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Assistance with Self-Medications



OBJECTIVES

Upon completion of this program the participant will be able to:

- ❖ Discuss the relevance of Florida law as it pertains to assisting with medications in the client care setting.
- ❖ Understand the information provided on a medication label.
- ❖ Provide assistance with oral, topical, otic and nasal medications.
- ❖ Identify approved medical abbreviations.
- ❖ Describe the difference between prescription medication and over the counter medications.
- ❖ State the "5 rights" of medication administration.
- ❖ Demonstrate the proper way to document medication administration assistance.
- ❖ Define the infection control principles that relate to assisting with medications.
- ❖ List common drug classifications; indications and side effects.
- ❖ Discuss the correct way to report adverse drug reactions and medication errors.
- ❖ Describe the process to follow when a client refuses medication.

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INTRODUCTION

The Certified Nursing Assistant (CNA) or Home Health Aide (HHA) may need to assist a client with the administration of their medications. This is a task that carries huge responsibilities and requires specific training for those individuals who will be assisting a client in these activities. This training is designed to promote a clear picture of the role of unlicensed personnel who will be assisting a client with their medications. It is important to note that in the state of Florida, to assist is not to give the medication, but rather to simply help the client to take their medications. These medications include those that are prescribed by a physician as well as over the counter (OTC), or non-prescribed medications. This assistance with medications may occur in a home health setting or an Assisted Living Facility in which the client may be residing. Florida Chapter Administration Code 58A-5.091 states the healthcare provider must complete an initial 4 hour training session followed by an additional 2 hours of training annually on providing assistance with self-administered medications.

LEGAL ASPECTS

Florida is a state that allows unlicensed assistive personnel (UAP) to help clients with self-medication. It appears that the emphasis is actually being placed on the supervision of the client who is able to take his own medications, but may need some help with the process. The law does not provide exceptions to these mandates but rather expects the UAP to be aware of the specific guidelines that regulate this practice. For clarification of specific statutes please refer to the following:

Florida State Statute (Chapter 400.488) explains what assisting with the administration of medications actually is and the laws that pertain to it when the client **is in their own home**.

Florida State Statute (Chapter 400.4256) lists how this assistance of self-medications would pertain to a client in an **assisted living facility** environment.

There are many common generalities between the 2 environments therefore this content will provide a summary of the overall mandates.

For starters the law regarding assistance with medications is very clear that before any contact can occur between a CNA or an HHA, written informed consent must be obtained from the client, the client's surrogate, guardian or attorney. Informed consent means that a person voluntarily gives consent, or their legal representative, after sufficient explanation of the process involved will enable that person to make a knowing decision. In the Assisted Living setting, informed consent is obtained to ensure the resident is aware that assistance with medications may be provided by an unlicensed person and if this action will, or will not, be overseen by a nurse. Your workplace should have a policy in place for obtaining and documenting this consent and you will need to be familiar with this process. Keep in mind these laws are designed to not only protect the client, but you as well. The ideal goal is to allow the client to do as much as possible for him or herself and for the caregiver to encourage them and assist with the process when needed.



Assistance with self-administration of medications includes:

- ✓ Taking a medication in a properly labeled container from where it is stored and bringing it to the client.
- ✓ In the presence of the client, read the label and open the container. You may then remove the prescribed amount of medication and then close the container.
- ✓ Place the prescribed amount of oral medication in the client's hand or in another container and help the client lift the container to their mouth if necessary.
- ✓ Return the medication to proper storage.
- ✓ Document that the client has received assistance with self-medication.

The application of a topical, ear, nose or inhaled medication will follow the same protocol as listed above.



Assistance with self-medications does not include:

- ✓ Mixing, compounding, converting, or calculating medication doses. (You can measure out a prescribed amount of liquid medication, break a scored tablet or crush a pill, if prescribed.)
- ✓ The preparation of syringes for injection or the administration of medications by any injectable route.
- ✓ Administration of medications through a intermittent positive pressure breathing machine or nebulizer.
- ✓ Administration of medications by way of a tube inserted in a cavity of the body.
- ✓ Administration of parenteral (IV) preparations.
- ✓ Irrigations or debriding agents used in the treatment of skin conditions.
- ✓ Rectal, urethral or vaginal preparations.
- ✓ 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.
- ✓ 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.

