



***Medication Assistant***

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## **OBJECTIVES:**

At the end of the class you will be able to:

1. Apply some laws relating to assisting with medicines and what a nursing assistant can or cannot do.
2. Relate several route procedures and some age related route and form considerations.
3. Describe how medicine indications, contraindications, interactions, side effects, adverse reactions, dosages, proper storage and disposal as well as the components of a complete label and a complete MD order impact on assisting with medicines.
4. Recognize acceptable abbreviations and their meanings.
5. List and apply the 7 "rights of medication administration" (right medicine, patient, time, dose, route, form, and documentation)
6. Summarize the uses, contraindications, side effects and implications of common medication classifications.
7. Apply infection control principles to assisting with medications.

## **INTRODUCTION**

Several states across the U.S. let unlicensed assistive personnel (UAP), such as nursing assistants, to assist and help people with their medicines. Assisting is not giving medicines. Assisting is simply helping the person to take their own medicines.

## **LEGAL ISSUES**

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, 2010)

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*.

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*

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. 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. 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.
  - (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.
- (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 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 patient.

(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. assistance with the self-administration of medication by an unlicensed person as described in this section does not constitute administration as defined in s. 465.003 The agency may by rule establish procedures and interpret terms as necessary to administer this section." (Florida State Statute, 2004)

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*.

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 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. 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. 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:
- (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. 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

The department may by rule establish facility procedures and interpret terms as necessary to implement this section."  
(Florida State Statute, 2010)

Florida State UAPs can **NOT** assist with:

- shots,
- rectal routes,
- vaginal routes,
- urethral routes, or
- IPPB or nebulizers.
- If you work in another State, check with your own State to find out
- what you can and cannot do.

## **ROUTES AND FORMS OF MEDICINES**

Medicines are made in many forms and for many routes. Some medicines come in more than one form. Some can be given with more than one route, if the correct form is used. Complete medicine orders must state the route and the form that the patient must take.

Medicines can come in different forms:

- tablets
- capsules (regular and sustained release)
- elixirs
- suppositories (vaginal and rectal)
- oral suspensions
- syrups
- tinctures
- ointments
- pastes
- creams
- drops (eye)
- IV suspensions and solutions
- metered dose inhalers

**Routes can be:**

- oral
- buccal (inside cheek)
- sublingual (under the tongue)
- topical (on the skin)
- ophthalmic (eye)
- otic (ear)
- vaginal
- rectal
- nasal
- via a nasogastric or gastrostomy tube
- inhalation
- subcutaneous (under skin)
- intramuscular (in the muscle)
- intradermal (in the skin)
- transdermal (through the skin)
- intravenous (into the vein)

## Written Order

A Physician or another qualified person, like a nurse practitioner, must write a complete and legible order for a medicine before it is given or taken.

### **A complete order must have the:**

- Patient's Name
- date and time of the order
- name of the medication,
- dose and route,
- form,
- time or frequency that it should be taken, and
- signature of the MD or nurse practitioner who order the medication

## **LABELS**

### **All labels must have the:**

- patient or resident name,
- name of the medication,
- strength of the medication,
- dosage and frequency ,
- route,
- form,
- when to take it,
- date of the order,
- date that the bottle or container was filled,
- date that it expires and can no longer be used,
- the name of the person who ordered it, and
- any special instructions

## ROUTE AND FORM CONSIDERATIONS

**The oral route** is the best route for children. When a patient has a problem with swallowing, as many older people have, the following things may be done. **Crushing.** Crushing the pill or opening the capsule and putting it in something like applesauce can help. Some medication can not be crush. Some of these medication include time release capsules, some coated tablets, effervescent tablets, medication that upset the stomach, and sublingual medications Check with the supervisor or Pharmacist to find out if a medicine can be Crushed or limitation on what the medication can be mixed with. **Using a liquid form.** Using a liquid form can also help people who have trouble with pills and capsules.

## MEDICATION DELIEVERY CONCIDERATIONS

Sometimes there are certain consideration that you may look at when administrating a medication. Age is one of those factors that you may consider when giving the medication.

