

# **Basic Medication Administration**

**A guide to help Direct Support Professionals administer, transcribe and document medications in a licensed residential setting.**

## **Outcomes:**

- **Demonstrate how to assist individuals taking prescribed medications.**
- **Identify resources for information about medications that individuals are taking**
- **Identify the five rights for medication administration**
- **Identify the difference between “prescription” and “over the counter” medications**
- **Identify key information on prescription medication labels**
- **Document medication- related information, including: administration, missed doses, errors, side effects, and drug interactions**
- **State home policy and licensing regulations for handling and storing prescription, over the counter, and PRN medications**
- **Demonstrate how to transcribe a prescription medication**
- **Identify appropriate responses to severe side effects that may be life threatening**
- **Identify procedures for destroying medication**
- **Describe procedure for packaging medication which is to be given/taken away from the home**

## **BASIC MEDICATION ADMINISTRATION TRAINING CHECKLIST**

Trainer will assure that the following is completed for the Basic Medication Administration unit.

1. Direct Support Professional (DSP) will read the Basic Medication Administration unit.
2. Trainer should give the DSP Basic Medication Activity #1, #2, and #3; the DSP may complete the activities as they are reading the unit.
3. Trainer should have the DSP review the handouts “Common Medication Categories” and “Psychiatric Disorders and Psychotropic Medications Used for Treatment”.
4. Trainer should review the activity worksheets with the DSP and answer any questions.
5. Trainer will give the DSP the “Physicians Orders and Transcribing packet” to review and complete the “Transcribing Worksheet”.
6. Trainer will review the “Transcribing Worksheet” with the DSP and answer any questions on any of the materials.
7. Trainer will give the Basic Administration test to the DSP.
8. Trainer will review the test with the DSP and answer any questions.
9. Trainer will show the DSP the location and storage of all medications and medical supplies necessary for medication administration.
10. Trainer will show the DSP the medication sheets, medication count sheets, treatment sheets, medication disposal forms, medication log and review documentation requirements for all medical forms.
11. Trainer will review any internal policies or agency guidelines related to purchasing, transcribing, administering, and disposal of medications in this licensed residential home.
12. Trainer will review each individual’s daily medications with the DSP, and provide information regarding side effects, time to be given, and any special instructions.
13. Trainer will demonstrate how to set up and administer medications for all individuals who live at the home.
14. Trainer will show the DSP “Behavioral Objectives for the Administration of Medications”, and explain that the checklist will be used to observe and monitor the DSP as they are beginning to administer medications. Trainer must assure that there is adequate time for the observation, that the area is distraction free (for example not talking to other staff during the observation, answering the phone or having a phone conversation.) All trainers must observe the trainee during set up and administration for all individuals living in the home and then initial and date the form at the end of the observation.
15. The DSP must be monitored and practice administering medications to all individuals who live at the home at least three times prior to being placed on the schedule as a medication passer.
16. The trainer will review AFC administrative rules 400.14312 (1-7) [400.15312 (1-7)] and 400.14309(1-8) [400.15309(1-8)]. The trainer should assure the DSP knows where the AFC licensing rules are located in the home for easy reference

\*\*Remember the individuals who live in the home should be involved and provide as much training as possible to the new DSP. \*\*



## Basic Medication Administration

Many of the people you support take at least one or more medications on a daily basis. Everyone you support will need to take medication(s) at some time or another as their medical status changes. Medication administration is a high risk activity. You will learn critical skills in this unit which are designed to increase safety and reduce the risk of error. This will help to maximize protection for the individuals you assist as well as your self. No one wants to be responsible for causing injury or harm to someone else. The health of many individuals in licensed settings depends on the skills of the DSP assisting them with taking medications.

As you will see administering medications is a very important responsibility and there are many risks. This is why it is so important to follow the Physicians orders exactly. Safety is key to preventing medication errors.

Your job doesn't end after you have passed the medication! You must also learn about each medication: why is the individual taking it, what are the side effects, how will you know if it is working, are there foods or drinks that should be avoided, other medications that should be avoided, will it prevent the individual from doing certain activities, etc. Your knowledge and understanding of medications will help you keep the individuals you support informed about their medications and to answer any questions they may have.

### Effects of Medication

**Medications** are substances that are taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure. The DSP may only assist individuals with administration of medications that have been ordered and prescribed by a person licensed to do so by the Department of Licensing and Regulation (i.e., Doctor, Dentist, or Nurse Practitioner.) This includes **both** prescription and over-the-counter medications. The doctor's signed, dated order or prescription provides instructions for preparation and administration of the medication.

**Prescription medications** are those that are always ordered by a doctor or other person with authority to write a prescription. **Over-the-counter (OTC)** medications are those that typically can be bought without a doctor's order and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl. In licensed residential settings even "over-the-counter" medications must have a signed, dated order or prescription from the Doctor.

**PRN** medications are taken "as needed" to treat a specific symptom. PRN medications include both prescription and over-the-counter medications. PRN medications must always be ordered by a doctor. The doctor's order should include the minimum and maximum number of doses, the number of days the medication may be used, under what conditions or the condition it is prescribed for and any other directions specific to the individual. The reason for each dose of PRN medication must be documented. Each dose of medication must be recorded on the individual's medication sheet, and the DSP should assure that a.m. or p.m. is noted too. To prevent errors always check for the last time a PRN medication was given before dispensing, and follow all individual medical protocols for that medication. When a PRN medication is administered the DSP must complete a follow up check in 30-45 minutes. This check involves talking to, and observing the individual for the intended effect, and documenting that effectiveness.

\* Please note that AFC administrative rules require Initiation of a review process to evaluate an individual's condition if the individual requires the repeated and prolonged use of a medication that is prescribed on an as needed

basis. The review process shall include the individual's prescribing physician, the individual or his or her designated representative, and the responsible agency.

**AFC administrative rules [400.14312(4)(c-d)] [400.15312(4)(c-d)] Resident Medications**

Medications are powerful substances and can have a significant impact on an individual's overall state of health, behavior, and the ability to prevent, combat, or control disease. Medications affect each individual differently. Usually a medication is taken for a primary or intended effect or action: controlling seizures, lowering blood pressure, or relieving pain.

Many drugs have other known actions besides the primary or intended one. These actions are called secondary actions or **side effects**. Many of these effects are predictable; however, some are not. Side effects may be desirable or undesirable, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects. An example of a side effect is when the medication makes the individual feel nauseated, confused, dizzy, or anxious, or when it causes a rash or a change in a bodily function such as a change in appetite, sleep pattern, or elimination.

It is not uncommon for two or more medications to interact with one another, causing unwanted side effects. An example of this would be when iron or Penicillin is given with an antacid. The antacid prevents the iron or Penicillin from being absorbed in the stomach.