Medications have many purposes. They may be utilized to control the symptoms associated with chronic illness, including pain management of various conditions. They may also be ordered on a short-term basis for the resolution of acute illnesses such as infections. A licensed physician orders prescription medications. The order is then transcribed on to a medication administration record (MAR) and reviewed for accuracy by a Registered Nurse. Then the order is sent to the pharmacy where the pharmacist fills the order and provides the appropriate medication to the client's medication box. There are many steps taken to ensure accuracy during this process, which helps to decrease the potential for error.

It is estimated that up to 1/3 of Americans also take over the counter (OTC) medications every week. These are medications, which do not require a physician order to obtain. They are frequently utilized to provide relief from pain, allergies, constipation, stomach distress and cold symptoms. Also included in the list of over the counter medications are the many vitamin and herbal supplements that people often use in addition to their prescription medications. It is important to ask the client if they are taking any medications or supplements other than those that are prescribed by a physician, as many OTC medications could cause an adverse reaction when combined with prescription medications. Consult with a pharmacist if there are any doubts as to the safety of mixing prescription and OTC medications. If the resident is competent and able to manage their OTC medications, they may be able to keep them in their room and take the medications as needed. However, if the over the counter medication has been prescribed by a physician or the resident requires the medication to be administered, the medication must be properly labeled and stored with the other prescription medications. Check your facility for the specific policy guidelines that relate to medication storage.

Medication Label

The medication label that is on the bottle or box of medications contains the instructions that apply to the administration of that medication. The information on the label needs to be clear and contain the following information:

- The name of the resident
- The name of the medication that is in the bottle/box
- The strength of the medication
- The number of pills or the amount of liquid in the container
- How much medication is to be taken as one dose
- How often the medication is to be taken or specific time, if indicated
- Any specific instructions or precautions that may have been noted
- The date the prescription was filled
- The amount of refills, if any, that are authorized
- The name of the physician who prescribed the medication
- The name, address and phone number of the pharmacy that filled the medication
- The Rx number and expiration date

If a medication is ordered PRN, it is to be given as needed with specific criteria attached to it for administration. It could be given as needed for fever, pain, anxiety etc. Unlicensed personnel are not to assist with administration of PRN medication that does not have explicit instructions attached to the label for clarity. Examples of specific instructions include the following:

1. The situation for which the medication should be taken (fever greater than 101.5 orally)
2. The dose to be administered (2 tablets/ 350 mg each)
3. The route (by mouth)
4. The frequency (every 4 hours)
5. The maximum allowed dose (do not exceed 6 tablets in 24 hours)

There are many abbreviations that may be used on a medication label and you will need to familiarize yourself with their meanings. The original purpose of abbreviations was meant to save time but keep in mind that the use of abbreviations can sometime be misleading and lead to error. The Joint Commission on Accreditation for Healthcare Organizations (JCAHO) has mandated that only approved abbreviations be utilized in healthcare facilities to reduce the risk of serious error and death. Be sure to consult your facility for their standardized abbreviations list and meanings. Here are some of the more common abbreviations that you may encounter:

<u>ABBREVIATION</u>	<u>MEANING</u>
a.c.	before meals
a.m.	in the morning
b.i.d.	twice a day
BM	bowel movement
BP	blood pressure
BS	blood sugar
Cap	capsule
cc	cubic centimeter
D.C.	discontinue
gtt	drop
Mg	milligram
ml	milliliter
NPO	nothing by mouth
p.c.	after meals
p.o.	by mouth
PRN	as needed
STAT	immediately
syr.	syrup
tab.	tablet
TBSP	tablespoon
t.i.d.	three times a day
top	topically
tsp.	teaspoon

THE FIVE RIGHTS

Once you are ready to assist the resident with their medication you must take a moment to review the 5 rights. Remember that assistance with medications is a big responsibility and taking the time to review the 5 Rights with each resident is your final opportunity to avoid mistakes.

