



**Office for People With  
Developmental Disabilities**

**MEDICATION ADMINISTRATION TRAINING CURRICULUM  
FOR FAMILY CARE PROVIDERS AND  
FAMILY CARE SUBSTITUTE PROVIDERS**

**Training Manual**

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## **Introduction to Medication Administration**

Caring for an individual with an intellectual or developmental disability is a rewarding profession. As a Family Care Provider, you work hard to develop a caring and trusting relationship with the individual(s) you care for. To provide the best care, you learn techniques and strategies for providing a nurturing, responsive and safe environment. Part of this care may include administering medications that helps an individual to maintain or regain their optimal level of health.

This Medication Administration Training Curriculum is being provided to educate you on how to administer medications safely in your home.

This training provides an overview of medication administration, administration techniques, safe handling, storage and disposal of medications, and information regarding emergency care and special situations. Please also refer to the Family Care Manual Section 4.2 Medication Administration for additional information.

The compilation of this training is the result of the collaborative efforts of a dedicated group of professionals who have reviewed all the information contained within the curriculum, and provided valuable suggestions and recommendations.

Special thanks to those who were part of this group and shared their knowledge in their areas of expertise.



## Importance of Medication

### A. Desired Effects:

Medication is given to achieve a desired effect. Example: resolve an infection, relieve pain, control challenging behavior, control seizures.

It is important to know the reason why the Doctor or prescriber has ordered a specific medication for the individual in your care.

After a medication is started, you must monitor for signs that the desired effect has been reached (i.e. if individual is placed on Amoxicillin for an ear infection, but after 3 days on the medication they are still having ear pain, the desired effect has not been reached). Contact the Doctor (MD)/prescriber and the Family Care Registered Nurse (RN).

### B. Side Effects:

Every medication has one or more side effects which may or may not be undesirable.

Some of these side effects are minor and may need to be tolerated in order to reach desired effect. Others may be serious or even life threatening and must be reported to the MD/prescriber and RN right away. Examples may include drowsiness, headache, fatigue, rash, nausea, and vomiting.

This is discussed further in the section "Observations and Reporting Changes".

### C. Proper Dosage:

Dosage (or the amount of medication given) is very important. It is calculated by body size and age. Always give the prescribed amount of medication.

Some medication can form byproducts in the blood stream. These can build up to toxic levels if too much medication is given. If not enough medication is given, the therapeutic level in the blood is not reached and the medication will not have the desired effect. With many medications, it is important to measure blood levels periodically.

If you forget to give an individual a dose of medication (or give a double dose), it is USUALLY not going to severely affect the person. However, you must contact the MD/prescriber to get instructions on what to do. Follow the instructions the MD/prescriber gives you and report the following information to the RN:

- Any adverse side effects
- If MD/prescriber instructed to hold the next dose

- If MD/prescriber instructed to give the next dose as scheduled

IMPORTANT: If an individual is on a changing (or titrating) dosage of medication, the MD/prescriber should write this down and sign it. Best practice would be to use a consultation form. A changing (or titrating) dose of medication is one where, for example, an individual may be weaning off a medication and the dosage is slowly decreasing. Another example of titration of medication would be where an individual may be on a new medication, and the dosage is being titrated to determine which dose is the most effective while avoiding possible adverse effects.

#### D. Drug Information:

When prescriptions are filled at the pharmacy, you must obtain a drug information sheet from the pharmacy. This gives a list of the common side effects to look for and other important information. If the pharmacy does not provide you with an information sheet, contact the RN who will provide one for you. Keep this information handy in your Family Care notebook or medical folder. Providers must review this important information to learn about the specific and/or potential adverse effects and the actions that may need to be taken because of adverse effects.

#### E. Medication Administration at Day Program:

If a medication is ordered and needs to be given while the individual is at a day program, the Family Care Provider (FCP) or the RN must contact the nurse at the individual's program site for instructions.

Some programs require separate prescriptions that they (the program) will fill. Others only want a properly labeled prescription bottle containing the medication. No matter how it is done, the individual must have a separate medication bottle for program. The prescription for program needs to say what time it is to be given at program. Example: "may be given at 12pm at Day Program."

TIP: Attempt to schedule medication times so they are not given at program site. Remember to ask MD/prescriber at the time of appointment.

#### F. Documentation

Each time you give medication to an individual, you must initial on the Medication Administration Record (MAR) for proper date and time. See Medication and Treatment Documentation section for more information.

New Person in Home: All medications should be documented by the FCP and documented on the MAR until the RN instructs you otherwise.



## **Medication Names, Insurance, and Refills**

1. The generic name is the technical name of a medication. The brand name is the label that the drug company uses to sell the medication.  
Examples: Ibuprofen is the generic name for Advil or Motrin.
2. Most insurance plans will only fill generically unless the brand name is specified on the prescription by the MD/prescriber.

If a medication is not covered by insurance, the FCP should work with the treatment team to ensure the medication is provided as written on the prescription.

Example: many over-the-counter (OTC) medications are not covered by insurance such as Maalox, Tylenol, Dulcolax, and Robitussin. If these medications are required by the MD/prescriber, the FCP should follow the reimbursement procedures as outlined in their Sponsoring Agency policy.