1. *For an infants* you may use a syringe, dropper or nipple for oral liquid medicines.
2. *For a toddler* you may use a spoon or a cup for liquid oral medicines.
3. *For preschool and School Age Children* children in these age groups may be able to take capsules and tablets.
4. *For adolescents* adult dosages, routes and forms of medication are usually now Allowed

## Medication Administration Procedures.

Upon certification and validation as provided by this rule chapter, unlicensed providers are authorized to assist with the administration of prescribed medications via the following medication routes:

- (a) Oral;
- (b) Transdermal;
- (c) Ophthalmic;
- (d) Otic;
- (e) Rectal;
- (f) Inhaled; and
- (g) Topical.

A validated medication assistance provider must comply with the following requirements:

- (a) Before providing any medication assistance, become familiar with the client's medical history and medication background and locate the name and contact numbers of the client's prescribing practitioner for consultation regarding the prescribed medications;
- (b) Perform appropriate hand sanitation measures before providing medication assistance, with repeated sanitization as needed during medication administration;
- (c) Assist only one client at a time with medication administration in a quiet location free from distraction;
- (d) Following medication administration or assistance with self-administration, return each client's medication to its portable or permanent medication storage location before assisting another client;
- (e) Limit administration, or assistance with self-administration, to medications prescribed in writing by the client's health care practitioner and properly labeled and dispensed in accordance with Chapters 465 and 499, F.S.;
- (f) Immediately report torn, damaged, illegible, or mislabeled prescription labels to the dispensing pharmacist or health care practitioner and, if a client is residing in a residential facility, notify the facility supervisor;
- (g) Check the directions and expiration date of each medication to ensure that expired prescription medications or those no longer prescribed are not administered;
- (h) Verify that the correct medication is administered to the correct client, at the correct time, with the correct dosage, by the correct route, and for the correct reason, as prescribed by the health care practitioner;
- (i) Observe complete ingestion of oral medication before leaving the client and before recording or documenting the administration of the medication on the MAR;
- (j) Record the date, time, dosage, and name of each medication in the MAR immediately following administration and sign the entries;
- (k) Observe the client directly for a minimum of 20 minutes following the first three doses of a new or PRN medication in order to detect and respond immediately to potential side effects, unless ordered differently by the prescribing health care practitioner, and review the MAR for any special instructions by the prescribing practitioner regarding required observations.

A medication assistance provider may not assist with the administration of any OTC medication or medication samples without a written order by the client's primary care physician or Advanced Registered Nurse Practitioner.

Medications may not be crushed, diluted, or mixed without written instructions from the prescribing health care practitioner in the MAR.

The medication assistance provider is responsible for ensuring that the prescription for a medication is promptly refilled so that a client does not miss a prescribed dosage of medication. If the medication assistance provider is not responsible for routine refills of a medication, he or she shall notify the provider responsible for refilling the client's prescriptions that the client is in need of medication and document this notification.

The medication assistance provider may not assist with PRN medications, including OTC medications, unless a health care practitioner has provided written directions for the medication. The provider must attach to the client's MAR a copy of the prescription or order legibly displaying the following information:

- (a) The name of the medication;
- (b) The prescription number, if applicable;
- (c) The prescribed dosage
- (d) Specific directions for use, including the medical basis for the medication, the time intervals for administration, the maximum number of doses, the maximum number of days that the medication should be administered, and conditions under which the health care practitioner should be notified.

A medication assistance provider may not perform the following acts of assistance:

- (a) Prepare syringes for a client's use during the self-administration of medication via a subcutaneous, intra-dermal, intra-muscular or intravenous route;
- (b) Administer, or supervise self-administration of, medications that are inserted vaginally, administered enterally, or administered via a tracheostomy;
- (c) Mix or pour medications administered through intermittent positive pressure breathing machines or nebulizers, unless the medication assistance provider and client who self-administers medication with supervision have received one-on-one, step-by-step, training in the proper use and maintenance of such equipment from a certified equipment technician, respiratory therapist, or a registered nurse, with documentation in the client's file of the date of training, the name and qualifications of the persons providing the training, and a description of the breathing equipment that was the subject of the training;
- (d) Administer medications via a subcutaneous, intra-dermal, intra-muscular or intravenous route;
- (e) Perform irrigation of partial or full thickness wounds ( such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type; and
- (f) Assist a client with medications for which the health care provider's prescription does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication which would require professional medical judgment by the medication assistance provider. *Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.*