1. The Right **Resident** – You must be able to properly identify your patient prior to assisting them with their medications. They should be able to state their name when asked. If they are unable to speak, some facilities will have a picture of the resident with their name attached. Always seek guidance from your supervisor if you are not able to confirm the resident’s identity.
2. The Right **Medication** – Check it 3 times! Check the medication administration record (MAR); check the medication label; check the medication label *with* the MAR. Always read the medication label aloud to the resident.

3. The Right **Dose** – Check the dose of the medication. Look for any special instructions such as take ½ of a pill, rather than the whole pill. A medication error happens if you give too much or not enough of a medication. Medication errors must always be reported.
4. The Right **Route** – This indicates the manner in which the medication is to be administered. The most common route is oral (by mouth), but the CNA may also assist with ointments applied to the skin as well as eye and ear medications. Sometimes a resident may confuse their eardrops with their eye drops. This is yet another reason why it is important to read the label aloud so both the client and the person who is assisting with the medication are aware of the correct route.



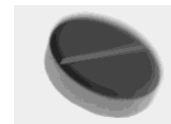
5. The Right **Time** – This seems like an easy one but remember that a normal workday is often busy with unexpected tasks that can tie up your time. You still must manage your workload well enough to ensure that residents are getting their medications on time. A window of 30 minutes before or 30 minutes after the prescribed time is generally acceptable. This is important because in order for most medications to reach their desired effect and potential they must remain constant in the client’s bloodstream. This is accomplished by making sure the client is taking his/her meds on time.

Assisting the Resident with Medications:

Once you have read the label and gone through the process of checking the ‘5 Rights’ it is now time to actually assist the patient with their medications. Be sure to assemble all your supplies that you might need. This could include medication cups, water, tongue depressor, spoons, gauze or gloves depending on the type of medication that you will be assisting with. Wash your hands prior to, and after helping the resident. Check the expiration date on the bottle or box to ensure the medication has not expired. The above measures will apply to all types of medication you might be assisting with and by following them each time you are ready to assist a client you will be prepared to carry out the task. Make sure that the area that you will be working in is well lit, clean and free of clutter. Make every attempt to minimize interruptions while you are assisting a client and **NEVER** leave the medications unattended. Keep in mind the goal is for the resident to do as much as they can for themselves and for you to encourage their independence as much as possible. The caregiver should offer assistance if needed and document clearly on the MAR when the process has been completed. **Always stop and ask for help or clarification if you are unsure of a step or have a concern about the condition or safety of a resident.** The information below is an outline to follow, after you have met the above conditions (hand washing, preparing materials, “5 rights etc.) and are now ready to provide assistance as indicated.

ORAL – by mouth

- Read the label aloud to the resident.
- Open the container in the presence of the resident.
- Make sure the resident is in an upright position.
- You may place the medication in the resident’s hand or a small medicine cup (but **NOT** their mouth), and assist with a liquid, if needed.
- Ensure the resident has swallowed the medication.
- Close the bottle securely return to the storage area.
- Document assistance given.



Read the label closely as it may indicate that a medication needs to be broken in half (administer ½ tab) or crushed. If you are going to handle a pill to break it in half or crush it – you must wear gloves. **Do not break or crush any pill that you do not have an order for as some medications are coated or time released and are meant to be absorbed slowly into the blood stream. If these time sensitive medications are crushed or broken it will cause an immediate release of all medication and could lead to an adverse or even deadly reaction.** If you will be breaking a tablet in half - use the scored line to follow for even breakage and dose distribution. You could also use a pill cutter, if available. If you must crush a pill, place the pill in a small paper med cup and cover it with another cup. Place into a pill crusher and crush it. With the resident's consent, take the crumbled tablet and place it into a small amount of soft food such as applesauce or ice cream for ease of swallowing. Have the client follow with sips of water to ensure all of the medication makes it down to the stomach.