### **Common Medication Categories**

Drugs are classified into categories or classes with other medications that affect the body in similar ways. Thousands of medications are on the market. Many drugs, because of their multiple uses, can be found in more than one category. For example, Benadryl® is an antihistamine, which relieves allergy symptoms. It's also a sedative to promote sleep. Some common categories of medications used by individuals with developmental disabilities or Mental Illness include:

- Anti-convulsants
- Antibiotics
- Pain medications
- Topical ointments or creams
- Psychotropic medications, which include anti-depressants and antipsychotics

### **Anti-Convulsants or Anti-Seizure Medications**

Seizures can be treated by medications. Medications prescribed to control seizure activity in individuals with epilepsy are often referred to as anti-convulsants. The type of seizures an individual has determines which anticonvulsant the physician prescribes.

It is very important for you to provide accurate information to the physician on the symptoms of the person's seizure so that the most appropriate medication can be prescribed. Some of the more common anticonvulsants are Depakene, Tegretol, Neurontin, Lamictal, Topamax, and Kepra.

When taken with other drugs in the same or different categories, many anti-convulsants may interact; that is, affect the amount and usefulness or impact each other. Some anti-convulsants deplete vitamins so the person may need a multivitamin supplement and extra folic acid. Be sure to ask the physician or pharmacist. The physician may not think about this nutritional issue unless you bring it up.

A number of prescription and OTC medications, such as anti-psychotics, Ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, may lower the "seizure threshold," or increase the likelihood of a seizure.

Most anti-convulsants have central nervous system effects including effects on thinking (especially Phenobarbital). Effects include dizziness, sedation, mood changes, nervousness, or fatigue.

### **Common Side Effects of Anti-Convulsants**

- Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough, and memory loss are typically related to the dosage.
- Stomach upset (especially with Tegretol and Depakote), diarrhea, gum growth and swelling (with Dilantin), weight gain, and hair loss or growth.
- Liver or kidney dysfunction, hyperactivity, aplastic anemia, allergic response.

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her review it with you. Other sources of information include medication reference books from your local library or bookstore. Web sites such as [Safemedication.com](http://Safemedication.com) or [drugconsult.com](http://drugconsult.com) also provide medication information. Make sure that you know the answers to all of these questions before you assist an individual in taking a medication.

### **Psychotropics and Psychiatric Disorders and Medications Used for Treatment**



Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affect a person's ability to perform normal activities and to relate effectively to others. Many individuals with developmental disabilities who also have a psychiatric disorder, and individuals who have been diagnosed with a mental illness are treated with psychotropic medications alongside other interventions. Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception. The following information is on three classifications of psychiatric disorders for which individuals might take medication.

## 1. Mood Disorders

There are two main types of mood disorders: depression and bi-polar disorder.

**Depression** (lasting two or more weeks), can manifest as feelings of hopelessness or even self-destruction; for example, not wanting to eat or get out of bed in the morning. Anti-depressants are used to treat depression.

**Bi-polar Disorder**, also called Manic Depression, is often marked by extremes in mood, from elation to deep despair and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation.

## 2. Schizophrenia

Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false beliefs, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect; and bizarre, withdrawn, or aggressive behavior.

## 3. Anxiety Disorders

Anxiety disorders are typified by tension, fear, apprehension, discomfort, and distress. Two main types of anxiety disorders are:

- a. **Generalized Anxiety Disorder**
- b. **Obsessive-Compulsive Disorder**

\*Note: Psychotropic Medication: Anti psychotics and Anti depressants require **“informed consent.”** This means that the parent, guardian, or individual (depending on the situation) must give consent for the medication to be administered in a residential setting.

\*Refer to the attachment at the end of this unit for common medications and side effects.

## Following Doctor’s Orders for Tests

Some medications (Tylenol, Lithium, Depakene) can be toxic and cause damage, especially if taken for a long period of time. Every one responds differently to medications, some responses are related to how quickly our bodies are able to break down (metabolize) the medication. For this reason, physicians sometimes start a new medication at low doses and increase it in response to signs of a positive effect such as a reduction in seizures or the development of better sleep patterns.

Checking blood serum levels by analyzing the concentrations of medications in an individual’s blood can be important. For example: many anti-convulsants require an Anti Epileptic Drug Level (AEDL) every six months. Physician’s orders for lab tests and follow-up appointments must be followed. Blood serum level tests help the physician determine the effectiveness of the medication, make recommendations for changes to the dose, strength, or medication used and develop a treatment plan.

## Monitoring the Effects of Medication

The unintended effects of medication, called **side effects**, can occur at any time. Some mild side effects may disappear after a short time. Others will persist the entire time the medication is taken and sometimes beyond. Some side effects are life threatening. It is very important to learn about the medications each individual is taking, and to know what possible side effects may occur. Ask the doctor what kind of reactions should be brought immediately to his or her attention. The pharmacy is a good source for information about the effects of medication. Medication information sheets should come with every new medication. Pharmacists are knowledgeable about drugs, side effects, and interactions.

Asking both the doctor and the pharmacist is a good strategy because it takes advantage of two important expert resources within the health care system. It is helpful to write possible side effects on the individual's Medication Sheet and attach the medication information sheet.

Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be a side effect of a medication.

Your responsibility is to consistently and accurately observe, report, and record any change in the normal daily routine, behavior, ways of communicating, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual's doctor.



### Monitoring for the Effects of Medication

- For each individual you support, know the intended and unintended effects of each medication he or she takes.
- Observe for intended and unintended effects of the medication.
- Document what you observe.
- Report observations to the doctor.
- Follow the doctor's directions to continue, change, or discontinue the medication.
- Monitor the individual closely for side effects when a new medication has been prescribed or the dosage increased.

## **Common Side Effects of Medication that You Should Report to the Doctor Include:**

- Skin Rash
- Increased heart rate or feeling like the heart is racing
- Changes in sleep
- Decreased energy
- Sedation
- Changes in weight or eating patterns
- Tremors, shakiness
- Balance problems
- Shuffling when walking
- Confusion
- Changes in ability to concentrate
- Hyperactivity
- Abnormal movements (face, tongue, or body)
- Muscle pain
- Stooped posture
- Blank facial expression
- Feeling dizzy or light-headed
- Dry mouth
- Constipation
- Blurred vision
- Diarrhea
- Nausea
- Vomiting
- Increased risk of sunburn

### **Tardive Dyskinesia**

Tardive Dyskinesia (TD) is a potential long-term neurological side effect of antipsychotic medications such as Mellaril, Thorazine, Risperdal, and Zyprexa. Symptoms may include rapid eye blinking, puckering, or chewing motions of the lips and mouth, or facial grimacing. Symptoms may worsen if the medication is not reduced or discontinued. TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting anti-psychotic medications. You should monitor individuals for these serious side effects on a regular basis. Usually when an individual is taking antipsychotic medication an **Abnormal Involuntary Movement Scale (AIMS)** should be completed every six months.

