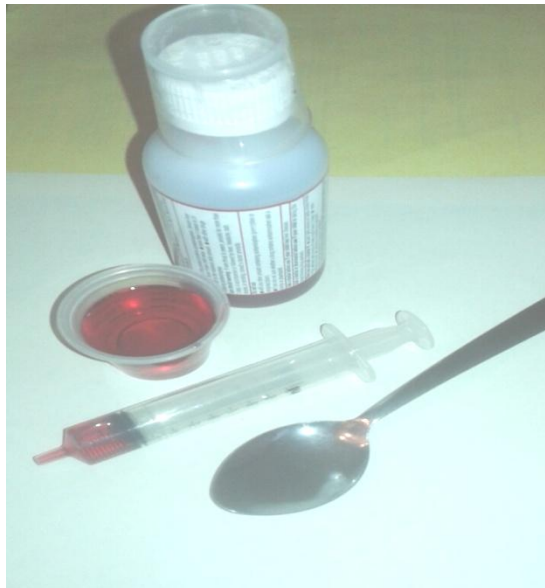
When a patient is very ill or has a problem such as difficulty with swallowing, the following things can be done:

- Crush the pill and put it into applesauce or open the capsule and put it into applesauce. Some medications **cannot be crushed**. Some of these medications include time release capsules, sublingual medications, some coated tablets and other medications that may upset the stomach. We will discuss later in this course. Check with the Pharmacist or your supervisor to find out if a medication can be crushed or what that medicine can be mixed with.
- Use the liquid form of the medication. Using a liquid form can also help patients who have trouble swallowing or using the tablets and/or the capsules. At other times the nurse may have to administer the medicine by I.V.

MEDICATION DELIVERY CONSIDERATIONS

Age is one factor that you must consider when giving medications;

- For an infant you may use a dropper, syringe or nipple for liquid oral medication.
- For the toddler you may use a cup or spoon for oral liquid medication.
- For the preschool and School Age children, they may be able to take tablets and capsules.
- For adolescents, they are allowed to take adult dosages, forms and routes of Medications.



Liquid Medicine: syringe, spoon

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The Written Physician Order

A prescription (Rx) is the written order to the pharmacist listing the name and quantities of drugs or ingredients to be mixed and/or dispensed to a specific patient or resident including the directions for use. A Physician/ Doctor or another qualified individual, such as a nurse practitioner (ARNP), must write a complete Order. The order has to be legible/ clear – able to read and complete for the medication before it can be administered or taken.

A complete order must have the:

- The Name of the patient
- The name of the medication,
- Strength/ Dose of the medication,
- The form of the medication,
- Quantity of drug,
- The route of administration,
- time the medication should be given
- or frequency that the medication should be taken,
- The date and time of the order
- signature of the MD or nurse practitioner who order the medication

For example:

Date ordered	PHYSICIAN'S ORDER
04/21/2015	Patient: Felicia Br Amoxicillin 500mg TAB # 21 Take one Tablet by mouth <i>three times daily with food</i>
	Signature of Physician: <i>Dr. Michel Conry</i> <i>Date: 04/21/2015</i> <i>Time: 10am</i>

There are various formats of Physician's order but they all have to include the factors that are listed above to ensure that the order is complete.

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Medication / Prescription LABEL:

CAUTION!!!! Nurses, CNAs, and unlicensed staff cannot change a prescription label.

Medication labels need to have:

- (1) The patient's name,
- (2) The name and form of the medication,
- (3) Strength / Dosage and route of the medication,
- (4) Quantity of drug
- (5) Time / frequency the medication should be taken
- (6) Any directions for use or special precautions
- (7) Prescription date and number of refills
- (8) Prescriber's / physician's name
- (9) Pharmacy name, address, and phone number
- (10) Prescription (Rx) number for pharmacy filing
- (11) Expiration date/discard date/do not use by date

For example:

Pharmacy ALX 123 LANE MB, Florida 33123 (863) 000-0000 Rx 7107465 Patient: Felicia Br 4/21/2015 Take one Tablet by mouth three times daily <i>with food</i> Amoxicillin 500mg TAB Dr. Michel Coney QTY 21 Discard after 04/20/2016 No refills- Dr. must Authorize	<i>fill date orgRx 04/21/2015</i>
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Some labels will also include the patient's address.