Liquid Medications

- Shake the container well
- Read the label aloud to the resident
- Use a container that has clearly lined measurements
- Hold the container at eye level and slowly pour the liquid to the mark as indicated
- Hand the container to the resident with the prescribed amount of medication. You may assist the resident by helping them to lift the container to their mouth if necessary
- Observe the resident completely swallow the medication
- Close the bottle tightly and return to the storage area
- Document



Ophthalmic – in to the eye

- Place the resident in a comfortable position
- Put gloves on
- If the eye has a crusty or watery discharge, clean the eye area with a warm washcloth. Wipe from the inner part of the eye (by the nose) to the outer part of the eye and dry. Use a clean area of the cloth for the other eye and repeat the steps.
- Assist the resident to gently pull their lower eyelid gently down and out.
- Apply the prescribed amount of drops or ointment to the middle portion of the lower lid. Be very careful not to touch the tip of the eye dropper or ointment tube to the inner eyelid.
- Instruct the resident to close his eye for 30 seconds. Upon opening the eye any residual may be wiped away with a tissue or cotton ball.
- Return medication to the storage area.
- Document

Otic – into the ear

- Instruct the resident to tilt their head to the side and slightly back to clearly expose the ear that is to have the drops placed in it.
- Instruct the resident to gently pull the top of their ear up and back
- Place the prescribed amount of drops into the ear canal slowly
- Make sure the tip of the dropper does not touch the ear or ear canal
- Have the client hold their head in this position for 2 minutes
- Provide a tissue to wipe any residual that may drain out of the ear canal
- Close the container and return it to the storage area

- Document

Nasal – into the nose

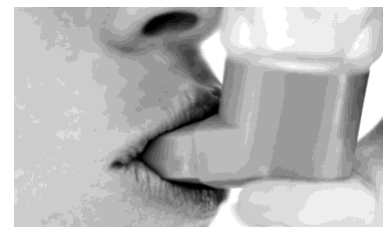
- Have the resident clear his nasal passage by gently blowing his nose into a tissue
- The resident will need to sit comfortably and tilt their head back or lie down with a pillow under their shoulders so the head is tilted back
- Instruct the resident to elevate the nostrils slightly by pressing the thumb against the tip of the nostrils.
- While holding the dropper or spray above the resident's nostril and gently instill drops into the nose. Do not administer more than 3 drops at a time. Be careful not to touch the tip of the dropper to the inside of the nostril.
- Discard any additional medication remaining in the dropper. Recap the solution and return to storage.
- Document.

Transdermal – on the skin

- If the resident has a patch on be sure to remove it and wash the area before applying a new one. Open the new patch package and remove the new patch.
- Date, time and initial the patch.
- Remove the back of the patch. Be very careful not to touch the medicated side of the patch with your hands.
- Apply the patch to a clean hairless part of the body. Make sure the patch is flat on the skin so the medication is absorbed evenly.
- Try to rotate patch sites to reduce irritation. Do not apply to skin that is open or irritated.
- Be sure to wash your hands well after handling a patch in case any medication has touched your skin.
- Document

Creams or Ointments – on the skin

- Put gloves on.
- Apply a small amount of cream or ointment to a gauze pad and gently spread the medication over the affected area.
- Only assist with creams or ointments that do not require a dressing to be applied. Avoid “rubbing the skin”
- Do not apply to broken skin or open wounds
- Discard the used gauze and your gloves.
- Return the medication to storage.
- Document.



Inhalers – into the airway

- Shake the container to mix the medication well.
- Remove the cap from the inhaler.
- Ask the resident to exhale and then place the mouthpiece of the inhaler into their mouth.
- As the resident inhales slowly – push the bottle against the mouthpiece to release medication into the airway. Instruct the resident to continue inhaling until their lungs feel full and have them hold their breath for several seconds. Remove the mouthpiece from the client's mouth.
- Advise the client to exhale slowly through pursed lips.
- If a second dose is ordered, wait 1 minute and repeat the above steps.

- Rinse the mouthpiece with warm water, dry it and recap.
- Return medication to the storage area.
- Document.