### **Medication Interactions**

**Interactions** between two or more drugs and interactions between drugs and food and drink may cause adverse reactions or side effects. Who would ever guess that taking your blood pressure medicine with grapefruit juice instead of orange juice could make you sick? Or that licorice could be lethal when eaten with Lanoxin or Lasix? How could cheddar cheese, pepperoni pizza, or pickled herring combined with an antidepressant create a hypertensive crisis? Yet all of these interactions are real and could lead to disaster.



Drug interactions may be between:

- Two or more drugs
- Drugs and food
- Drugs and drink

Drug interactions may also be caused by mixing drugs and alcohol. Alcohol in combination with any of the following is especially dangerous:

- Antianxiety drugs, such as Librium, Valium, or Xanax.
- Antidepressants.
- Antiseizure medicines.
- Antihistamines.
- Ulcer and heartburn drugs such as Zantac and Tagamet.
- Some heart and blood pressure medicines.

### **Guidelines for Reporting a Suspected Adverse Reaction to Medication**

When you suspect that the individual is having an adverse reaction to a medication, **urgent medical care** may be needed. Report the suspected reaction to the doctor and follow the doctor's advice. When you talk to the doctor, be prepared to give the following information:

A list of current medications.

- Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
- Description of any changes in individual's behavior or level of activity.
- Description of what the individual says is wrong or is hurting.
- When the symptoms first started.

Description of any changes in bodily function:

- Is the individual eating or drinking?
- Does he or she have a good appetite or no appetite?
- Any nausea, vomiting, loose feces, constipation, problems urinating?
- Describe any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
- Describe any known allergies to food or medication

### **Severe, Life-Threatening Allergies (Anaphylaxis or Allergic Reaction Shock)**

Some individuals have severe allergies to medications, especially penicillin. The **allergic reaction** is sudden and severe and may cause difficulty breathing and a drop in blood pressure (anaphylactic shock).

**Anaphylactic Shock is a generalized systemic reaction, frequently fatal, which usually occurs within minutes after contact with an allergen.**

If an individual has had a severe allergic reaction to a medication (or insect stings or food), he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication.

Signs of an allergic reaction include:

- Wheezing or difficulty breathing.
- Swelling around the lips, tongue, or face.
- Skin rash, itching, feeling of warmth, or hives.

Some individuals have a severe allergy to insect stings or certain foods. If an individual shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care.



## Reading and Understanding Medication Labels

To safely administer medications you must know how to read and understand a medication label (pharmacy label). The pharmacist prepares the medication using the doctor's written order and places a label on the medication container that provides instructions for taking the medication.

Medications have both a **generic name** and a **trade name**. The generic name is the name given by the federal government to a drug. The trade or brand name is the name given by the manufacturer to a medication. For example, acetaminophen is the generic name for Tylenol. Tylenol is the trade or brand name. The prescribing doctor may order the medication by either name. The pharmacy label may have either name as well. Most pharmacies will fill prescriptions with a generic medication GEQ (Generic Equivalent) unless the Physician has written DAW (Dispense as written) on the order.

The pharmacy label will indicate if a generic form of the medication is used. For example: Carbamazepine is the GEQ for Tegretol. Generic medications can be cost effective; the active ingredients are the same, the "fillers" or in-active ingredients will vary. Some individuals will respond differently to a generic versus a brand name medication, this is usually related to the in-active ingredients.

Each prescribed medication must be kept in its original container with the pharmacy label attached. Careful reading of the label is critical to ensuring medication safety.

### The information on the pharmacy medication label includes:

- Pharmacy/pharmacist name and address.
- Prescription number or other means of identifying the prescriber (used refills).
- Individual's name.
- Prescriber's name (doctor).
- Name of medication.

- Strength (dose).
- Directions for how to use the medication.
- Manufacturer.
- Quantity (for example, number of pills, or other measurement of the amount of the prescription).
- Date the prescription was filled.
- Expiration or discard date.
- Number of refills remaining
- Condition for which prescribed (most pharmacies include this information if it is on the doctor's order.)

### Pharmacy Abbreviations and Symbols

The following abbreviations and symbols are commonly used on pharmacy medication labels. In order to read and understand medication labels, the DSP must be familiar with these abbreviations and symbols.

Rx = Prescription	TBSP = tablespoon (3 tsps or 15 ml)
OTC = Over-the-Counter	h. = hour
p.r.n. = when necessary, or as needed	Qty = quantity
q (Q) = every	b.i.d. (BID) = twice a day
t.i.d. (TID) = three times a day	q.i.d. (QID) = four times a day
oz = ounce	BT = bed time
D/C or d/c = discontinue	STAT = Immediately
mg = milligrams	GM, gm = grams (1,000 mg)
Cap = capsule	Tab = tablet
A.M. = morning	P.M. = afternoon/evening

**Dose** is a term used to describe how much medication or how many units are to be taken at any time. A dose can be described as a single dose or a daily dose. For example, an oral medication (capsules or tablets) may be prescribed as:

AMOXICILLIN 500 mg capsules      In this example the individual is taking a 500 mg  
*Take 1 capsule 3 times daily*      single dose and a 1500 mg daily dose

TEGRETOL 200 mg tabs      In this example the individual is taking 2- 400 mg  
*2 tabs at 7 a.m. 2 tabs at 2 p.m.*      single doses, and a 200 mg single dose and a  
*and 1 tab at 9 p.m.*      1000 mg daily dose

A liquid medication may be prescribed as:

AMOXICILLIN 250 mg/5cc      In this example the individual is taking a 5cc  
 Give 5cc (5cc= 1 teaspoon)      single dose and a 20cc daily dose  
 4 times a day or Q.I.D.

Oral medications (capsules or tablets) are usually prescribed in mg (milligrams) or gm (grams). Liquid medications are usually prescribed in ml (milliliters), cc (centimeters), or oz (ounces). Liquid medications may also be prescribed in tsp (teaspoon), or tbsp (tablespoon). Labels on liquid medications will also show the strength of the medication (250 mg/5cc). A typical medication label looks like the one shown below. Do not “scratch out,” write over, or change a drug label in any way. Any change to a prescription requires a new doctor’s order that must be refilled by the Pharmacist. The doctor must also write an order to discontinue the previous medication or dose.