Examples of AUXILIARY Labels/ instructions:

Take With Food,
Shake Well Before Using
May Cause Drowsiness
Take With Plenty of Water
Do Not Drink Alcohol
Take Before or After Meals

FOOD AND DRUG ADMINISTRATION (FDA)

Food and Drug Administration (FDA) announced new prescription drug labeling requirements that will clarify how medications might affect women who are pregnant or breastfeeding and men and women of reproductive potential. The final “**Pregnancy and Lactation Labeling Rule**” removes the previously used pregnancy letter categories – A, B, C, D, and X – and places information into three main categories:

Pregnancy: Labor and delivery guidelines now fall under this category, which also now includes information for pregnancy exposure registries. Such registries track data on the effects of certain approved medications on pregnant and breastfeeding women.

Lactation: Previously labeled “Nursing Mothers,” this category provides information such as how much drug is secreted through breast milk and the potential effects on a breastfed infant.

Females and Males of Reproductive Potential: This is a new category that includes information on how a certain medication might affect pregnancy testing, contraception, and infertility.

The new labeling changes went into effect on June 30, 2015. Over-the-counter medication labels will not be affected. The new rules are available for viewing online through the *Federal Register*.



Liquid, Pill organizer, tablet, ointment

INFECTION CONTROL

Infection control refers to guidelines / regulations that are designed for educating, reporting, monitoring, managing and isolating healthcare related and/or community acquired infections. Therefore, infection control measures are important to control, eliminate or minimize employee exposure to bloodborne pathogens and communicable diseases.

Infection control standards and policies published by Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC) the Association for Professionals in Infection Control and Epidemiology (APIC) and National Institute of Occupational Safety and Health (NIOSH) have made recommendations. These guidelines are designed to reduce the transmission of bloodborne and other pathogens and apply to every patient regardless of their diagnosis.



UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infection for HIV, HBV and other blood-borne pathogens.

The hands are one of the most common transmitters of pathogens from one person or item to either yourself or another person. According to the Centers for Disease control and Prevention (CDC), appropriate hand washing results in a reduction of both nosocomial (hospital-acquired) and community infections.

Guidelines from National and International infection control and prevention organizations have acknowledges that *hand washing is the single most important procedure for preventing infections.*

HAND WASHING

Review the common aseptic practices that should be followed in all settings to prevent the spread of infections. The following applies to patients as well as individuals assisting with medications:

- Wash hands BEFORE and AFTER providing any type of care,
- Always wash your hands after using the bathroom; after urination, bowel movements, and changing of sanitary products,
- Wash hands when there is contact with body fluid and /or substance (for example; blood, saliva, urine, vomit, feces, respiratory secretions, wound drainage, and any other body fluid or drainage).
- Wash hands after covering the mouth and / or nose when coughing or sneezing.
- Wash hands before preparing food
- Wash hands before eating food.

The components of good hand washing include:

Using adequate amount of soap

Rubbing the hands together to create some friction and

Rinsing under running water

The mechanical action of washing and drying removes most of the transient bacteria that is present. Washing hands thoroughly between patient contacts and after contact with body fluids, blood, excretion, secretion, articles or equipment contaminated by them is an important component of infection control and isolation precautions.

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Some institutions recommend use adequate soap, make a lather and continue rubbing for **15-20 seconds**. To wash for the correct time, sing -Happy Birthday to You- two times. If soap and water are not available, you can use an alcohol based hand rub to clean your hands. These foam gels significantly reduce the number of germs on the skin and are fast acting. Follow your institutions' policy and procedure.



Pill bottles, organizer, blister pack, medicine cup

When assisting with self- administration of medication, the patient must be able to take his/ her own medication; you are simply assisting. Assisting involves:

1. Reminding the patient to take the medication
2. You may prepare items such as: water, juice, cup, or spoon needed to assist the patient in the self administration of medicine.
3. Open and close the medication container
You may tear open the foil of prepackaged medications
4. Observe the client/patient self-administering the medication
5. Assist the client/patient in the self-administration process. Examples of such assistance include the steadying of the arm, hand or other parts of the client/patient body so as to allow the self-administration of medication
6. If the client/patient removes too much medication you may assist the client/patient by placing unused doses of solid medication back into the medication container
7. Reorder prescriptions from the pharmacy Any time family/client/patient leaves out medication for the client/patient (e.g.. pills in a dish), the patient/client must self-administer the medication

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REPORT any difficulty that the patient may have such as; removing medications from the bottle, understanding the medications, confusion, not taking the medication or complaints of side effects etc.



liquid medicines

When assisting with the medications:

Always do the - Triple check

Triple check :

1. The medication label with the medication record,
 2. Check the medication record, then the medication label,
 3. then the medication record before providing the medication to the patient
- And FOLLOW the **Rights of medication administration !!!!**

RIGHTS OF MEDICATION ADMINISTRATION

When assisting a person with their medications, you must make sure that you are following the **Rights of medication administration**. Medication safety is the responsibility of everyone who handles medications. The original five rights of medication administration (Right patient, medication, dosage, time, and route) have increased to the nine rights of medication administration within the ALF, adding the right documentation, right to refuse, right reason, and right response which we will review in this course study. Other resources have also added the Right drug preparation, Right assessment and the Right approach. Follow your facility's policy and procedures.