### **Refills**

If an individual has Medicaid, that insurance will only pay for prescriptions filled within two weeks of the date on the prescription. If there is enough medication and you have a new prescription, take it to the pharmacy and they will keep it on file until you need a refill.

Medicaid will allow you to refill the prescription five (5) days before the end of the supply. Reminder: FCPs must request refills in a timely manner to reduce the risk of an individual being without prescribed medication.

When filling a prescription, check the medication bottle(s) before you leave the pharmacy. Make sure you look at the medication. If they look different than what you received last time for the same medication, ask the pharmacist to verify that it is correct.

Pharmacists will use different generic manufacturers which can be confusing.

- Check the label for the correct name
- When in doubt, ask!



## Six Rights of Medication Administration

### 1. Right Person

Make sure the name on the bottle or order matches the name of the individual. Do not give any medication to an individual from a bottle that does not have their name on it. To reduce the risk of errors:

- a. Prepare medications for only one individual at a time
- b. Compare individual's name on the MAR to the name on the medication bottle. If they don't match, STOP and clarify. \*If there is a discrepancy between the MD order and the MAR, your first action would be to STOP and notify the MD/prescriber and RN.
- c. Give the medication to the individual as soon as you prepare it
- d. Do not allow yourself to be distracted
- e. Do not administer medication prepared by another person. \*If the medication was prepared/poured by another person, it is NEVER acceptable to give it.
- f. Document immediately as outlined in the Medication and Treatment Documentation section

### 2. Right Medication

Read the name of the medication on each bottle before administering. Make sure each bottle is the right medication for that individual, especially if it is a new refill or prescription.

Some new brand names can be very confusing. Many drugs appear in different formats (such as long-acting or slow-release) that can have very different effects. To be sure that you are giving the right medication, you must do the following:

- a. Carefully read the medication label. Remember that some medications have more than one name- a brand name and at least one generic name.
- b. Carefully read the MAR. Make sure that the medication name on the label, MAR, and medication order match before giving the medication. If they do not match, or if there is any doubt that you are not giving the right medication, STOP!
- c. Look at the medication. If there is anything different about the size, shape or color of the medication (and there is no sticker on the bottle to indicate that the characteristics of the medication have changed), call the pharmacist before giving it to the individual. It could be that you have been given a different generic brand of the medication. But when a medication looks different, it sometimes means that you have been given the wrong medication by the pharmacy.

If you think the medication is incorrect, call the pharmacist or MD/prescriber to check (example: Thioridazine (generic)/Mellaril (brand), common mistake is to think Thorazine is the same thing).

### 3. Right Dosage

Make sure the dosage is correct. Be careful, especially with liquids. If the MD/prescriber changes the dosage on the prescription, make sure it is the dosage they told you. If not, call the MD/prescriber and check.

Read the labels carefully each time you give a medication.

The right dose is how much of the medication you are supposed to give an individual at one time.

- a. Make sure the numbers have the decimal point at the right place (*some pills are 0.1 mg and others 100 mg*) and the units (*e.g., milligrams or tablets*) are correct.
- b. To determine the dose, you need to know the strength of each medication.
- c. In the case of liquid medications, you need to know the strength of the medication in each liquid measure. The dose equals the strength of the medication multiplied by the amount.

Example:

<b>RX#:</b> 828291	<b>Town Pharmacy</b> 100 Main Street Pineville, OR 00000 (503) 000-0000	
<b>Jeff Smith</b> 01/04/06 Valproic Acid 250 mg (Depakote) Take 2 tabs by mouth twice a day		
<b>Lot#</b> PS56721	<b>Exp. Date:</b> 01/01/07	<b>Refills:</b> 4

The **strength** of each Valproic Acid pill is 250 mg.

The **dose** is 500 mg twice a day.

Strength (250 mg per pill) X amount (2 tabs) = 500 mg.

### 4. Right Route

The route means how and where the medication goes into/or on the body. Most medications are taken by mouth and swallowed but others enter the body through the skin, rectum, vagina, eyes, ears, or nose.

Sometimes mistakes happen when you are giving several medications by different routes at the same scheduled time. Avoid mistakes by completing the administration

of one route first (e.g., *eye drops*); *put them away* and wash your hands. Then administer the next medication (e.g., *ear drops*).

If a route is not listed on the actual prescription or bottle label, you must contact the physician/pharmacist for clarification.

Injectable medications can be given by an MD, RN, or a member of the individuals' family. The Family Care Provider can administer certain injectable medications if trained and determined competent for such medication administration. The individual, if capable, can also be trained by the RN to inject their own medication.

## 5. Right Time

Some medications must be administered only at very specific times of the day. For other medications, the time of day that you give the medication is less critical, but should be administered at consistent times on a regular basis.

It is very important for medication to be given at the time of day if a time is specifically written on the medication order. If no specific time is written on the order, give the medication at a time that is consistent with administration in your home as appropriate. If you are unsure of what time to give a medication, contact the MD/prescriber or RN.

Compare the time on the prescription label (if included) and the MAR. If they do not match, or if there is any doubt that you are giving the medication at the right time, STOP!