## PATIENT MUST BE ABLE TO TAKE OWN MEDICATION

1. Remind to take medication
2. Prepare necessary items such as juice, water, cups, or spoons to assist the client/patient in the self administration of medication
3. Open and close the medication container or tear 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 (ex. pills in a dish), the patient/client must self-administer the medication REPORT any difficulty the client/patient may have:
  - Understanding medications
  - Removing medications from bottle
  - Not taking medication
  - Apparent confusion
  - Nausea / vomiting

## HOW TO TAKE SOME MEDICINE ROUTES

You must be able to observe the patient or resident for the correct self-administration procedure. Below are routes that you can assist with, in the State of Florida. Do not use on skin that is not intact unless, of course, the medicine is being used to treat broken skin. The procedure for using this route is:

### *Topical (Skin Surface)*

Do not use on skin that is not intact unless, of course, the medicine is being used to treat broken skin.

The procedure for using this route is:

- Confirm that the right medication is being applied
  
- Open the tube.
  
- Place the top upside down to keep it clean.
  
- Put on gloves. (*Both the UAP and the patient*)
  
- Put the medicine on a tongue depressor. Use a cotton tipped applicator or sterile gauze for the face. Apply it in long strokes going with the direction of the hair growth.

*Transdermal:* These are medication that are applied to the skin and are absorbed by the skin

- Confirm that the right medication is being applied
  
- Remove the old patch if there is one.
  - Wash the area with soap and water.
  
  - Find a place that has no hair on the person's upper arm or their chest.

- Dry the site.
  - Put on gloves. (*Both the UAP and the patient*)
  - Put the dose on the patch or strip. Do not let it touch your own skin.
  - With the medicine down and against the skin the person should be told to gently move the strip over a 3 inch area to spread it out. Do NOT rub.
  - Cover with a plastic wrap or special dressing and tape it in place so that it does not fall off.
  - Write the date, time and your initials on the cover.

### *Oral*

Give the patient the medicine. Remain with the patient until the medicine(s) is swallowed.

### *Buccal and Sublingual*

Buccal medicines are placed between the teeth and the inside of the cheek. Sublingual medicines are taken under the back of the tongue.

- Confirm that the right medication is being applied.
- Give the patient the medicine.
- Tell the person to put the medicine inside their cheek (buccal) or under their tongue (sublingual) until it dissolves.

- Tell the patient to leave the drug in its position so that it can be completely dissolved

### *Ophthalmic (Eye)*

- Put on gloves. (*Both the UAP and the patient*)
- Help the person to a sitting position or into a supine position.
- Have the patient tilt their head back.
- Have the patient look up and away.
- Have the person steady their hand against their forehead with the dropper in their other hand.
- Pull down the lower lid.
- Put the number of drops into the space under the lower eye lid\*
- Pull down the lower lid for an eye ointment.
- Tell the person to squeeze the tube so that the medicine is placed 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 person to now close their eyes. Blinking will spread the drops and rolling the closed eyes will spread the ointment over the eye.
- Clean the excess off with a tissue.

### *Otic (Ear)*

- Warm the ear drops to body temperature.
- Tell the person to lie on their side so that the ear that gets the medicine is up.
- Straighten out the ear canal by pulling the ear lobe up and back.
- Tell the person to place the drops against the side of the inner ear as you continue to hold the ear lobe in place until you can no see any more drops.
- Have the person keep their head to the side for at least 10 minutes.

### *Inhalation Medications*

There are two different types of inhalers that administer with this route. These two types are: Metered-dose inhalers and Turbo inhalers.