<i>ABC Pharmacy</i> Dr. Anderson	
<b>RX 10483</b>	4/25/08
<b>JACOB SMITH</b> TAKE 1 TABLET ORALLY EVERY 8 HOURS FOR 10 DAYS FOR BRONCHITIS 8 a.m., 4 p.m., 12 a.m.	
AMOXICILLIN 250 MG	TABLETS #30
EXPIRES: 7/14/09	NO REFILLS
MFG: MANY MEDICATIONS, INC FILLED BY: BRS	

**Label Warnings**

Medication containers may also have separate warning labels affixed by the pharmacist that provide additional information on the use of the medication; for example, “Medication Should Be Taken with Plenty of Water.” Some additional examples are listed below:

**For External Use Only**

**May Cause Discoloration of the Urine or Feces**

**May Cause Drowsiness or Dizziness**

**Finish All This Medication Unless Otherwise Directed by Prescriber**

**It May Be Advisable to Drink a Full Glass of Orange Juice or Eat a Banana Daily**

**Take Medication on an Empty Stomach 1 hour *before* or 2 Hours *after* a Meal Unless Otherwise Directed by Your Doctor**

**Do Not Take With Dairy Products, Antacids or Iron Preparations Within One Hour of This Medication**

\*DSP should click on link here to complete [Activity #1](#).\*

## Learning About medications

Medication safety includes learning about the medications that you are assisting another to take. You need to know the answers to all of the following questions:

- What is the medication, and why is it prescribed?
- What is the proper dosage, frequency, and method for taking the medication (for example by mouth, topical)?
- How many refills are needed?
- What are the start and end dates for the medication? Should it be taken for 7 days, 10 days, a month?
- Are there possible side effects, and to whom should these side effects be reported?
- What should be done if a dose is missed?
- Are there any special storage requirements?
- Are there any special instructions for use of this medication? For example, should certain foods, beverages, other medicines, or activities be avoided?
- What improvements should be expected, and when will they start showing?

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you.

Other sources of information include medication reference books from your local library or bookstore.

Websites such as *safemedication.com* or *rxlist.com* also provide medication information.

When talking to the doctor or pharmacist, use the Medication Safety Questionnaire (see the example form below) to make sure you get all your questions answered.



## Medication Safety Questionnaire

Name _____			
Brand: _____ Generic: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?
2. How long before I will know it is working or not working?
3. What about serum (blood) levels? Other laboratory work? How often? Where? Standing order?
4. If the individual misses a dose, what should I do?

### ***INTERACTIONS?***

5. Should this medication be taken with food?  Yes  No  
At least one hour before or two hours after a meal?  Yes  No
6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?  
 Yes (Which ones?)  
\_\_\_\_\_  
 No
7. Are there any other prescription or over-the-counter medications that should be avoided?  
 Yes (Which ones?)  
\_\_\_\_\_  
 No

### ***SIDE EFFECTS? IF SO, RESPONSE?***

8. What are common side effects?
9. If there are any side effects, what should I do?
10. If the drug is being prescribed for a long period of time, are there any long-term effects?

\*DSP should click here to complete [Activity #2](#). \*



## Documentation

Medication safety also includes recording each dose of medication taken (or missed for any reason). The DSP will use the **Monthly Medication Sheet** (see example located at the end of this unit), or ask the pharmacist to provide a form for documentation of medication. Most pharmacies will print a Medication Sheet for home use.

The use of a Medication Sheet for each individual (also know as a Medication Administration Record) increases medication safety and reduces the risk of errors. The Medication Sheet provides a way for the DSP to document each dose of medication taken, any medication errors, and other pertinent information related to assisting with administration of a medication.

The DSP should document each dose of medication given immediately after administration, and should only set up one person's medications at a time. The Medication Sheet includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, and the times and way the medication is to be taken.

To avoid errors, it is advised that premade medication labels from the pharmacy be placed on the Medication Sheet. When possible, appropriate pre-made warning labels should also be placed on the Medication Sheet (such as "take with food"). Whenever a prescription is changed, the Medication Sheet must be updated. To document that a medication has been taken, the DSP should write down the date and time in the place provided, and initial for each dose of medication. This must be done at the time the medication is taken by the individual, not before and not hours later.

\*A note about pre-made medication labels. Not all Pharmacies offer this service. If you work in a residential setting that does not have this service, it may be the responsibility of the DSP to "set up" the medication sheet, and this is referred to as **Transcribing**. Transcribing is transferring the information from the medication label on the pill bottle or bubble pack to the medication sheet. You must first check to make sure that the pharmacy label matches the doctor's order exactly before transcribing the information.

**All DSP's should complete the [Physician's Orders & Transcribing Packet](#). Please click on title to open worksheets.**



## Five Rights of Assisting with Medication Administration

Following the Five Rights is basic to medication safety. The DSP needs to be sure he or she has the:

- Right individual
- Right medication
- Right dose
- Right time
- Right route

Following the Five Rights each time is the best way for the DSP to prevent medication errors. When assisting an individual, you must read and compare the information on the medication label to the information on the Medication Sheet three times before the individual takes the medication. Checking three times helps the DSP to ensure that you are assisting the right individual with the right medication and dose at the right time and in the right route (way).

### Never assist an individual with medication from a container that has no label!

If, at any time, you discover that any of the information does not match, **stop**. You may have the **wrong** individual, be preparing the **wrong** medication in the **wrong** dose at the **wrong** time, or the individual may be about to take the medication in the **wrong** way.

Think through each of these possibilities and decide what to do. If you are unsure, you may need to get help. Ask another DSP, the home manager, or in some situations, you may need to call the doctor or pharmacist.

### Check the Five Rights three times by reading the medication label information and comparing it to the Medication Sheet as follows:



#### First Check

When you remove the medication from the storage area



#### Second Check

When you remove the medication from the original labeled container



#### Third Check

Just before you assist the individual to take the medication

Remember Prevention is the #1 priority!

In some cases, an adult may independently take their own medication. If an adult is to independently self-administer medication, a physician must provide a written statement that the individual is able to administer and store his or her own medications.



- All medications must be stored in locked cabinets or drawers, unless ordered otherwise. The medication storage area should provide an environment that is cool, dry, and away from direct sunlight.
- Medications must be stored in original containers from the pharmacy that dispensed them.
- The medication cabinet should be clean and orderly with adequate space.
- There should be adequate lighting in this area.
- Medication should never be left unattended.
- Any **controlled substances** must be **double locked**.
- Only one staff (per shift) should have a key to the cabinet.
- Refrigerated medications must be in a locked container. Refrigerator temperature should be in the 36-40 degree range
- Topical medications, such as ointments, creams, etc. must be stored separately from the oral medications. If they are in the same cabinet, they must be in a separate basket or container. Topical medications must also be locked.
- The keys to the medication cabinet must be on the person assigned to medication administration at all times!
- Never leave the keys out where they may be picked up.
- Medications must not be stored over a stove, or near a heat source. Heat can change the chemical properties in medications.
- Medications should never be stored with any other products.

### **Disposal and Destruction of Medication**

Each residential facility should have a written plan for the disposal of medications. There are several acceptable ways to dispose of medications. The DSP should review the policy in the residential setting where they work. All medications which have been discontinued, contaminated, deteriorated, or expired will require disposal. Medications should be labeled for disposal and separated from the other medications in a locked cupboard or container.