According to the Elder affairs 2012, medication errors alone, occurring either in or out of the hospital, are estimated to account for 7,000 deaths annually. Adverse drug events cause more than 770,000 injuries and deaths each year and cost up to \$5.6 million per hospital.

1. The Right Patient

ALWAYS check to make sure that you have the Right patient.
Two patients may have the same name, and the same birthday
Patients may be moved to a different room
Patients may switch beds within the same room

Identification Procedure

ALWAYS verify the name of the patient by getting:

Two verbal identifiers: *Ask the patient to state their full name,*
and their Date of Birth (DOB).

Check the ID bracelet very carefully

Check the identity of the patient before you help him/her with their medication.

It is mandatory for you to use *at least two (2)* identifiers- Use 2 methods to identify the patient. If you assist the wrong patient this may cause a fatal error.

You **cannot** use a bed or room number as identifiers. A patient may accidentally enter a room and even go to bed in the wrong room.

Some identifiers include the patient's:

- First, middle and last name,
- DOB – Date of Birth (month, day and year),
- Photograph,
- a medical record number/ code number given to that patient
- social security number.

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Do NOT help with any medication if you cannot identify the patient. Tell your supervisor. It is an error when a patient takes another patient's medication. All medication errors have to be reported.

2. The Right Medication

The medication may belong to someone else in the household, so ALWAYS verify the medication label.

Do NOT use any medication that has a label that you cannot read.

Do NOT use any medication unless it has a complete label.

Read and check the label against the medication record at least three times and tell the person the name of the medicine before you help them.

If the person says they do not take this medicine, STOP. Do not help. Report this to your supervisor. It is an error if a patient takes the wrong medication. This must be reported.

3. The Right Dosage

The patient needs to take the right dosage that is ordered by the Physician or the Health care Practitioner, to achieve the desired effect of the medication. Taking too much of the medication can lead to an overdose. Take steps to reduce overdose errors. Follow the systems in place – for triple checking dosages. Make sure the medication is recorded, so that a second dose is not accidentally given. Giving a half of the ordered dose of medication is also not the correct dosage. Not giving the right amount of the drug is also a medication error and has to be reported.

4. The Right Time

Timing is also very important when assisting with self-administration of medication. Some medications need to reach a consistent level in the bloodstream to work effectively. This means that the medications need to be taken at the right times to keep that level of medication in the system. Usually, the liver or kidneys will remove the medication from the blood and high levels of the medication can build up in the system which can lead to toxicity if that dose is taken too soon. Also, if the patient miss a dose or wait too long between the doses, there might not be enough of the medication in the body to work effectively.

The standard acceptable time is within one hour before or after the scheduled administration time or it is considered a medication error.

5. The Right Route

Check the medication label to find out the right route. If the medication label states by mouth and the medication is placed in the ear. It is an error and must also be reported.

6. The Right Documentation

The right documentation involves properly recording /documenting each dose offered on the patient's record. Document only AFTER you have assisted with the ordered medication. Never document that you assist with a medication before you have actually helped the patient. You may be called to another task and another individual takes over; your documentation ahead of the task will stop that other CNA/HHA from assisting, because the documentation reflects that the patient has already received the medication when he/she did not. Document the time, route, and any other specific information, including refusal of medication. If the patient does not want to take the medication, notify the supervisor. Patient has a right to refuse; the supervisor will make sure that follow up is done with the patient and the physician as needed.

7. Right to REFUSE

By Florida's law, a resident/patient has the right to refuse a medication. A patient should not be forced to take a medication. Also, you cannot hide the medication in the patient's food and / or drink.

8. Right Reason

Confirm the rationale for the ordered medication. Is the patient taking the Tylenol for the headache or for fever? If you are not sure of the reason for a medication, ALWAYS ask. Ask the doctor, pharmacist or the nurse. Knowing the reason for the medication will help you to check the patient for the desired effect.

9. Right Response

Assisting with self administration of medication is not just helping the patient to take the medication; It also involves observation of what happens afterward. Professionals are trained to know how medications move through the body, what the effect of the medication is, and what adverse effects may occur. Adverse effects may include allergic reactions to the drug, overdose of the drug, and drug interactions between multiple drugs.

Make sure that the medication had the desired effect. If a Tylenol was taken for a headache, check the patient and find out if the headache was relieved. If the headache was not resolved the Physician / health care practitioner needs to be notified. Document the patient's report and your observation and that the supervisor / physician was notified.