Special Considerations:

If a resident refuses their medication, document their refusal and report it to your supervisor. The resident always has the right to refuse their medication but ask them why they are refusing their medication as the physician may need to be made aware of this situation depending on the type of medication involved. Some medications can have adverse effects if discontinued abruptly. Others such as cardiac or blood pressure medications may be very dangerous to the body if suddenly stopped. Sometimes the resident has a very good reason for not wanting to take their medications because they experience side effects like nausea, constipation or dizziness. Side effects can be scary and annoying to people and that is often the reason they do not want to take their medications. After all, who would want to take a pill for blood pressure every day if taking it is going to make them dizzy or light headed. This is another reason why it is important to take the time to get to know your residents and listen to what they have to say. You might be the first one to realize the symptoms they are describing could be due to an adverse effect because of a medication. It is important to report this information because often the medication can be changed or the dose might be adjusted to minimize the potential for side effects or adverse reactions to occur. If a resident starts a new medication try to check on them frequently to observe for any unusual changes they may be experiencing. Your residents will appreciate your efforts to look after their well-being. And you will feel more confident in your role as you learn more about the medications that you are assisting with and the side effects that may be associated with them. Your facility should have reference books such as The Nurse's Drug Handbook on hand and readily available for staff to use as a resource when questions arise. Remember their safety is often in your hands so continue to educate yourself on common drug knowledge.



If the resident is going to be away from the facility during a scheduled medication time it is important that they continue to receive their prescribed medication. This may be accomplished by sending the container or a pill organizer with the resident or their family member. Document that the client has taken their medication with them on the medication administration record.

It is important to note that the facility should have a process in place to reorder medications for the clients. It may involve ordering by mail, or notifying family members to pick up a prescription refill at the local pharmacy. The goal is to reorder medications 7 days prior to running out. There should also be a log of medications that have been reordered. The facility will have a process in place to ensure that a resident does not run out of medications so it is important to understand how the reordering system works.

Prevention of Medical Errors

Medical errors are one of the most common causes of avoidable harm to patients. The elderly are at a greater risk for error because of the cognitive changes that occur with aging such as diminished eyesight and hearing. The elderly also take the greatest amount of prescribed medications and often supplement them with a variety of over the counter meds as well as potent vitamin and supplement preparations. The potential for error increases as the age of the client increases. The following steps help to decrease the incidence of medication errors and should be followed closely:

- ALWAYS review The 5 Rights of medication administration
- Be knowledgeable about the drug's uses and the potential for adverse reactions
- Check for any known allergies (found on the MAR)
- Resolve any questions you might have **prior** to assisting with medication administration
- Only assist with medications that are properly labeled with the medication name, the dose to be administered, form, route and expiration date
- Utilize a medication administration schedule and receive education on how to incorporate newly started medications into the current time schedule
- Pay close attention to specific instructions on the label such as "take ½ pill", or "administer on an empty stomach"
- Remember that unlicensed staff may not provide assistance with medications if the instructions are unclear or if the medication requires any judgment on your part to safely administer
- Stop and ask for clarification if you are unsure of how to proceed

Remember that assisting with medications comes with a serious responsibility so be very careful when you are trusted with these tasks. If a medication error happens, and they do, be prepared to notify your supervisor immediately. Some errors require that a physician be notified of the error and he or she will determine the next course of action. Honest and timely reporting of errors is helpful as a tool to learn from the events that may have led up to the mistake. This process helps to ensure that the same mistakes will not keep happening over and over again.

Classifications of Medications

One of the best and most efficient ways to understand medications is to become familiar with the different classifications of medications and then to focus on their similarities and differences within that classification of medications. Below you will find some of the more common classifications of medications especially in regard to the elderly population. It is strongly recommended that you always have a drug handbook available when you are assisting with medications. These materials will help to reinforce the basic clinical knowledge of different medications until you become familiar with their indications and potential side effects or adverse reactions.

ANTIBIOTICS:

These are indicated for the treatment for different types of infections. They should not be given casually and often require a culture and sensitivity test to determine which antibiotic which might be most effective agent to fight the infection. Antibiotics are ineffective against viruses. Once ordered, it is important to continue the medication for the prescribed course of therapy, usually 7-10 days, unless an allergic or serious adverse reaction occurs.

Some common antibiotics include:

Augmentin, Biaxin, Cipro, Levaquin, Penicillin, Rocephin and Septra

Possible adverse reactions common to antibiotics include: Rash, GI upset, headache dizziness and diarrhea.