NOTE: Medication must be given within 30 minutes of the time listed on the MAR to maintain consistent administration of scheduled medication orders. This means you have one half (1/2) hour before and one half (1/2) hour after the medication is ordered to administer it. This **does not** apply to PRN medications. They must be administered as ordered.

Sometimes it's important to give medication with meals or in between meals. Check the medication bottle carefully for instructions on whether or not it should be given with food.

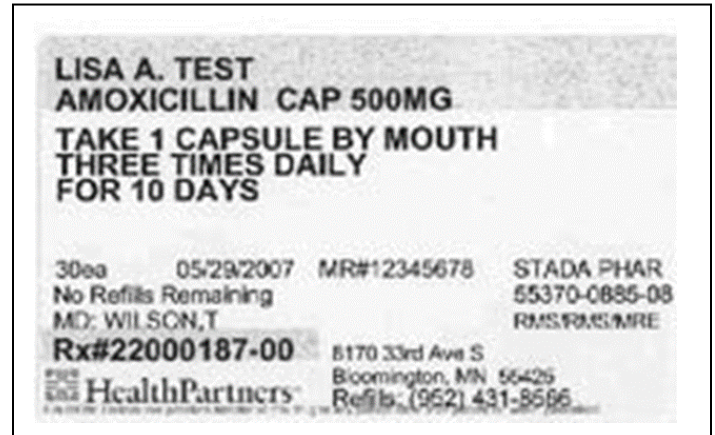
### Common Abbreviations for Medication Administration Times

OD or QD: once a day  
BID: two times a day  
TID: three times a day  
QID: four times a day

Q2H: every two hours  
Q4H: every 4 hours  
Q6H: every 6 hours  
HS: hour of sleep

Pharmacy labels must include the five rights.

1. Right individual (e.g., Lisa A. Test)
2. Right medication (Amoxicillin)
3. Right dose (1 capsule = 500 mg)
4. Right route (by mouth)
5. Right time (three times daily)



## 6. Documentation

- Check that all documentation is complete and legible
- Did you document on the MAR immediately after administering medications?
- Have you documented results/effects of a PRN medication that was administered?

### The Three Checks

Each time you give a medication, you must systematically and conscientiously match the six rights on the MAR and the label. This is essential every time you administer any medication, including medications that an individual has been taking for a long time.

#### Check 1:

Remove the medication from the storage area and check the prescription label against the MAR to make sure they match. Best practice is to place a small dot in the corresponding box to help keep track of the medication you are handling.

#### Check 2:

As you remove the medication from the bottle/pour the liquid, etc., you again check the prescription label against the MAR and document in the corresponding box on the MAR. Place a small dot in the box again.

#### Check 3:

Immediately before giving the dose to the individual, you again compare the prescription label to the MAR ensure the medication is being given per the physician's order.

### Daily Medications

A medication that is ordered for once daily use can usually be given at any time during the day, unless the MD orders a specific time. If you have a medication ordered for "every day", the medication should be consistently administered at the same time each day. The time should be discussed with the MD/prescriber or RN.

NOTE: If you miss a dosage:

- Contact the MD/prescriber to inform them and receive further direction. The MD/prescriber should tell you what to look for (any adverse effects) and when/if the individual may need further medical attention.
- Notify the RN as soon as possible, as per Sponsoring Agency policy.
- Observe individual for adverse effects as a result of missing the medication.

#### Procedure for New Prescriptions

Prescriptions for new medications are typically transmitted to the Pharmacy via e-script and the medication should be obtained within 24 hours. Some medications may need to be started sooner than 24 hours. It's important that you check with the MD/prescriber or RN to see when the medication should be started. If a medication is not readily available, communication must be made with the RN or prescriber. The RN or prescriber will determine if the medication needs to be obtained at another pharmacy or if this medication can wait until it is available at the initial pharmacy the script was sent to. The MD/prescriber may consider changing the medication it to one that is readily available. For example, if an antibiotic is ordered, it may not be in an individual's best interest to wait 24 hours to begin this, and in this case, the MD/prescriber may choose to transmit the prescription to a different pharmacy where they can obtain the prescription in a timelier manner.

- RN must be notified of ALL medication changes within 24 hours or on the next business day (In accordance with Sponsoring Agency policy).
- The FCP is responsible for notifying the Day Program/work site of a new medication.
- The FCP is responsible to maintain a current medication order in the Family Care Home.





## Forms of Medication

### 1. Liquid

Used for individuals who have trouble swallowing pills. If utilizing a dosing cup, measure on a flat surface and not while holding in one hand. Check for the correct dosage by looking at it at eye level. If it is difficult to read, use a marker to carefully mark the spot where the correct dosage is on the dosing cup. Place label side in palm of hand and pour away from label. This prevents the liquid from dripping onto the label and making it difficult to read.

After administering a liquid medication, always be sure to wash the dosing device. If you fail to do so, bacteria can grow and cause contamination for any future use. When you wash the device, be sure to dry it well. Leaving liquid residue on the device can interfere with dosing accuracy.

Never combine more than one liquid medication in a dosing device at the same time.

Suspensions- medications that are suspended in a liquid. Make sure bottle is shaken well before each dose is given. Between dosages the medication will settle to the bottom. Some liquids, especially antibiotics, need to be refrigerated. Read the label carefully to ensure you are storing it correctly.