MEDICATION ERRORS

A medication error is any preventable event that can cause or lead to inappropriate medication use or harm to the patient while the medication is in the control of the health care professional, pharmacist, patient, or consumer. Errors in prescribing, dispensing and administering medications can lead to serious injuries. Other causes of medication errors include; poor communication between health care providers, between providers and patients, prescribing errors; product labeling, packaging, dispensing, distribution, education, monitoring, medical abbreviations, sound alike medication names, Illegible prescriptions or confusing directions.

Most medication errors can be prevented. Patient needs to be educated regarding their medications and take responsibility for monitoring the effectiveness and side effects. Always ask questions or share concerns with the physician or pharmacist and other health care workers. Also the health care worker should take steps to prevent medication errors.

DO NO HARM!!!!

HOW TO PREVENT MEDICATION ERRORS

Always TRIPLE Check Medications- the three checks.
The DOs and DON'Ts can help you make sure that your patient's medication works safely to improve their well being and overall health.

Medication DOs...

1. DO assist resident in taking each medication exactly as it has been prescribed.
2. DO make sure that all your patients'/residents' physicians and Health Care Practitioners know about all your patients'/ residents' medications.
3. DO let your patients' physicians know about any other over-the-counter medications, supplements, vitamins and herbs they are taking.
4. DO try to use the same pharmacy to fill all your patients' prescriptions, so that the pharmacist can help you keep track of everything the patients are taking.
5. DO keep medications out of the reach of children.
6. DO use the triple check system when checking medications.
7. DO read the medication labels, follow the instructions.
8. DO make sure all medication orders are written and signed.
9. DO make sure all medication orders are on the right patient/ resident chart.
10. DO identify the patient/ resident every time you assist with the medications.

Medication DON'Ts...

1. DO Not change your patients' medication dose or schedule without talking with their

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Assistance with self-administration of medication 6Hr

- physician or health care provider.
2. DO Not share or use any medications prescribed for any other patient or person.
 3. DO Not break or crush pills unless the patient's physician instructs you to do so.
 4. DO Not use medications that are expired.
 5. DO Not use abbreviations.
 6. DO Not assist with any medications already poured by someone else. You cannot be sure what it is.
 7. DO Not touch the medications with your hand.
 8. DO Not hide the medications in food. Medications cannot be “hidden” in foods or drinks. A resident may knowingly take a medication with food if it is easier.
 9. DO Not use contaminated medications or medications dropped on the floor.

Unlicensed personnel are forbidden from using the *pill organizers*. Assistance with self-administration does not include pill organizers. Only a family member or friend may assist patients/ residents with pill organizers, except for pharmacists, physicians, and nurses (ARNP, RN, LPN) licensed under 464.003,FS.

The Complete medication records must include:

- The patient's name (First, middle and last name)
 - Room number and bed number if applicable,
- The age/ date of birth (DOB),
- The name of the MD/ Physician,
- All Allergies (food or medications etc),
- medication(s) ordered,
- the dose of the medications,
- the route,
- the form,
- the date and the time that the order was written,
- date and time that the medications are to be taken,
- the start and end date of the order and
- the signatures and initials of all who assist with the medication.

Some of the legal rules for record keeping are:

- Writing has to be legible –clear for others to read and understand
- Use dark ink pen on the patient’s medical records
- Whenever you make an error, use your pen and cross it off with **one thin line**. Write error, sign your name and date the cross off. Do not try to cover up the mistake with marker or scribble. Do not rewrite over the error; just one straight line through the error. White out cannot be used when you make a mistake.

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Some self-administration procedures:

As you assist, observe the patient for the correct self-administration procedure. Below are some routes that you can assist with, in the State of Florida.

Topical (Skin Surface) medications are available in creams, lotions, ointments, patches, and sprays.

Topical medications are applied to the skin and absorbed by the skin.

Do NOT use Topical medications on skin that is not intact unless the medicine is being used to treat the broken skin. The procedure for using this route is:

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm/ verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Open the container or tube
- Place the top upside down to keep it clean
- Both the CNA/ HHA and the patient need to put on glove to protect the skin- the medication will have an effect on your skin as well as the patient.
- You may put the medicine on a tongue depressor. Use a cotton tip applicator or sterile gauze for the face. Apply the topical medicine in long strokes, if hair growth is present, apply the medicine in the direction of hair growth.
- Always follow your institution policy and procedures.
- Do not cover with a bandage unless directed by the physician.

Topical ointment



Topical creams & ointments



TRANSDERMAL

These medications are also applied to the skin and are absorbed by the skin.