DSP staff must complete the medication disposal sheet for all destroyed medications, if medications are returned to the pharmacy the pharmacist or designee should sign the form. The forms are located at the end of this unit.

The following procedures are recommended when disposing of medications.

**Remember to refer to home policy!**

Refer to AFC administrative rule [400.14312(7)] [400.15312(7)]

Basic Meds

- What time should a medication be taken when it is ordered for once a day? In the morning? At 12:00 noon? At dinnertime? Usually when a medication is ordered only once a day, it is given in the morning; however, it is best to check with the doctor or pharmacist.
- Some medications may be prescribed by the physician using the individuals Standing Medication Order form (Ancillary Orders) to be given when certain conditions exist. Medications for headache, constipation, and upset stomach are some examples that may fall in to this category. There should be specific written instructions from the physician regarding when and under what conditions the medication should be administered.

## 5. Right Route

Read the medication label for the appropriate route or way to take the medication. The route for tablets, capsules, and liquids is “oral.” This means that the medication enters the body through the mouth. The oral route is the most convenient and most common route of medication administration. The oral route is the method by which you will be administering most medications.

Other routes include:

Eye drops or ointment (**ophthalmic**)

**Nose** (nasal sprays)

Ear drops (**otic**)

**Topical** (which includes dermal patches or ointments to be applied to the skin)

**Rectal** (suppositories)

**Vaginal**

**Injection**

\*Note: If you work in a residential setting where individuals need injections, tube feeding, or glucose monitoring you will receive additional training per the established medical protocol specific to the individual and the person centered plan.

## Drug Forms

Drugs are manufactured in several forms. Some of the common forms are listed below:

**Capsules** are small containers made from gelatin. The medicine is placed in the capsule which readily dissolves in the stomach.

**Tablets** are pressed or molded preparations of powdered drugs. When exposed to liquid, they expand and break apart.

Some tablets have a coating these are called “**enteric coated**” tablets. The coating prevents the tablet from dissolving until it has passed through the stomach. Usually medications that have the potential (side effect) of stomach upset/distress come with this type of coating.

Some tablets are “**scored**” which means there is a visible line and these tablets may be cut in half.

**Note: Don’t crush tablets or open capsules unless the prescribing physician gives specific directions to do so.**

**Ointments/ Creams** are for external application to the skin or mucus membranes.

**Suppositories** are drugs for insertion into the vagina or rectum. The suppository will dissolve or melt at room temperature releasing the drug for absorption through the mucus membrane. These are usually stored in a lock box in the refrigerator.

**Elixirs** are liquid preparations of drugs.

**Many drugs come in several different forms!** If an individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk with the Doctor about other forms of the medication or optional ways to take the medication.

## **Refusal of Medications**

An individual has the right to refuse his or her medication. It is the DSP's responsibility to work with and support the individual in taking his or her medicine. If an individual refuses to take the medication, ask "Why?" Do not try to crush or hide the medication in the individual's food to get him or her to take the medicine. 99% of the time the DSP can figure out a way to encourage the individual to take his or her prescribed medication, without being coercive.

## **Reasons for Medication Refusal and Possible Helpful Suggestions**

The following is a list of some common reasons an individual might refuse to take his or her medication and suggestions on how to provide assistance:

### **Unpleasant Taste**

- Give the individual ice chips to suck on just before taking the medication. This will often help mask the bad taste.
- Ask the doctor or pharmacist if the medication can be diluted to cover a bad taste. Ask the physician or pharmacist if there is a juice compatible with the medication that can be used (for example, apple juice). A note to this effect should be on the prescription label.
- Provide crackers, apple, or juices afterwards to help cover up the bad taste.

### **Unpleasant Side Effect – Drowsiness**

Report the unpleasant side effect and ask the prescribing doctor if the individual can take the medication at a different time (such as before bedtime). Also ask about changing the medication or treating the side effect.

### **Lack of Understanding**

Provide simple reminders on what the name of the medication is and what the medication does. For example, “This is Depekene a medication that stops your seizures.” Remember, all the individuals you support should be involved in their health care. This involves providing information about medications, doctor appointments, healthy life style choices, etc. The role of the DSP is to support the individual in taking the medication by listening to what the individual’s concerns are and trying to address them.

### **Denial of Need for Medication**

Discuss the need for the medication, but do not argue. It may help to show the individual a statement written by the physician; for example, “Alma, you take your heart medication everyday.”

### **Documenting and Reporting**

Medication refusal needs to be documented on the medication sheet and brought to the attention of the prescribing doctor. The doctor may be able to accommodate an individual’s medication preference or special health consideration. Any unused dose should be set aside and destroyed in an acceptable way.

Remember: Never force an individual to take medication: he/she has the right to refuse medication. If an individual refuses medication often or has a history of refusals the physician can provide instructions on how the DSP should proceed.

### **Medication Errors**



The Food and Drug Administration evaluated nation wide reports of fatal medication errors that it received during a five year period and found that the most common types of errors involved:

- Administering an improper dose (41%)
- Giving the wrong drug (16%), and
- Using the wrong route of administration (16%).

### **Errors were caused by a lack of skill and/or knowledge and communication errors**

Every medication error is serious and could be life threatening. The DSP’s job is to safely assist individuals to receive the benefits of medications. Preventing medication errors is a priority. In this training you have learned the best way to help individuals take

medication safely and to reduce the risk of errors. But even in the best of situations, errors may occur. When they do, you need to know what to do.

A medication error has occurred when:

The **wrong** person took the **wrong** medication.

The **wrong** dosage was taken.

Medication was taken at the **wrong** time.

Medication was taken by the **wrong** route.

Medication was **not** taken.

**Every medication error is serious and could be life threatening.**

If an error does occur, it must be reported on an Incident Report. The error must be recorded on the Medication Sheet by initialing the square or box and putting a circle around it in red ink. Check with the home manager for documentation requirements specific to your home. The documentation should include the date, time, medication involved, description of what happened, who was notified, doctor's name, instructions given, and action taken.

The DSP may be able to determine what action to take when a medication error occurs by using the drug insert provided by the pharmacy. The drug insert will provide answers to common medication questions. The guidelines provided in the drug inserts do not give enough direction should the following medication errors occur: When a person is accidentally given more of their own medicine than has been ordered, or If they are given someone else's medications.

**In the event that either of these errors are made, call the prescribing physician(s) (Primary care Physician, Psychiatrist, Neurologist, etc.) immediately.**

All residential settings should have drug inserts readily available for DSP's to review and refer to as questions and concerns arise. Additionally, each residential setting may have policies and procedures related to medication errors, which will provide specific information to the DSP on how to document, who to notify, and how to proceed.

**Remember, Prevention Is the #1 Priority.**

You can prevent errors by:

- Staying alert
- Following the **Five Rights**.
- Avoiding distractions.
- Knowing the individual and his or her medications.
- Asking the home manager for help if you are unsure about any step in preparing, assisting, or documenting medications.