Dosage is ml/teaspoon. Use calibrated spoon or dosing cup to measure.

Example:

5 ml = 1 (one) teaspoon

15 ml = 1 (one) tablespoon

**\*\*DO NOT use household teaspoon. You can purchase a dosing device from your local pharmacy that will assist you in administering the correct dosage of a liquid medication.**

### 2. Pills, Tablets, or Capsules

Always give with water or liquid unless specifically directed not to by RN or MD/prescriber. Some tablets are scored (a line down the middle). That means they can be broken in half to give half the dosage. If the tablet is not scored, you may not break it in half as the dosage will not be accurate.

NOTE: You should not chew, crush, or break tablets or pills, or open and empty powder out of a capsule unless your MD/prescriber has instructed you to do so.

Some tablets, pills, and/or capsules will not work properly or may be harmful if they are crushed or opened. They may need to be swallowed whole because:

- They are designed to release medicine slowly into your body over time and crushing them could cause an overdose.

- Your stomach acid could stop them from working without their special coating.
- They could be harmful to the lining of your stomach without their special coating.
- They may taste unpleasant without their special coating.
- You could have adverse effects from inhaling powder from crushed medicines.

If you need to crush a pill, you must check with the MD or pharmacist first to ensure it is acceptable to do so.

**REMEMBER:** If someone you care for has difficulty swallowing tablets, pills, or capsules, let the prescriber know. There may be an alternative medication available, such as a liquid medicine or a tablet that can be dissolved in water.

### 3. Sublingual

Means given under the tongue. A sublingual medication should not be chewed, crushed, or swallowed. These medications work much faster when absorbed through the lining of the mouth. The sublingual medication is placed under the tongue, or between the cheek and gum, and allowed to dissolve. An individual should not eat or drink while the tablet is dissolving. Example: Nitroglycerin.

### 4. Topicals

Apply to skin areas as directed and use sparingly. Wear gloves when applying a topical medication to the skin. Always wash previous topical medication off the skin with water and a washcloth and dry skin well. It is best practice to have a washcloth dedicated to this task, or wash the cloth after each use. Do not touch any topical preparations to your own skin. Turn your face away from a powdered application or wear a mask to prevent inhalation of the powder.

### 5. Subcutaneous Injections

Can only be given by the RN, MD, individual (if capable), or the individual's family members. Family Care Providers can be trained (if willing) to administer insulin injections. Syringes must be disposed of in a sharps disposal container. Sterile technique of administration required.

### 6. Suppositories

Rectal- must be given in the rectum. Gloves must be worn. Usually a laxative or if the individual is unable to take meds by mouth (vomiting, reflux, behavioral), medications may be ordered per rectum. When administering, make sure the medication is pushed in past the sphincter muscles. Do not administer a medication by this route unless you have received instructions from the RN or MD/prescriber to do so.

Vaginal- usually for vaginal infection. Gloves need to be used. Have the individual wear a sanitary pad during use of this medication. Do not administer a medication by this route unless you have received instructions from the RN or MD/prescriber to do so.

\*If personal care is required, gloves must be available.

## 7. Eye Drops

Eye drops are very important in the treatment of conditions of the eye. They are used to treat both acute (short term) and chronic (long term) conditions. An example of a short-term condition is conjunctivitis (pink eye). An example of a long-term condition is glaucoma. If using both an eye ointment and eye drops, the eye drops must be used before applying the ointment, as the ointment will affect the absorption of the eye drop.

If you care for an individual who has been prescribed eye drops, the RN will provide you with instructions on how this should be done.

## 8. Ear Drops

Ear drops can be used to treat or prevent ear infections or to help remove earwax. Ear drops can be purchased over-the-counter or can be prescribed by an MD. They are typically used for short term treatment.

It is important that ear drops are administered correctly, as this will allow the medication to enter the ear canal and effectively treat the ear problem.

If you care for an individual who has been prescribed ear drops, the RN will provide you with instructions on how this should be done.

## 9. Medications Through Feeding Tube

Individuals who cannot eat through their mouth usually cannot take their medications by mouth either. Medications may be ordered in liquid form to go through the tube easily. However, not all medications come in liquid form. Some medications will need to be crushed small enough to go through the feeding tube without clogging it.

If you care for an individual who has an order to receive their medications through a feeding tube, the RN will provide you with instructions on how this should be done.

## 10. Inhaled/Nebulizers/Nasal Sprays

Inhaled medications and nebulizers go straight into the lungs. Technique is important when using an inhaler. If it is not used correctly, an individual may get too much or too little of the medication into his/her lungs.

A nebulizer may be used in situations in which using an inhaler is difficult or ineffective. The most common diagnoses these are used for include Asthma and Chronic Obstructive Pulmonary Disease (COPD).

Both an inhaler and a nebulizer are used to open the airways. Because this medication goes straight into the lungs, smaller dosages may be used to achieve the desired results.

Nasal sprays work by shrinking the blood vessels and tissues in the sinuses, which colds, allergies, or the flu can cause to become swollen and inflamed.

If you care for an individual who has an order to use an inhaler, a nebulizer, or a nasal spray, the RN will provide you with instructions on their use.