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Both the CNA / HHA and the patient need to put on gloves
- If patient has an old patch, remove it
- Wash the new site with soap and water
- Locate a site that has no hair growth (e.g. upper arm, chest)
- Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation
- Dry the new site
- Put the dose on the patch or strip. Do not let it touch your skin.
- With the medicine down against the skin, tell the patient to move the patch /strip gently over about 2-3 inch area to spread the medicine out but do not rub.
- Cover it with a plastic wrap or special dressing; tape it in place so that it will stay on skin without falling off.
- Write on the patch/dressing; the time, date, and your initials
- Always follow your institution policy and procedures.



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Transdermal – Some are already made with the medication

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Both the CNA / HHA and the patient need to put on gloves
- Open the package and remove the patch
- Date, time and initial the patch
- Remove the backing from the patch
- Apply the patch to a dry, hairless site on the body, follow package instructions
- Check for and remove the old patch
- Alternate the application sites to avoid skin irritation. Notify the physician of irritation
- Dispose of the supplies and wash hands immediately to avoid absorbing the medication yourself.

Remember as you assist the patient you will often have to :

- Remind the patient to take the medication
- You may prepare items such as: water, juice, cup, or spoon needed to assist the patient in the self administration of medicine.
- Open and close the medication container
You may tear open the foil of prepackaged medications
- Observe the client/patient self-administering the medication
- Assist the client/patient in the self-administration process. Examples of such assistance include the steadying of the arm, hand or other parts of the patients' body to allow the self-administration of medication

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- If the client/patient removes too much medication you may assist the client/patient by placing unused doses of solid medication back into the medication container.

ORAL

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Give the patient the medicine
- Remain with the patient until he/she swallows the medication.
- Follow your institution policy and procedures.



BUCCAL AND SUBLINGUAL

Buccal medication is placed inside of the cheek.

Sublingual medication is placed under the tongue.

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Give the patient the medication
- Tell the patient to put the medication inside the cheek for the buccal medicine or under the tongue (sublingual)
- Remind the patient to leave the medication in place until it dissolves.

Some medications should not be crushed or chewed

Some medications should not be crushed or chewed for several reasons. If a patient's condition or status does not allow for the oral solid dosage forms such as capsules, tablets, etc., check with the physician to see if it is acceptable to crush the medication.



If crushing or chewing is not allowed, consult with the pharmacist or physician to prescribe the medication in a liquid or another suitable form.

BUCCAL TABLETS AND SUBLINGUAL TABLETS

Buccal tablets (cheeks) and sublingual tablets (under the tongue) are designed to dissolve in the oral fluids of the mouth for a more rapid and complete absorption than in the stomach or Gastrointestinal tract.

ENTERIC COATED TABLETS

Enteric Coated tablets are designed to pass through the stomach and then dissolve in the gastrointestinal (GI) tract to prevent the destruction of the medications by the acid in the stomach, to prevent the medication from irritating the lining of the stomach, and / or to achieve a prolonged effect/action from the drug.

SUSTAINED OR TIME RELEASE CAPSULES

Sustained or Time Release Capsules are designed to release medication over a sustained period or a prolonged time, usually 8-24 hours. The pellets or beads that are in the capsule are designed to dissolve at different rates to reduce stomach irritation or to prolong the action of the medication. It is acceptable to open the capsules and administer the contents in food but do not crush or chew the beads or pellets. Check with the Physician or a pharmacist if you are not sure, before you assist with the medication.



SUSTAINED OR TIME RELEASE TABLETS

Sustained or Time Release Tablets are designed to release the medication over a sustained period or a prolonged period, usually 8-24 hours.

The tablets are designed to dissolve at different rates to either reduce stomach irritation or prolong the action of the drug. Some specific time release tablets include formulations with a slow release core, mixed release granules, and multilayer tablets.

Do not crush or chew these medications. Check the physician or pharmacist before assisting with these medications.



OPHTHALMIC (EYE)

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Both the CNA / HHA and the patient need to put on gloves.
- Assist the patient to a sitting position or into a supine position.
- Tell the patient to tilt the head back
- Tell the patient to look up and away
- Have the patient steady his / her hand against the forehead with the eye dropper in the other hand
- Pull down the lower eye lid
- Put the ordered number of drops into the space under the lower eye lid
- If it is an eye ointment, pull down the lower lid
- Tell the patient to squeeze the tube, place the medicine on the inside of the lower eye lid, (from the inside near the nose to the outer part of the inside of the lid). Do not touch the eye with the tip of the tube. Ask the patient to close the eye.
- Clean off the excess with a tissue

Whenever the patient has two or more eye medications to be administered, the medications should be scheduled / administered **at least 5-10 minutes apart**.

The patient's vision may be blurry after the application. Instruct / teach the patient to remain seated until his/ her vision clears up.