- Asking the home manager for help if you are unsure about any step in preparing, assisting, or documenting medications.
- Always completing the medication count before beginning to administer medications

\*DSP should click here to complete [Activity #3](#).

## **Handling medications in Licensed Residential Settings**

### **Ordering Medications from the Pharmacist**

It is essential that medications are ordered from the pharmacist on a regular basis so that the individual always has needed medication. It is a good idea to order refills a week before running out. New medications should be ordered immediately after being prescribed by the doctor. Some pharmacies provide extra services and package medications in ways that can be helpful, such as bubble packs. Prepackaged bubble packs are popular, but it is essential for the DSP to understand how to use them.

### **Packaging Medications for Dose Away from Home**

The DSP may package a single dose for each medication needed for no more than a day when an individual will be away from home for trips, activities in the community, or elsewhere. With the doctor's written approval, the individual who will take it can carry the medication.

Without written approval, the medication can be given to a responsible party in an envelope (or container) labeled with the: individual's name, name of the medication and instructions for assisting with administration of the dose.

If an individual is regularly taking a dose of medication at school or at a day program, tell the physician and pharmacist. The doctor may order a separate prescription for a particular dose of medication, or the pharmacist can divide the medication in to two labeled containers. A signed doctor's order must be given to the appropriate program staff.

When an individual will be gone for a Leave of Absence (LOA) the DSP should follow the above procedure and obtain separate labeled containers with the exact amount of medication required. If time doesn't permit the DSP to get separate containers then the medication must be given to the responsible party in its original pharmacy container. This is documented on the medication count sheet. When the medications are returned to the home the DSP will need to do a medication count with the responsible party and document the amount of medication returned after the leave on the medication count sheet. If there is any discrepancy between what should have been given and the count this will give the DSP the opportunity to talk with the responsible party and find out what happened. All information should be documented.

### **Proper Medication Storage**

The following guidelines for medication storage should be followed in all licensed residential settings:

- All medications must be stored in locked cabinets or drawers, unless ordered otherwise. The medication storage area should provide an environment that is cool, dry, and away from direct sunlight.
- Medications must be stored in original containers from the pharmacy that dispensed them.
- The medication cabinet should be clean and orderly with adequate space.
- There should be adequate lighting in this area.
- Medication should never be left unattended.
- Any **controlled substances** must be **double locked**.
- Only one staff (per shift) should have a key to the cabinet.
- Refrigerated medications must be in a locked container. Refrigerator temperature should be in the 36-40 degree range
- Topical medications, such as ointments, creams, etc. must be stored separately from the oral medications. If they are in the same cabinet, they must be in a separate basket or container. Topical medications must also be locked.
- The keys to the medication cabinet must be on the person assigned to medication administration at all times!
- Never leave the keys out where they may be picked up.
- Medications must not be stored over a stove, or near a heat source. Heat can change the chemical properties in medications.
- Medications should never be stored with any other products.

### **Disposal and Destruction of Medication**

Each residential facility should have a written plan for the disposal of medications. There are several acceptable ways to dispose of medications. The DSP should review the policy in the residential setting where they work. All medications which have been discontinued, contaminated, deteriorated, or expired will require disposal. Medications should be labeled for disposal and separated from the other medications in a locked cupboard or container.

DSP staff must complete the medication disposal sheet for all destroyed medications, if medications are returned to the pharmacy the pharmacist or designee should sign the form. The forms are located at the end of this unit.

The following procedures are recommended when disposing of medications.

**Remember to refer to home policy!**

- a. Check with local pharmacy to see if they have a “take back program”. Keep the medication in their original container, scratch out, or use permanent marker to make personal information unreadable. If NO “take back program”, keep the medication in the original container, scratch out, or use permanent marker to make personal information unreadable.
  - b. To reduce the opportunity for misuse, prepare the drugs for disposal by:
    - 1) For solid medications, such as pills or capsules: add a small amount of water to at least partially dissolve them. Seal the container with duct or other opaque tape.
    - 2) For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice to make a pungent, unsightly mixture that discourages anyone from eating it. Seal the container with duct or other opaque tape to prevent leaks or breakage.
    - 3) For blister packs: wrap the blister packages containing pills in multiple layers of duct or opaque tape.
  - c. Double bag the contained drugs in a closable bag, or put it in another container with the lid taped closed and put it in the trash. This helps prevent immediate identification that the package contains drugs and helps contain any leaks if the container breaks during the disposal process, e.g., when plastic garbage bags tear, the trash can tips over, etc. Avoid putting drugs into any material or food that might be attractive to pets or wildlife.\* (\*From Michigan Department of Environmental Quality)
2. Medications must be disposed of so that animals or humans cannot retrieve them.
  3. Controlled substances must be disposed of by the RN (with a witness) or by a pharmacist.

If the pharmacy does not have a “take back program” medications, except controlled substances, may be destroyed by two DSP’s, one acting as a witness. Follow the home policy.



## Medication Administration Guidelines

The following is the step-by-step process for assisting an individual with administration of medications.

### **Remember to complete the medication count before medication administration!**

1. Help the individual whom you are assisting to wash his or her hands.
2. Wash your hands. Hand washing reduces the risk of contamination.
3. Get the Medication Sheet for the individual you are assisting.  
Double check that you have the Medication Sheet for the right individual.  
It's important for you to work with only **one** individual at a time and to complete the task with that individual before assisting another.
4. Gather supplies:  
Take the medications out of the locked storage container or area. It is a good idea to keep all medications for one individual in one storage unit labeled with the individual's name. Get paper cups for tablets and capsules and a plastic calibrated measuring cup or medication spoon for liquid.  
Get a glass of water. Gather tissues. Get a pen.
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the Medication Log for the Five Rights:
  - Right individual
  - Right medication
  - Right dose
  - Right time - check the time on your watch or clock.
  - Right route
6. **Tablets or capsules:**  
Pour the correct dose into the lid of the container and then into a small paper cup. Pour the correct dose into the bottle cap and **then** into a small paper cup or other container used for holding tablets or capsules before the individual takes them. Pouring a tablet or capsule into the bottle cap first reduces the risk of contamination. If too many pills pour out, return the pills from the bottle cap into the container. It is a good idea to use a separate disposable paper cup for each medication. Pouring all the medications in one paper cup increases the risk of medication errors.
7. For **bubble packs**, push all the tablets/ capsules from the bubble pack into a small paper cup.
8. For **liquid medication:**  
Always shake liquid medications before pouring.  
Pour the correct dose into the plastic measuring cup held at eye level.  
View the medication in the cup on a flat surface.  
Pour away from the medication label to avoid staining it with spills. If any medication spills on the bottle, wipe it away.