## What are Adverse Reactions?

1. Medications can affect more than the desired area of the body. This is called a side effect or adverse reaction.
  - a. Side effects may be undesirable. Aspirin may cause the stomach to bleed. Some medications may cause dizziness.
  - b. Some side effects may be beneficial. For example, medications for cold symptoms and allergies can also be used to calm a person due to the sedative nature.
2. Side effects differ from individual to individual and medication to medication.
  - a. May be serious (very low BP) or mild (dry mouth)
  - b. May require a medication to be stopped or the person may be able to continue the medication
  - c. May occur soon after the medication is started or it may take time to develop
  - d. May go away when medication is stopped or it may persist (Tardive Dyskinesia)
  - e. May become less severe with continued use of the medication or may get worse
  - f. The body may become accustomed to the medication and the side effects diminish
3. Pharmacies will provide drug information sheets that include side effects. After reading, save the most current version of the drug information sheet and discard any previous versions. FCP must report all observed changes or noted side effects to the MD/prescriber and the RN.
4. Too much medication may cause toxic effects.
  - a. Toxic effects of a medication may appear to be similar to the desired effect. Behavior medications are sometimes given to calm a person, however, if too much of this medication is given, the person can become comatose.
  - b. Toxic effects may be different than the desired effects. Ringing in the ears is a sign of Aspirin toxicity.
  - c. Some medications are relatively safe because the amount of medication required to cause toxicity exceeds what is given to achieve the desired effect.
  - d. Other medications are less safe because the amount required to cause toxic effects is very close to that dose needed to achieve desired effect.
5. Allergic reactions are the body reacting against a particular medication or component of the medication.
  - a. Allergic reactions may consist of one or more of the following:
    - i. Skin rash
    - ii. Swelling of the throat and face
    - iii. Wheezing, difficulty breathing
    - iv. Allergic shock, pale, sweating, unconscious
  - b. Allergic reactions are VERY SERIOUS and may cause death. If you witness one of these reactions, call 911 or local emergency numbers immediately and follow your Sponsoring Agency's policies for emergency notifications.

- c. If an individual is found to be allergic to a medication, their MD/prescriber must be made aware so that the medication is not prescribed again as the reaction may become more severe with repeated exposure. Allergies should only be listed on the individual's medication sheet and information sheet if instructed to do so by the MD/prescriber and/or RN.

An allergy to a medication may develop at any time. The individual may have had a particular medication on several occasions but develop a life-threatening reaction to it. Always monitor for adverse and allergic reactions to medications.

If ever there is a concern regarding a side effect, contact the MD/prescriber immediately.

## 6. Anaphylaxis vs. Allergic Reaction

Anaphylaxis and Allergic Reaction are two medical conditions sharing similar characteristics, though there are some differences between them. The key difference between them is that an allergy is a reaction of the immune system against a certain substance in the environment that normally doesn't cause problems while Anaphylaxis is a severe form of allergy.

Anaphylaxis is distinguished by circulatory collapse. Symptoms typically include generalized hives, itchiness, flushing or swelling of the affected tissues, wheezing, and very low blood pressure. Common allergens include insect bites (bee stings), foods (peanuts), and medications. Epinephrine is the primary treatment for anaphylaxis which helps to increase blood pressure and is the lifesaving treatment in anaphylaxis.

## Reporting Changes in Family Care Individuals

Ask the MD/prescriber when medication is prescribed:

1. Reason for giving medication
2. Expected side effects of medication

Monitor for desired and adverse effects. Report adverse side effects to the MD/prescriber immediately and stop giving medication only if instructed to do so. Follow all directions given by the MD. Note that this may mean continuing the medication at a lower dosage or they may prescribe something for the side effects while continuing the medication.

If you are not sure, call the MD/prescriber anyway.

Side effects that could be life threatening and should be reported immediately include but are not limited to:

- Skin rash
- Changes in consciousness
- Problems breathing
- Swelling
- Involuntary muscle movements
- Inability to move neck or eyes
- Fast heart rate
- Anything causing pain or discomfort
- High fever/confusion

If at any time you are concerned that symptoms being experienced by an individual need a more immediate response or could be life threatening, 911 should be utilized as an emergency measure. The MD/prescriber and RN should be notified of the symptoms and outcome after emergency treatment is sought.





## **Procedure for Emergency Treatment**

If you take an individual to the Emergency Room (ER) for treatment, you must notify their family or legal guardian. The hospital will require consent for treatment. If family or an advocate is not available, or they don't have either, you must make appropriate contacts and notifications per Sponsoring Agency policy.

When bringing an individual to the ER, you must bring a list of up to date medications and a recent medical history. This can be found in the Ready To Go (RTG) packet.

All after hours ER visits should be reported per your Sponsoring Agency policy. Your Sponsoring Agency policy will establish this protocol.

Notify the Family Care team within 24 hours.

If the individual is a Willowbrook Class Member, the Consumer Advisory Board (CAB) must be notified immediately of any hospital admission. A Ready To Go Checklist is required for each Willowbrook Class Member.

Save all documentation from the ER, especially discharge instructions. If there are any medication changes, make sure that the MD/prescriber has clearly written down the information and that you understand it. If any instructions are unclear or you do not understand them, ask for clarification prior to leaving the ER.