OTIC (EAR)

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Make sure the ear drops is warm/ body temperature
- Instruct the patient to lie on the side
- Make sure that the ear that requires the medicine is upward
- Pull the ear lobe up and back to straighten the ear canal
- While you continue to hold the ear, tell the patient to put the drops against the side of the inner ear
- Continue to hold the ear lobe in place until you do not see any more medicine in the ear
- Tell the patient to keep the head to the side for at least 10 minutes



Ear drop and irrigation bulb

Nasal Preparations (Nose / Nostril) Nasal Drops and Nasal Sprays

Nasal Drops

- Always identify the patient (Right Patient), gather supplies, wash hands (supplies e.g. Nose drop medication with label, gloves, cotton balls or tissues)
- If the nasal medication requires refrigeration, store in refrigerator and monitor temperature with a daily log
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Identify the nostril (left, right or both) to receive the medication
- If nose drops are suspension, then you need to shake well
- Assist the patient to a comfortable position and turn the head so that the affected nose is facing up
- If bottle serves as the dropper, remove the cap and place it upright on a barrier or on a clean, dry surface
- If nose drops, instill the prescribed number of drops into nostril or both nostrils. Do not let tip of the dropper touch the nose or any other surface. Recap the container.

If Nasal Spray:

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Prime the nasal inhaler device by holding the bottle upright and away from face while spraying into air
- Have the patient sit up if possible. Instruct to hold head upright, slightly forward
- Identify the nostril (left, right or both) to receive the medication
- Gently press side of nostril that is not receiving drug using finger of other hand
- Keep bottle upright and insert spray tip into nostril (no more than 1/4 inch). Point the tip to the back outer side of nose. Ask the patient to breathe out through the mouth
- Instill prescribed number of sprays into one or both nostrils as prescribed. Have patient press spray tip firmly and quickly and breathe in through nose and out mouth.
- Clean spray tip and device according to manufacturer's guidelines or institution policy and recap container.
- Instruct patient to remain in same position for about five minutes with affected nostril upwards. Wipe off any excess drainage with clean tissue and gently place a cotton ball in the external nostril to prevent leakage.
- Instruct patient to avoid blowing nose for at least 15 minutes.
- If another dose of the same or different nasal medication is required in the same nostril, wait the amount of time recommended by the manufacturer (see package insert) or as prescribed. Repeat dose in either nostril as prescribed

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- Replace medication into labeled box/bag and return medication to proper storage area.

INHALATION MEDICATIONS

Metered-dose inhalers and Turbo inhalers:

Metered-dose inhalers

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Shake the Metered-dose inhaler bottle and remove the cap
- Instruct the patient to breathe out
- Instruct the patient to keep the chin up
- Instruct the patient to place his/her lips around the mouthpiece and
- start to breathe in slowly, press down on the canister one time
- Keep breathing in slowly to completely fill your lungs
- Have the patient hold his/her breath for 10 seconds and then slowly breathe out Count to 10 slowly will assist patient. (holding breath allows the medicine to reach the airways of the lungs)
- Repeat puffs for amount of times ordered by physician. Wait about 1 minute in between puffs.
- Instruct the patient to rinse his/her mouth with water and spit it out
- Replace the cap on the Metered-dose inhaler when finished.



TURBO INHALERS

A turbo-inhaler is a hand held inhaler that has medication in mist form. It is used to breathe in or inhale the medication.



PROCEDURE

- Always identify the patient (Right Patient), gather supplies, wash hands
- Confirm / verify that it is the right medication and it is not expired
- Read the medication label to the patient and confirm understanding
- Slide the sleeve away from mouthpiece
- To unscrew, turn the mouthpiece counter-clockwise
- Place the medication into the stem of the mouthpiece
- Rescrew the inhaler
- Slide the sleeve all the way down to make a hole into the capsule
- Instruct the patient to tilt the head back
- Instruct patient to blow out all the air in the lungs and then breathe in deeply and hold it for 10 seconds while the mouthpiece is in their mouth
- Repeat until all of the medication has been used
- When medicine is finished instruct the patient to rinse the mouth.

NOTE:

Rinsing the mouth and gargle with water helps remove any medication left in the mouth and throat. It also reduces the urge to cough. Rinsing and gargling may also help prevent a mouth infection.

Rinse the mouthpiece with warm water. Dry the turbo-inhaler completely before putting it away.

After you have assisted the patient:

- Remove and dispose of gloves, discard any barriers used
- Wash hands thoroughly
- Monitor for side effects or adverse effects
- Return the medications to the proper storage area
- Record that assistance was provided on the patients' record
- Always document the administration of a PRN -as needed medication and the patients' response.