9. When using a **measuring spoon**:

Locate the marking for the dose. Hold the device at eye level and fill to the correct dosage marking. Pour away from the medication label to avoid spills. If any spills on the bottle, wipe it away.

**Additional tips for liquid medication:**

Use only a calibrated measuring cup or spoon. Regular eating spoons are not accurate enough and should never be used. If too much liquid is poured, do not pour it back into the bottle—discard it. Wash the calibrated measuring device and air dry on a paper towel.

10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.

11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Sheet for the Five Rights:

- Right individual
- Right medication
- Right dose
- Right time (Again, check the time on your watch or clock.)
- Right route

12. Place the medication within the individual's reach.

13. Offer a glass of water (at least four ounces).

- It is a good idea to suggest to the individual that he tilt his head forward slightly and take a small sip of water before placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to throwing it back) may decrease the risk of choking. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed.
- Some medications must be taken **with food**, and there may be other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.

14. Make sure that the individual takes the medication and drinks water.

- Stay with the individual until you are sure that he or she has swallowed the medication.
- If the individual has difficulty drinking an adequate amount of water or swallowing liquids, the DSP can ask the doctor about the individual taking the medication with: Jell-O that is semi-liquid or jellied apple juice or other "medication-compatible" juice thickened with cornstarch or other thickening agent.
- Medications should **never** be disguised by putting them in food or liquid.
- Tablets should never be crushed unless the prescribing physician gives the specific direction to do so.
- Capsules should not be opened and their contents emptied out. If the individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk to the doctor about optional ways to take the medication.

15. Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Sheet.

16. Return the medication containers and/ or bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.

**Never leave the medication container unattended or give to someone else to return to the locked storage container or area.**

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, and eye drops, consult with the prescribing physician and the pharmacist for specific procedures for administration of the medication. Also, refer to the Administration Guidelines which describe the process for assisting with these types of medications.

**IF YOU HAVE ANY DOUBT AS TO WHETHER THE MEDICATION IS IN THE CORRECT FORM AS ORDERED OR THAT YOU CAN ASSIST THE INDIVIDUAL WITH ADMINISTRATION AS DIRECTED ON THE LABEL, CONSULT WITH THE PRESCRIBING DOCTOR OR THE PHARMACIST.**

## Topical Medication Administration Guideline

Topical medications are those applied to an individual's skin or mucous membrane surface. Examples include: Eye, ear, nose, skin.

Creams and lotions should be rubbed in well.

Ointments should be applied to the surface of the skin.

1. Wash your hands and put gloves on. Provide explanation of procedure to individual. Frequently, if an individual has a problem requiring topical application of a liquid, cream, or an ointment, the skin will not be intact but will have breaks or sores on the surface.
2. Being mindful of privacy, assist the individual with having the area where the topical medication is to be applied exposed. Make sure clothing and bedding are protected.
3. Open the container and remove just a small quantity of the product to be applied. Remove medication from jars with tongue blade or cotton tipped applicators. **DO NOT USE YOUR FINGERS.** Insert applicator or tongue blade into container only once, **NEVER RE-INSERT.**
4. Use cotton tipped applicators, sterile gauze , or gloved hand. Apply the lotion or cream with gentle firm strokes. Be sure medication is rubbed in well.
5. Remove gloves carefully and dispose of using standard precautions.
6. Wash hands carefully.
7. Put lid back on container and return to locked storage area.
8. Wash hands and document administration.

## **Nose Drop/ Spray Administration Guideline**

1. Wash your hands, and put on gloves.
2. Check the dropper tip for chips or cracks.
3. Tell the individual the name of the medication and its purpose.
4. Have the individual gently blow nose.
5. Have the individual tip their head back while either sitting or lying flat.
6. Draw up the medicine into the dropper.
7. Place the dropper just inside the nostril, about 1/3 inch and administer medication. Avoid touching the dropper to the sides of the nose.
8. Encourage individual to keep head tilted back for 3-5 minutes. Provide a tissue for nasal drainage.
9. Wash hands and document administration.

## **Ear Drop Administration Guideline**

1. Wash hands, and put on gloves.
2. Shake the medication and warm it by rubbing the container between the palms of your hands.
3. Tell the individual the name of the medication and its purpose.
4. Position the individual with the affected ear up.
5. Draw the medicine into the dropper.
6. Administer the ear drops by pulling the mid-outer ear backward and upward then giving the prescribed number of drops. (Pulling the ear up and back helps straighten the ear canal so that the drops run in.) To prevent contamination do not touch any part of the dropper to the inner ear.
7. Encourage the individual to stay in the original position for 3-5 minutes.
8. Wash hands and document administration.

## Eye Drop/ Ointment Administration Guideline

1. Wash hands and put on gloves.
2. Check the dropper tip for chips and cracks.
3. Tell the individual the name of the medication and its purpose.
4. Position individual with the head back and looking upward, or have them lie down if it is more comfortable.
5. Draw the prescribed amount of medicine into the dropper. OR  
Apply the amount of ointment prescribed (usually about ½ “ long “ribbon” of ointment)
6. Separate lids by raising upper lid with forefinger and lower lid with thumb. Approach the eye from below with the dropper and remain outside the individual's field of vision avoiding contact with the eye. The drop is applied gently near the center of the inside lower lid and is not allowed to fall more than one inch before it strikes the lower lid. To prevent contamination, do not touch the end of the bottle or the dropper on any part of the eye.  
**If using ointment:** Separate lids by raising upper lid with forefinger and lower lid with thumb. Approach the eye from below and remain outside the individual's field of vision avoiding contact with the eye. Apply the ointment in a thin layer along inside of lower lid. Break off ribbon of ointment from the tube by relaxing the pressure and removing the tube. Do not use your fingers. To prevent contamination do not touch the end of the ointment tube on any part of the eye.
7. Allow the eyes to gently close. Have the individual remain in position for 3-5 minutes. He/she can keep eyes closed or blink gently.
8. Wipe excess medication from eye with a tissue.
9. If both eyes require treatment DSP must assure that there is no cross contamination from one eye to the other. After the medication has been administered and the excess wiped off the first eye, the DSP must change gloves before completing administration to the next eye.
10. Wash hands and document administration.

## Rectal Suppository Administration Guideline

1. Wash hands.
2. Remove suppository from storage container. (Store suppositories in a cool place to avoid melting or in a locked box in the refrigerator if the label recommends refrigeration.)
3. Explain the procedure to the individual and provide privacy.
4. Have the individual remove undergarments. Position the individual on his/her left side With lower leg straight and upper leg bent forward toward the stomach. Cover the exposed area with a towel or sheet. Do not administer when the individual is in a sitting position.
5. Remove wrapper if present.
6. Put on disposable gloves. Lubricate the suppository, your finger, and the rectal opening with a water soluble lubricant.
7. Lift the upper buttock to expose the rectal area. Encourage the individual to take several deep breaths to help relax.
8. Slowly insert the suppository into the rectum beyond the muscle at the opening (sphincter), pushing gently with your gloved, lubricated forefinger. About one inch in adults. Place the suppository against the rectum wall. If not inserted past the sphincter muscle the suppository may pop back out.
9. After slowly withdrawing your finger, hold the buttocks together until the urge to expel the suppository is gone.
11. Leave the individual in a comfortable position lying down for about 15 minutes. Then provide assistance needed to the restroom, commode chair, or bed pan.
12. Wash hands and document administration. The DSP must also document results achieved after the prescribed length of time.