Carefully review all discharge instructions. They may include things that you were not told by the doctor or nurse at the hospital. If any discharge instructions seem unclear, you must speak to the doctor prior to the leaving the hospital to see if a change can be made.



## Observations

Family Care Providers often spend more time with the individual than any other team member. Because you spend so much time with the individuals for whom you are responsible, your role is vital in the provision of services. You are the person the rest of the team depends on for information about how each individual is doing. This is true in relation to their program plans, as well as in relation to their physical well-being and behavior.

Without accurate observation, the lives and well-being of the individuals in your care are in jeopardy. What you observe is very important.

To be observant requires that you pay attention to the individuals and the environment. You must be able to detect changes.

Think back to problems or symptoms which may have prompted you to see a health care practitioner. Some of the symptoms you may think of include loss of appetite, pain, fatigue, rash, insomnia, and general discomfort.

They are the same types of symptoms you may observe in the individuals in your care. The symptoms were changes in your usual or regular patterns or physical/emotional states.

It is important to remember that emotional upset can be exhibited by physical problems, and that physical problems can be exhibited by a change in behavior.

Symptoms of physical or emotional problems may be acute or chronic; of an emergency status; or merely require reporting to a health care practitioner.

Because some individuals in your care may display inappropriate behaviors, you must be aware of the usual pattern or behavior. What is normal for one individual may indicate a problem for another.

Not all behaviors are medical but think medical first.



## Types of Symptoms

1. Objective symptoms- the changes or symptoms a FCP can detect through sensory observation or an individual's appearance, behavior, and bodily functions; the taking of vital signs.

Examples: Skin warm to touch, vomiting, diarrhea, crying, smiling, pacing, abnormal temperature, incoherent speech

Objective- what you observe, what you can see.

2. Subjective symptoms- the changes or symptoms which are experienced ONLY by the individual.

Examples: Headache, sore muscles, pain, nausea, dizziness, hearing non-existent voices or sounds, itching, spots before the eyes, tenderness

Subjective- what the individual says. You can't see these symptoms.

Objective symptoms are generally easy to observe. However, in order to acknowledge subjective symptoms, you will have to ask the individual specific questions and observe his/her behavior. The individual may use nonverbal behavior to express subjective symptoms.

Examples: Holding head, self-splinting a limb, grimacing, curling into a fetal position, shaking head, gestures, limping.

Even if an individual is verbal, he or she may not be able to express pain or headache.

### Physical Problems

A physical problem is a change from an individuals' regular condition. The change can be an emergency situation such as with a heart attack; it can be a minor situation of cold symptoms; or it can be a progressive disorder such as multiple sclerosis.

The change may be obvious with many objective symptoms such as bleeding or a broken bone; or there may be not so obvious signs such as holding a body part in a particular way, limping, crying, or having a pained facial expression.

It is important that you understand the current status, health problems, and restrictions or precautions of the individuals for whom you are responsible, so you will be able to note changes and make sense out of what you observe.

An individual's regular physical condition is identified by the "baseline" or documented condition on a physical form or health care practitioner's notes. Some important baseline information would be:

- weight

- pulse
- blood pressure
- temperature
- cardiac function
- bowel habits
- blood count
- diet and eating habits

To treat many physical problems and/or changes, the MD/prescriber may order medications.

### Sepsis

Sepsis is a life threatening, time critical condition that arises when the body's response to an infection injures its own tissues and organs. Untreated, sepsis can progress to multi-organ failure and death. Prompt recognition is essential. The risk of mortality from sepsis increases 8% every hour that treatment is delayed. As many as 80% of sepsis deaths can be prevented with rapid diagnosis and treatment.

### Early signs of Sepsis

- Infection (confirmed or suspected)
- Fever
- Feeling very cold (Hypothermia)
- Rapid heart rate
- Rapid breathing
- Shortness of breath
- Confusion or difficult to arouse
- Complaints of extreme pain
- Pale/discolored skin
- Decreased blood pressure
- Other signs of altered mental status
- Decreased urine output and/or dark/concentrated urine

### Who is at risk for Sepsis?

- Individuals aged 65 or older
- Infants less than one year old
- Individuals with chronic illness such as diabetes or cancer
- Individuals with a weakened immune system
- Individuals recently hospitalized
- An individual recovering from surgery

**REMEMBER:** Every minute counts! If you suspect Sepsis, act fast. Sepsis is treatable if caught early!

## Medication and Treatment Documentation

The FCP (or Substitute Provider if providing respite services) must document all medications administered on the MAR. There is never a time that a Provider would not document a medication given to an individual. If there is a changing (titrating) medication, be sure that the MAR is completed appropriately so that there is not a mistake made with administration.

Regardless of the level of functioning, you must observe the individual on a daily basis not only for proper medication, but for adverse effects or other problems encountered.

The RN assigned to your home will evaluate the individual's ability to self-medicate (see next section). The RN will give specific guidelines to follow at that time. Until then, all individuals are considered non-self-medicating. Providers must administer all medications to the individual and document it on the MAR.

If a Substitute Provider will be administering medications in the FCP home during respite services, the Substitute Provider must document all medications given on the MAR. The name/initials of the Substitute Provider must be located on the MAR as well.