ABBREVIATIONS

Abbreviation means a shortened form of a word or phrase. Abbreviations can lead to some serious or life threatening errors, therefore there are guidelines in place. The Joint Commission has set guidelines and rules; all healthcare settings has to standardize abbreviations, acronyms and symbols that they are using. They are also required to adhere to a Do Not Use list.

Some abbreviations and their meanings are listed below.

ABBREVIATION and MEANING

a.c. =Before meals

ACL =Anterior cruciate ligament

ad lib= Freely

a/g ratio = Albumin to globulin ratio

AKA = Above the knee amputation

a.m. =Morning

ASA =Aspirin

b.i.d =Twice a day

BM =Bowel movement

BMP= Basic metabolic panel

BP =Blood pressure

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BS =Blood sugar
Ĉ= with
CC= cubic centimeters
Cap =Capsule
C&S = Culture and sensitivity
CVA =Cerebrovascular accident
D.C. =Discontinue
Disp= dispense
DNR =Do not resuscitate
DVT= Deep venous thrombosis
ec = enteric coated
elix = elixir
ETOH =Alcohol
Ext =Extract
fl or fld =Fluid
g. or Gm. or g =Gram
Gr =Grain
gtt. =Drop
h. or hr. =Hour
H&H: = Hemoglobin and Hematocrit
H&P = History and physical examination
hs = At hour of sleep, bedtime
HTN= hypertension /high blood pressure
IM = Intramuscular
I.V. = Intravenous
L = liter
MAR = medication administration record
MEq =Milliequivalent
Min =Minute
Mg =Milligram
ML =Milliliters
NPO =Nothing by mouth
N/V = Nausea or vomiting
NTG =Nitroglycerin
O&P = Ova and parasites
O2 = oxygen
O.D.= Right eye
O.S.= Left eye
O.U.= Both eyes
Oz = ounce
ORIF = Open reduction and internal fixation
P= Pulse
p.c. =After meals
PERRLA = Pupils equal, round, and reactive to light and accommodation
p.m. =Evening

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p.o. =By mouth
Post = after
prn =as needed
Pre = before
prn= as needed
q am= every morning
qh= every hour
q2h= every 2 hours
q3h=every 3 hours
q4h= every 4 hours
qid = four times daily
qhs=every night or at bedtime
qpm= each evening
R= respirations
R/O = Rule out
RLQ = Right lower quadrant
RUQ = Right upper quadrant
Š= without
SL = sublingual
SOB =Shortness of breath
Sol =Solution
ss. =One half
Stat =Immediately
SQ = Subcutaneous
Supp= suppository
susp. =Suspension
Syr. =Syrup
T= temperature
tab. =Tablet
Tbsp =Tablespoonful
Tsp = teaspoon
Tid =Three times a day
Tinc =Tincture
TPR= temperature /pulse /respirations
Top =Topically
tsp. =Teaspoon
UA or **u/a=** urinalysis
ung. =Ointment
VS = vital signs
Wt= weight

The Do Not Use List includes some of the following:

Do Not Use **u**, or **for unit**. Mistaken some times for zero. You must write “unit”
Do Not use **iu** for international unit. Mistaken for IV. Write “international unit”
Do Not Use Q.D., QD, q.d., qd (Daily). Mistaken for each other. Write “Daily”.
Do Not Use Q.O.D. QOD, q.o.d., qod (every other day). Write “every other day”
See the complete Do Not Use List (The Joint Commission
http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf)

MEDICATION CLASSIFICATIONS

A medication can have several names. There is usually a generic name for a medication and one or more brand names. Generic names for medications are chosen by a variety of official bodies. Drug manufacturers choose the brand names of their products. There can be many brands of a particular medication. The brand names are usually easier to pronounce and easier to remember. For example the generic name: Acetaminophen is often called Tylenol (brand name).

MEDICATION CLASSES

A medication/ drug also belong to one or more medication/ drug classes. A drug class is a group of drugs that have something in common. They are similar in some way, but they are not identical. Medications can also be classified or grouped according to their function or the system that they treat.

Drugs can be in a class with other drugs because: the drugs are related by their **chemical structure / makeup**.

For example: Aspirin is a salicylate. Its full chemical name is acetylsalicylic acid or ASA.

Aspirin can prevent the formation of blood clots by stopping molecules in the blood called platelets from clumping or aggregating. So it belongs to a drug class called anti-platelets or platelet aggregation inhibitors.

Function:

Aspirin is used to reduce fever. Drugs that treat fever are called anti-pyretic drugs.
narcotic analgesics reduce pain

System that they treat such as;

Cardiac medications – refers to the heart
Respiratory / Pulmonary medications - refers to the Lungs etc.