The steps for using a *metered dose inhaler* are:

- Shake the bottle and remove the cap.
- Ask the person to breathe out.
- Have the person then place their lips around the mouthpiece.
- Tell the person to press the bottle against the mouthpiece while the person is inhaling in long, deep and slow way.
- Have the person hold their breath for a couple of seconds and then breathe out slowly.
- Tell the person to rinse their mouth with water and then spit it out. This prevents an infection of the mouth.

The steps for using a *turbo inhaler* are:

- Slide the sleeve away from the mouthpiece.
- Turn the mouthpiece counter-clockwise in order to unscrew it.
- Put the medicine into the stem of the mouthpiece. \*
- Rescrew the inhaler.
- Slide the sleeve all the way down to puncture the capsule.
- Tell the person to tilt their head backwards.
- Tell the person to blow out all the air in their lungs. and then breathe in deeply and hold it for a couple of seconds while the mouthpiece is in their mouth.
- Repeat steps 7 and 8 until all of the medicine has been used. \*
- The patient can then rinse their mouth if they like.

*(\* can only be done by the person who is taking the medicine. As with all care, the person should do as much as they can for themselves. Assist only with the steps that the person needs help with.*

## **INDICATIONS FOR USE**

All medications have special uses. Most of these uses are related to the wanted actions of the medicine. Some uses are related to a medication's side effects. Check a drug book, your supervisor or a Pharmacist if you have any questions about a medicine.

Some medications are contraindicated, or not allowed to be used, for some patients. Other medicines may only be used with some people when they are used with caution.

The most common contraindication is an allergy or sensitivity to the medications. The patient's allergies must be known before you assist the person. If you see NKA on the patient's chart, this means that the person has no known allergies.

## **ALLERGIES**

A rash and even a life threatening reaction can happen if a medications is taken by a person that has an allergy to it. *Anaphylaxis* is a very severe allergic reaction that can happen if a person is allergic to a food, like peanuts or shellfish, a substance, like latex, or a medicine like penicillin or cephalosporin. It is a medical emergency that needs immediate attention.

The signs are:

- itching
- hives
- swelling of the throat
- trouble breathing (dyspnea)
- shortness of breath

- a drop in blood pressure
- irregular heart rhythm
- nausea
- vomiting
- abdominal cramping
- loss of consciousness
- death

### **Medication interaction**

Medications can interact with:

- other medicines
- some foods
- some herbs
- lifestyle (alcohol, etc)

Information about drug-drug, drug-food, drug-herb, drug-lifestyle interactions can be found in a drug reference book like the Physicians' Desk Reference (PDR) for every medicine.

## **SIDE EFFECTS AND ADVERSE REACTIONS**

All medications have side effects. Nausea and vomiting are the most common side effects. Some *side effects* are troublesome; others can be life threatening.

*Adverse drug reactions* are serious and they can also lead to death. Some medications also have *toxic effects*.

You must know about the side effects, adverse drug reactions and the toxic effects of all medications your patients are taking. You must observe for and report them.

## **DOSES**

All medications have special dosages and/or dosage ranges for adults and children patients.

Some adult dosages may be lowered for the old person because the normal changes of the aging process make this age group more prone to side effects, adverse drug reactions, toxicity and an over dose.

Children get medication with a dose that is based on how much they weight. Generally, adolescents can safely take adult dosages.

## **ABBREVIATIONS**

Abbreviations save time, but, they can also lead to deadly effects. Some of the abbreviations that we have been using for many, many years are now being stopped because they have led to serious errors.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has these guidelines and rules. Hospitals, nursing homes, assisted living facilities, and all other healthcare settings must now standardize abbreviations, acronyms and symbols that they are using. They must also make a list of all that they will not use. (Joint Commission on the Accreditation of Healthcare Organizations, 2010).

*Commonly used and acceptable abbreviations* along with their meaning are below.