## Vaginal Medication Administration Guideline

1. Wash hands.
2. Obtain the medication from the individual's medication supply and any needed equipment.  
(Remember suppositories should be stored in a cool place to avoid melting or refrigerate if the label indicates refrigeration.)
3. Explain the procedure and ask the individual to empty their bladder.
4. Provide privacy and position the individual on their back with knees bent and legs separated unless another position is recommended by the Physician.
5. Place a towel under buttocks.
6. Remove the wrapper if present.
7. Put on disposable gloves.
8. Place medication in the applicator. If using a tablet or suppository, lubricate the tip according to the Physicians orders (usually a water soluble sterile lubricant).
9. Identify vaginal opening, spread the labia with one hand and gently insert the applicator or medication into the vaginal canal with the other hand. Angle the applicator slightly toward the tail bone. It will usually go in about two inches. **DO NOT FORCE.**
10. If using an applicator, push the plunger in while holding the barrel of the applicator still.
11. Remove the applicator and encourage the individual to continue lying down for 15-30 minutes.
12. A sanitary napkin may be used if necessary.
13. Wash hands and document administration.





**Once you're finished reading the Medications Unit**

**Please review and complete the following handouts:**

- ❖ **[Common Medication Categories](#)**
- ❖ **[Psychiatric Disorders & Psychotropic Medications](#)**
- ❖ **[Sound-Alike & Look-Alike Medications](#)**
- ❖ **[Basic Medication Admin. Training Checklist & Guidelines for Assisting in Administering Medications](#)**

**In order to complete Meds, you must complete [Behavioral Objectives for Administration of Medications Checklist](#) with a qualified trainer prior to administering medications.**

**Once you have done your worksheets and activities (including the Behavioral Objectives Checklist and Physician's Orders & Transcribing Packet), click on the link below to take the test for Basic Medications:**

- ❖ **[Medications Test](#)**



**Example Community Mental Health for Central Michigan Forms:**

Procedure for Physicians orders for AFC & Specialized Contract providers Form

Physicians Orders for AFC & Specialized Contract Providers

Discontinued/ Expired Medication and Treatment Disposal policy

Monthly Medication Sheet

**PROCEDURE  
FOR  
PHYSICIAN'S ORDERS FOR AFC & SPECIALIZED CONTRACT PROVIDERS FORM**

1. Prior to a health related appointment (physician, vision, dental, health department) the home or nurse can indicate any questions or problems.
2. Have the health provider write a note as to treatment, progress and/or plan.
3. This is **not** a prescription that can be taken to a pharmacy. It is the home's written reports of orders, plan, etc. for providing the "team" communication on individuals.
4. The home provider keeps the original, sends the yellow copy to the day program and the pink to the case manager and/or R.N. The home provider should determine the quickest way possible to get the pink copy to the CSM/RN. They may send this to the day program and then it can be placed in the CMH mailbox.

# PHYSICIAN'S ORDERS FOR AFC & SPECIALIZED CONTRACT PROVIDERS

Consumer: _____	DOB: _____
AFC Provider: _____	Phone: _____
Address: _____	

**TO BE COMPLETED BY THE AFC PROVIDER OR STAFF PERSON:**

Allergies: \_\_\_\_\_

Current Medications. Include name of doctor prescribing medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUESTIONS OR PROBLEMS FOR PHYSICIAN CONSIDERATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ (Name, Title) \_\_\_\_\_ (Date)

**TO BE COMPLETED BY PHYSICIAN:**

MEDICATIONS/TREATMENT – Additions, Deletions, Changes (Explain below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Physician's Signature) \_\_\_\_\_ (Date)

Original (Home)  
Yellow (Day Program)  
Pink (CSM/RN-CMH File)

Community Mental Health for Central Michigan  
**DISCONTINUED/EXPIRED MEDICATION AND  
TREATMENT DISPOSAL POLICY**  
**(Staff Disposal)**

The consulting nurse and a witness will destroy discontinued, contaminated, and expired medication beyond reclamation by human and animal.

Medication and Dosage: \_\_\_\_\_

Number of Units Disposed: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Reason for Disposal: \_\_\_\_\_

\_\_\_\_\_ Expired Medication

\_\_\_\_\_ Medication Contamination

\_\_\_\_\_ Physician Order Indicates Discontinuation

\_\_\_\_\_ Physician Order Changes Medication Dosage

\_\_\_\_\_ Drug Recall by Pharmacy\*

\_\_\_\_\_ Other: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_



## RESOURCE MATERIALS

**Some content in this section has been adapted from the following resource materials:**

Providing Residential Services in Community Settings: A Training Guide  
Michigan Department of Human Services  
[www.michigan.gov/afchfa](http://www.michigan.gov/afchfa)

Licensing Rules for Adult Foster Care family Homes  
[http://www.michigan.gov/documents/dhs/BCAL-PUB-0332\\_281384\\_7.pdf](http://www.michigan.gov/documents/dhs/BCAL-PUB-0332_281384_7.pdf)  
Licensing Rules for Adult foster Care large Group Homes (13-20)  
[http://www.michigan.gov/documents/dhs/DHS-BCAL-PUB-334\\_276575\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-BCAL-PUB-334_276575_7.pdf)  
Licensing Rules for Adult Foster Care Group Homes (12 or Less)  
[http://www.michigan.gov/documents/dhs/BCAL-PUB-0333\\_241598\\_7.pdf](http://www.michigan.gov/documents/dhs/BCAL-PUB-0333_241598_7.pdf)  
Certification of Specialized Programs Offered In Adult Foster Care Home To  
Clients With Mental Illness or Developmental Disability  
[http://www.michigan.gov/documents/dhs/BCAL-PUB-0336\\_214333\\_7.pdf](http://www.michigan.gov/documents/dhs/BCAL-PUB-0336_214333_7.pdf)

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Year 1 and Year 2 Teacher and Student resource Guides, 2004  
<http://www.dds.ca.gov/DSPT/Guides.cfm>

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Institute for Safe Medication Practices  
[www.ismp.org](http://www.ismp.org)

The National Council on Patient Information and Education

Ohio Department of Mental Retardation & Developmental Disabilities  
“Prescribed Medication Handbook and Health Related Activities Training Manual”  
<http://odmrdd.state.oh.us/health/masresources.htm#curriculum>