If an individual is receiving respite services outside of the Family Care Home from a Substitute Provider, the Substitute Provider must document all medications administered to individuals in the Family Care program. A FCP can choose to give the original MAR from the Family Care Home to the Substitute Provider or they can choose to create a separate MAR that the Substitute Provider can complete. If a second MAR is used, it must be attached to the original MAR and follow all guidelines as indicated below.

When completing a MAR, do so in black or blue ink, writing clearly. The record must include:

1. Full name of individual to receive medication
2. Name of home
3. Initials and signature of person giving medication
4. Name of drug, dosage, route, and times to be given
5. Directions on how to administer and what form it is in (example: pill or capsule)
6. Medication allergies and sensitivities

Best practice is to compare the previous months MAR to the current months MAR to ensure the information was entered correctly.

When a MD/prescriber discontinues a medication, the FCP should draw a single line to the end of the page on the MAR, beginning with the date the medication was discontinued.

Never use white-out on a MAR.





## **Self-Medication Administration**

The RN is responsible for determining if an individual is able to self-administer their own medications. This is defined as someone who is able to demonstrate a consistent ability to self-medicate once the container is adequately prepared. This includes the ability to:

- correctly recognize the time the medication is to be taken
- be able to ingest or inject the medication
- know the correct storage method for the medication

Note that this definition does not require an individual to know what the medication is for or what the side effects are. They just need to be able to identify that it's time to take their medications. They may identify that by time, or associate it with a meal, etc.



## **Guidelines for Over-the-Counter Medications**

Every medication, even those you can buy without a prescription, must be ordered by an MD/prescriber (including topical medications and vitamins).

These medications are ordered for a non-chronic medical problem such as a cold, sore throat, scratches, etc. which everyone has a problem with occasionally.

Medications which are ordered on the Over-the-Counter (OTC) form (also called Standing Orders for OTC Medication) are valid for one year. They are usually renewed at the individual's annual physical so be sure to take the form with you to the appointment along with the physician's exam form.

The administration of OTC medications for illness or injury should not exceed two (2) days unless specified by a prescribing practitioner. The reason for this is that if an as-needed (PRN) OTC is given for more than two days, the problem may be more complicated than originally thought and might need a doctor's intervention or review. There may be exceptions when a practitioner orders some OTC medications, such as vitamins, to be given daily.

Administration of all medications, prescriptions, and non-prescriptions must be recorded on the MAR.

Anytime you receive directions or medication orders via a phone call with the MD/prescriber you must document the directions/orders per your Sponsoring Agency Policy (i.e. noting on the back of the MAR or on a specified form). Make sure you record the date, the name of the medication ordered, the dosage, frequency, the reasons for giving the medicine, and the MD/prescriber's name.

This would be a medication change and you would need to notify the RN that you have done so.

Keeping notes is a good idea regarding health issues and what you did for follow up.

The medication container must be dated when the seal is removed and the container is opened. The OTC drug may be used up to the labeled expiration date.



## Guidelines for PRN Use

As you've learned, some medications come with specific instructions for use every day, such as "Take 1 tablet by mouth every 8 hours".

However, other medications are only used as needed for a specific situation, such as intermittent chest pain, the common cold, allergies, constipation, or pain. Some of these medications are prescribed for an individual by their MD/prescriber while others can be purchased at your local pharmacy.

Medications that are taken "as needed" are known as "PRN" medications.

It is important to know the difference between daily and "as needed" medications. This should be clearly documented on the MAR so that no mistakes are made in administration.

If an individual is prescribed a PRN medication, the pharmacist should provide clear instructions about how and when to take it. The prescriber should also have provided you with instructions at the time of the appointment. If you do not understand how to give a medication, or if the instructions are not clear, ask the MD/prescriber if you are still at the appointment or call the pharmacist or RN if you are at home.

Instructions for PRN medications should include the following:

- **How much medication can be administered during a certain period of time.** For example, if you have an individual who takes nitroglycerin tablets that melt under the tongue for chest pain, you can administer three dosages in 15 minutes, usually spaced 5 minutes apart. If the pain does not go away, you should seek immediate medical attention.
- **Instructions for when to take the PRN medication.** This should include symptoms. For example, if the PRN medication is for pain, it will state that. If it is for nausea or a headache, it will state that. You cannot administer a PRN medication for something other than what it is ordered for.

It is always a good idea to discuss any medication questions you have with your pharmacist or the RN. That is because many PRN medications contain similar ingredients. For example, acetaminophen (Tylenol) is an ingredient in many prescription and non-prescription medications. If you take several of these medications together, these products could result in adverse effects.

Always read the labels carefully. PRN medications are an important part of the therapies that are taken to manage different health conditions.



## Storage of Medication

Unless an individual has been evaluated as self-medicating, the FCP is responsible for storage of medication. The FCP is always responsible to monitor for safety.

Those individuals who self-medicate can maintain their own medications in a safe location, preferably their bedroom. If the individual shares his or her bedroom with someone who is NOT self-medicating, then the medications need to be kept in a locked storage box that is not accessible to the roommate. If the roommate is self-medicating, best practice is still that medications are always kept in a locked storage box to prevent access by others.

All medications must be kept in the original containers with the pharmacy label attached. If the label becomes illegible, then a new one must be obtained from the pharmacy. OTC medications should have the individual's name written on the bottle.