## **ABBREVIATION MEANING**

**a.c.** =Before meals

**ad lib**= Freely

**a.m.** =Morning

**ASA** =Aspirin

**b.i.d** =Twice a day

**BM** =Bowel movement

**BP** =Blood pressure

**BS** =Blood sugar

**C (with line over it)** =With

**Cap** =Capsule

**Cc** =Cubic centimeter

**disc or D.C.** =Discontinue

**disp.** =Dispense

**elix.** =Elixir

**Ext** =Extract

**fl or fld** =Fluid

**g. or Gm. or g** =Gram

**Gr** =Grain

**gtt.** =Drop

**h. or hr.** =Hour

**MEq** =Milliequivalent

**Min** =Minute

**Mg** =Milligram

**ML** =Milliliter

**NPO** =Nothing by mouth

**NTG** =Nitroglycerin

**p.c.** =After meals

**p.m.** =Evening

**p.o.** =By mouth

**Prn** =When needed

**Q** =Every

**Qh** =Every hour

**Qid** =Four times a day

**s (with a line over it)** =Without

**SOB** =Shortness of breath

**Sol** =Solution

**ss.** =One half

**Stat** =Immediately

**susp.** =Suspension

**Syr.** =Syrup

**tab.** =Tablet

**Tbsp** =Tablespoonful

**Tid** =Three times a day

**Tinc** =Tincture

**Top** =Topically

**tr.** =Tincture

**tsp.** =Teaspoon

**ung.** =Ointment

**w/** =With

**w/o** =Without

## MEDICINE CLASSIFICATIONS

Medications can be grouped according to their use or function, or the system that they treat or their chemical makeup. For example, they can be grouped according to a body system like this:

- respiratory medications
- cardiac medications
- nervous system medications, etc.

They can also be grouped according to their function or use: nonsteroidal anti-inflammatory medicines (NSAIDs)

- narcotic analgesics
- antidepressants, etc.

Lastly they can be grouped according to their chemical makeup:

- aminoglycosides
- estrogens
- opioids, etc.

Most of the medications within a group are quite alike but they are not identical. Grouping helps us to see the things that are the same and the things that are different. One of the best ways to learn about a large number of medications is to learn about groups first. You will learn about some common groups later in this class.

## **MEDICATION ERRORS**

Medication errors may sound harmless, but mistakes in prescribing, dispensing and administering medications injure more than 1 million people a year in the United States. Yet most medication errors can be prevented. How can you protect yourself and your family?

One of the best ways to reduce your risk of being harmed by medication errors is to take an active role in your health care. Learn about the medications you take — and take responsibility for monitoring their effectiveness and side effects. Never hesitate to ask questions or share concerns with your doctor, pharmacist and other health care providers.

Just what are medication errors? Medication errors are preventable events that lead to inappropriate medication use. Medication errors that cause injury or harm are referred to as adverse drug events. An example of a medication error is taking trimethoprim-sulfamethoxazole (a combination of two antibiotics) when you're already taking warfarin (a blood thinner). The combination can lead to dangerous levels of blood thinning. Another example is taking over-the-counter acetaminophen at the same time as you're taking a prescription pain medicine that contains acetaminophen, thus possibly exceeding the recommended dose and putting yourself at risk of liver damage.

Although medication errors can happen anywhere, including your own home, they most commonly occur in doctors' offices, hospitals and pharmacies. When all types of errors are taken into account, a person in the hospital can expect on average to be subjected to one medication error a day. However, the actual rates vary widely across facilities. Knowing what you're up against can help you play it safe. The most common causes of medication errors are:

- Poor communication between health care providers
- Poor communication between providers and patients
- Sound-alike medication names and medical abbreviations
- Illegible prescriptions or confusing directions

When helping a person you must check and double check that you are assisting:

### ***The Right Medicine***

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 double check the label against the medicine 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 get 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.

### ***The Right Patient***

You must check the identity of the person before you help them with their medicines. You will learn more about preventing mistakes and patient identification later in this class. It is an error when a person takes another person's medicine. This also must be reported.

### ***The Right Time***

The right time is 30 minutes before and up to 30 minutes after the time on the bottle and the order. For example, a person can take their medicine anytime between 9:30 am and 10:30 am if the medicine is to be given once a day and your job says in their procedure that once a day medicines are given at 10 am. It is an error if it is taken at 9 am or at 11 am. This, too, must be reported.