ANALGESICS:

These are indicated for the relief of chronic or acute pain. There are many different types of pain medication. Some mild forms of pain may be relieved by over the counter meds such as Aspirin, Tylenol and Advil. Moderate to severe pain may require narcotic medications such as codeine, morphine and oxycontin. These medications require a prescription and a strict management protocol for administration.

Common side effects of pain medication are dizziness, constipation, nausea, vomiting, drowsiness and mental confusion.

CARDIOVASCULAR DRUGS:

Hypertension – blood pressure medications

The lowering of even moderately elevated blood pressure has been found to significantly reduce death from heart conditions. This is often accomplished through the use of diuretics, beta blockers, calcium channel blockers and ACE inhibitors. These medications require monitoring of blood pressure when starting and during administration to ensure proper blood pressure control is achieved.

Some common adverse reactions include orthostatic hypotension (drop in blood pressure when the resident stands up), dizziness, bradycardia (heart rate less than 60), and cough.

Angina – Chest pain

These medications relieve acute chest pain or may be used prophylactically to prevent an attack. These medications dilate the cardiac vessels allowing more blood flow to the heart muscle helping to prevent or alleviate chest pain episodes.

Most side effect are related to the vasodilator tendencies to cause a sudden drop in blood pressure upon standing, dizziness, weakness, fast heart rate and palpations.

Anticoagulants – blood thinners

These are also known as blood thinners, which are primarily used to prevent blood clots. Some common names for anticoagulants are Coumadin and Plavix. These must be administered by a doctor's order only and often require blood tests to monitor their effectiveness. Aspirin should not be given to those individuals who are on blood thinners unless prescribed by a physician.

Anticoagulants have been known to cause bruising, bleeding gums, nose bleeds and GI bleeding which often presents as black tarry stools.

DIABETIC MEDICATIONS:

These are used to treat diabetes or to control blood sugar. Oral medications include Actos, Avandia, Glucophage and Micronase. Sometimes an injectable form such as insulin is necessary to control elevated levels of blood sugar. Unlicensed personnel are not permitted to administer injectable medications but if the resident is receiving these medications you should be aware of the signs of hypoglycemia (low blood sugar). The symptoms of hypoglycemia include sweating, confusion, trembling and blurred vision. Be prepared to notify your supervisor immediately if you note any of the above symptoms.

GASTROINTESTINAL (GI) MEDICATIONS:

GI medications are used for the treatment of heartburn, stomach ulcers and GERD (gastro esophageal reflux disease). They work by neutralizing or decreasing stomach acid secretions. Examples of antacids are Tums, Mylanta and Maalox. Examples of acid blockers are Zantac, Prilosec and Pepcid.

These medications have relatively few side effects and are generally safe but they may cause diarrhea or constipation.



RESPIRATORY TRACT MEDICATIONS:

These medications are used to treat various “breathing disorders” like asthma, COPD (chronic obstructive pulmonary disease), bronchitis, pneumonia and coughs. Oral medications include Theodur and steroid preparations. Cough suppressants and expectorants usually come in liquid form. However in chronic and acute respiratory conditions, inhalers are often prescribed. They are a very effective way to deliver medicine directly to the lungs. Some common inhalers are albuterol and theophylline and act as vasodilators to open the airway and allow more air to move into the lungs. This helps the client to breathe easier. Adverse effects frequently noted are rapid heart rate, nausea and restlessness.

CONCLUSION

The healthcare system has changed drastically in the past 15 years. This has led to an expanded role for the unlicensed caregiver. As the roles expand, the responsibilities increase. Assisting with the medication delivery system is a very important part of the healthcare system. Even after completion of this program it will be necessary to continue to educate yourself on the many aspects of common medications that you are routinely working with. The pharmaceutical world is complicated and changes often with the addition of hundreds of new drugs each year. It can seem like it’s a lot to keep up with but the rewards of a job well done are worth it. Your help can make a big difference to a person and enable them to retain their independence for as long as possible. And that’s a very good thing, for everyone. Good luck and be careful out there.