When the FCP is the responsible person for storage of medication, the following guidelines are to be followed:

1. Medication should be kept in a secure area away from others.
2. Controlled substances such as Valium, Phenobarbital, or an injectable such as insulin, must be kept in a locked container.
3. Medication that must be stored in the refrigerator should be placed in a covered container and should be labeled "medication." The medication container should not resemble a container used for food storage.
4. Medications needing refrigeration, which are controlled substances, need to be in a locked container in the refrigerator.

NOTE: All containers used for medication storage must have a label indicating they contain medication. All syringes or needles must be kept in locked storage.

All other medications should be stored in an area out of reach of children and individuals in a cool, dry storage area.

Medication should be stored in its original bottle and labels should be clear and easy to read. The label should also be up to date and reflect the true dosage that the individual is taking.





## Disposal of Medication and Sharps

The following are reasons a medication would need to be disposed of:

1. Medication has expired
2. MD/prescriber has discontinued the medication
3. The bottle has become contaminated

Non-controlled medication must be disposed of by the FCP per local ordinances. The disposal must be documented on the MAR. Other means of disposal may include taking the pills out of the bottles and mixing them with an undesirable substance such as cat litter or used coffee grounds

Controlled medications must be disposed of by two people. This includes the FCP along with either the:

- Sponsoring Agency Registered Nurse (RN)
- Sponsoring Agency Licensed Practical Nurse (LPN)
- Physician or Physician's Assistant
- Pharmacist
- Approved Medication Administration Personnel (AMAP) from the Sponsoring Agency \*NOTE: FCP and Substitute Providers are not AMAP

After disposal, the FCP will indicate on the MAR that the medication was disposed of. Both the FCP and the other person assisting with the disposal must sign the back of the MAR, including the date, name of the medication disposed of, as well as the number of pills.

Needles, syringes, and/or lancets must be disposed of into a puncture resistant container. Needles cannot be recapped or broken. When the container is half full, it should be taken or sent to an approved site for disposal per Sponsoring Agency policy. The disposal should be documented.



## Medication Administration Basics

1. Always check the label three (3) times to make sure you have the correct bottle for the individual to whom you are administering medication.
2. Review the label and make sure it has the same information on it that is included on the MAR. If the MD/prescriber changes the amount of medication (i.e. decreasing a dosage every 2-3 days for a week), you should have a written schedule from the MD/prescriber with the medication changes on it.
3. Wash hands with soap and water prior to administration.
4. Administer oral medications with at least eight (8) ounces of water unless otherwise specified.
5. Document your initials on the MAR for each medication administered.

### Pouring Medication

1. Pour tablets or capsules into the medication container cap and then into the medication cup. Never pour directly into your hand or directly into the individuals mouth. You may pour from the cup to the individuals hand.
2. Shake all liquids. Place your palm over the label and pour away from the label, so as not to have any liquid run down the label.
3. If giving cough syrup, give after solid medication.



## Medication Errors

All medications are to be administered or applied as prescribed. Any departure from prescribed procedures must be reported, dealt with promptly, and corrected immediately to assure that errors are not repeated.

If a medication error occurs, you must immediately report the error per Sponsoring Agency policy. All errors must also be reported to the Family Care RN no later than the next business day or per Sponsoring Agency policy.

There are two types of errors involving medications:

1. *Medication Administration Errors*: When a medication is not given the way it was ordered (i.e. the wrong medication was given; the wrong amount was given; the wrong route; the wrong time; the wrong individual, or the medication was not given at all).
2. *Procedural Medication Error*: When the established procedures for administering and securing medication are not followed (i.e. not signing for medications on the MAR; not storing or locking medications as required).

The Family Care Provider and Sponsoring Agency staff must also report medication related incidents in a timely manner in accordance with Part 624 regulations and the Sponsoring Agency's incident reporting policy and procedure



## Common Medical Abbreviations Handout

Below is a list of common medical abbreviations you may come across. Please keep this sheet as a reference tool in case you are unsure what an abbreviation means. If you see an abbreviation that is not on this list, please contact your Family Care RN.

OD or QD: once per day  
BID: two times per day  
TID: three times per day  
QID: four times per day  
Q2H: every two hours  
Q4H: every 4 hours  
Q6H: every 6 hours  
HS: hour of sleep  
MAR: Medication Administration Record  
TAR: Treatment Administration Record  
cap: capsule  
tab: tablet  
d/c, D/C, or disc.: discontinue  
tsp: teaspoon  
Tbsp.: tablespoon  
FBS or fbs: fasting blood sugar  
tx: treatment  
B/P or b/p: blood pressure  
I&O or I/O: input and output  
URI: upper respiratory infection  
UTI: urinary tract infection  
BS: bowel sounds or blood sugar  
SOB: shortness of breath  
S/S: signs and symptoms  
N/V/D: nausea, vomiting, and diarrhea  
CNS: central nervous system  
OTC: over the counter  
BM: bowel movement  
NPO: nothing by mouth  
c: with  
s: without  
stat: now/as soon as possible  
PRN: as needed  
ac: before meals  
po: by mouth  
EC: enteric coated  
v/s: vital signs