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Prescription medications are categorized through the controlled substance act into five classes or schedules:

SCHEDULE 1 (CLASS I) DRUGS are illegal because they have high abuse potential, no medical use, and severe safety concerns; for example, narcotics such as LSD, Heroin, and cocaine. Marijuana is also included as a Class 1 drug; now it is legal in some states and some states are using it as a medicinal drug.

SCHEDULE 2 DRUGS (CLASS 2) DRUGS have a high potential for abuse and dependence and abuse, an accepted medical use, and the potential for severe addiction. These drugs include opioids based on high dose Fentanyl, codeine, Oxycodone also Methamphetamine and Barbiturates; also included are such drugs as opium, morphine. The main difference between a Schedule, or Class, 1 and 2 is whether or not the drug is deemed to have a valid medical application.

SCHEDULE 3 (CLASS 3) DRUGS have a lower potential for abuse than drugs in the first two categories, accepted medical use, and mild to moderate possible addiction. These medications include Codeine (low dose), steroids, and Hydrocodone-based opioids.

SCHEDULE 4 (CLASS 4) DRUGS have a lower abuse potential than Schedule 3 Drugs with limited potential for addiction and accepted medical use. These include many of the anti-anxiety medications like the Benzodiazepines, sleeping agents, Sedatives, and the mildest of the opioid type medications like Darvon.

SCHEDULE 5 (CLASS 5) DRUGS have a low potential for abuse, accepted medical use, and very limited potential for addiction. Such as; medications with limited amount of narcotics or stimulant medicines for cough, or pain.

PROPER STORAGE OF MEDICATIONS

There are specific directions for stating the appropriate temperature at which medications shall be stored. Research has shown that the storage at a higher or a lower temperature have produced undesirable results. The Pharmacopeia; a book containing an official list of medicinal drugs together with articles on their preparation, formulas, dosage, use etc. may be accessed at United States Pharmacopeia (USP) / www.usp.org/.

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The United States Pharmacopeia and The National Formulary (USP–NF) is a book of public pharmacopeial standards. It contains standards for (chemical and biological drug substances, dosage forms, and compounded preparations), medical devices, and dietary supplements.

Storage definitions, as defined in the General Notices section of the USP-NF, for recommended conditions commonly specified on product labels as follows:

Freezer: The temperature is maintained thermostatically between -20 C and -10 C (-4 F and 14 F).

Cold: Any temperature not exceeding 8 C (46 F).

A refrigerator is a cold place in which the temperature is maintained thermostatically between 2 C and 8 C (36- 46 F).

Cool: Any temperature between 8 C and 15 C (46-59 F). A substance that requires cool storage, alternatively may be stored in a refrigerator, unless otherwise specified by the individual USP monograph.

Room Temperature: The temperature prevailing in a working area.

Controlled Room Temperature: A temperature maintained thermostatically that encompasses the usual and customary working environment of 20 C to 25 C (68-77 F) that allows for brief deviations between 15 C and 30 C (59-86 F) that are experienced in pharmacies, hospitals, and warehouses.

Warm: Any temperature between 30 C and 40 C (86-104 F).

Excessive Heat: Any temperature above 40 C (104 F).

Protection from Freezing: freezing may cause a substance to lose its potency or strength, or alters its characteristics. The container label must have appropriate instructions to protect the substance from freezing.

SAFE MEDICATION STORAGE

Keep all medications out of reach of children. Keep medications out of the reach of anyone who might abuse/ misuse them. Be careful if medication looks like water or drink. Make sure that medications that need to be in the refrigeration are not stored in an area where they will freeze. Make sure the medications are kept separate from food items. A good idea is to place them in a container that separates them. Always Store the medication in its original container. Do not mix different medications together in one container. This will make it difficult to identify during an emergency. Store all medicines in one designated location together. The location should be a dry and cool place. Properly dispose of any medication that has expired or that the physician has discontinued.

Proper Disposal of Medications

Federal Guidelines

Discontinued or Unused portions of medications must be disposed of properly to avoid harm. Never flush prescription medications down the sink / drain, or the toilet unless the label or instructions tells you to. The U.S. Food and Drug Administration (FDA) website is an excellent recourse for information regarding proper disposal of medications.

FDA and the White House Office of National Drug Control Policy developed Federal guidelines that are summarized below:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The U.S. Drug Enforcement Administration, working with state and local law enforcement agencies, periodically sponsors National Prescription Drug Take Back Days.

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If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps.

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of a garbage bag.

Over 600,000 pounds of unneeded, unwanted, or expired prescription medications were properly disposed of during the final Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day, held September 27, 2014.

TAKE EXAM

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