*PRN medicines* are not taken at a special time of the day. They are taken only when they are needed but not more often than the order states. For example, the doctor may order aspirin q 4 h prn for pain. This aspirin can be given when the person has pain but there must be at least 4 hours between doses.

### ***The Right Dose***

Check and double check the dose. Scored tablets must be cut in half if the label says 1/2 tablet. It is an error when the person takes more or less than they should. This error must also be reported.

### ***The Right Route***

Check the label to find out the right route. A buccal medication should not be swallowed (oral route). It is an error when a person takes a medicine with the wrong route. This error must be reported.

### ***The Right Form***

Check the label against the order to make sure that you have the right form. A pill can not be given if the order says a liquid. It is an error when a person takes the wrong form. This, too, must be reported.

### **The Right Documentation**

All documentation must be complete and accurate. Including patient refusal to take their medication, this is within their rights. Report and document if the person forgets their medication and/or you forget to remind them that it is time to take their medicine. Other information like vital signs and apical pulse rate must also be recorded when it is needed. For example, the apical rate for a full minute must be taken and recorded before a person takes digoxin. If the rate is 54 or more, the person can take it. The dose must be held and the supervisor must be notified if the rate is less than 54. This must also be written in the person's record.

**Complete medication records** must include:

- the person's full name,
- room and bed number if there is one,

- age,
- name of the doctor,
- any allergies,
- medicine(s) to be taken,
- the dose for each,
- the route for each,
- the form for each,
- the date and perhaps even the time that the order was written,
- date(s) and time(s) that the medicine is to be taken,
- start and end dates of the order, and
- the initials and signatures of all who have helped with the medicine(s).

**Some of the legal rules for record keeping are:**

- Do NOT use white out if you make a mistake.
- Write so that other people can read what you write.
- Do NOT scribble.
- If you make a mistake, cross it off with one thin line. Do NOT cover the mistake with scribble. Write "error", sign your name

- and date the cross off.
- Use dark ink on records.

## **Storage Definitions**

In some USP monographs, there are specific directions for stating the temperature at which Pharmacopeial articles shall be stored. For example, stability data indicate that storage at a lower or a higher temperature produces undesirable results. These directions apply except where the label on an article specifies a different storage temperature on the basis of stability studies for that particular formulation. The following are storage definitions, as defined in the *General Notices* section of the *USP XXII-NF XVII*, for recommended conditions commonly specified on product labels.

**Freezer:**A place in which 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). An article 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. Articles may be labeled for storage at "controlled room temperature" or at "up to 25", or other wording. An article for which storage at *Controlled room temperature* is directed may, alternatively, be stored in a cool place, unless otherwise specified in the individual monograph or on the label. (See the entire revised definition of *Controlled Room Temperature* in the *Ninth Supplement to USP XXII-NF XVII*.)

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

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

**Protection from Freezing:** Where, in addition to the risk of breakage of the container, freezing subjects an article to loss of strength or potency, or to destructive alteration of its characteristics, the container label must bear an appropriate instruction to protect the article from freezing.

### **Tips for Safe Medication Storage**

Be sure that medications are out of reach of any children or anyone who might misuse them. This is especially true of medications that look like water or soft drinks.

Check to see that medications needing refrigeration are stored in an area where they will not freeze. Make sure the medications are kept separate from other foods. You might want to store them in a box or container that sets them apart.

Store medicine in its original container. Do not mix different medications together in the same 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. The kitchen and bathroom are bad places to store medicine because of the heat and moisture generated.

Discard any medication that has expired or that your physician has discontinued. Also, if there is no label on the container, throw out the medication. Be sure to throw out medication in a way that animals or children will not get to them.

## **Proper Disposal of Prescription Drugs**

### ***Federal Guidelines:***

Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. For information on drugs that should be flushed visit the [FDA's website](#). To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take-back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community.

If a drug take-back or collection program is not available:

1. Take your prescription drugs out of their original containers.
  2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
  3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
  4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
  5. Place the sealed container with the mixture, and the empty drug containers, in the trash.
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