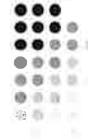


**MEDICATION ADMINISTRATION AND
DOCUMENTATION:
MEDICATION ERROR PREVENTION.**



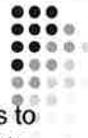
Presented By: William Fobi, Pharm.D

**Director of Clinical Pharmacy Service
Pharmacist at Home, Inc
Ph: 562-790-2467**

**President/CEO
Fobi Comprehensive Pharmacy, Inc
Ph: 562-630-5700**

1

COURSE DESCRIPTION



Medication is one of the most important components when it comes to taking care of a consumer. This four-hour course meets requirements towards the continuing education program required for Administrators. Instructor will discuss the proper methods to correctly assist a consumer to self-medicate.

Emphasis will be placed on identifying the write consumer, medication, dose, knowledge of the correct route, time, and the reason why the consumer is on the medication.

When discussing the documentation process, the presenter will review the procedures for complete documentation after assisting a consumer to self-medicate. Instructor will discuss the root causes of medication errors, and steps to be implemented to prevent medication errors.

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2



Course Description

- This course is collocated for Group Home, Adult Residential Facilities and Residential Care Facilities for the Elderly. The instructor shall ensure that the information shared during this course is inclusive of populations in each of these facility types.

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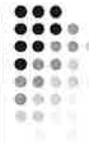
Disclaimer

- Facility administrators have an implied responsibility to use the newly acquired information to enhance individual's outcomes and their own professional development. The information presented in this course is not meant to serve as a guideline for providing medical care to individuals and administrators must follow physician orders while caring for the individual.

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Disclaimer

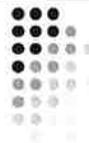


- In licensed community care facilities, administrators cannot administer medications. Administrators can only assist with self-administration of medications. Skilled medical professionals, such as Registered Nurses can administer medications, not caregivers.

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COURSE OBJECTIVES



- Understand common terminologies specific to medication assistance.
- An explanation of the basic rules and precautions of medication assistance.
- Review the procedures for documentation after assisting a consumer to self-medicate.
- Describe why errors occur.
- Explain how to prevent and respond to medication error.

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COURSE OBJECTIVES



- Familiarize with the Medication Administration Record (MAR) and Documentation.
- Able to verify the accuracy of a medication prior to assisting the consumer self-medicate.
- Review seven rights in the Medication Management Process.
- Enhance medication adherence.

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7

INTRODUCTION



1. Medication is an essential component to care of the consumer.
2. The physician has enough information to choose the best medication to treat the problem
3. The medication prescribed is administered correctly.
4. The reason the medication is being given is clear to all facility personnel.

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8

INTRODUCTION

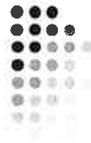


5. The consumer is monitored for adverse reactions, or side effects, by all personnel providing care and supervision.
6. Concerns and questions related to consumers medications.

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MEDICATION PASS



- Medication passing, the act of pouring medications from their containers and giving them to the consumer, is a typically straightforward and uncomplicated process.
- However, without adherence to established principles and techniques dangerous errors can occur.

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10

MEDICATION PROCESS

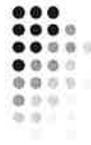


- Prescribe
- Fill (dispense)
- Store
- Pass
- Administer
- Document

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11

CONSIDER

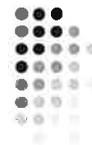


- Consider special needs of consumers with disability
- Most consumers we serve have severe oral motor problems
- Difficulty opening their mouth
- Tonic biting on a utensil
- Delayed swallowing or loss of food or fluid from their mouth
- Aspiration/Choking

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12

MEDICATION ERROR DEFINATION



A medication error is:

- Is any preventable event that may cause or lead to inappropriate medication use or consumer harm while the medication is in the control of the health professional or consumer.
- Such events may be related to professional practice, health care products, procedures, and systems.

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13

Medication errors shall include, but not be limited to the following:



- Incorrect interpretation of a drug order.
- Incorrect transcription of medication name, strength, doses dosage form, route, or frequency to the medication record.
- The failure to fully comply with a valid prescriber's drug order
- Administration of a medication without a prescriber's order.

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14

Medication errors shall include, but not be limited to the following:

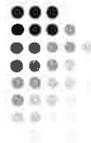


- Failure to administer a prescribed drug.
- Failure to administer a prescribed drug at a schedule time.
- Failure to follow recommended storage requirements for labile drugs (i.e. refrigerate, freeze, or protect from (light)).
- Administration of correct drug in incorrect dose.

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15

Medication errors shall include, but not be limited to the following:

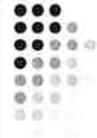


- Administration of incorrect drug.
- Administration of an outdated or deteriorated drug.
- Administration of drug to wrong consumer.
- Failure to challenge drug order when doubt exists.
- Failure to seek correct drug and dosage information from references or from the pharmacy.

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16

TYPES OF MEDICATION ERRORS

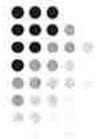


1. Prescribing error
2. Dispensing error
3. Administering error
4. Transcribing/Documentation error
5. Monitoring error

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17

MEDICATION ERROR



- After an error that has harmed a consumer has occurred, we often ask the question: how did this happen?
- It can be very tempting to apportion blame to just one issue or person or factor
- Medication errors can destroy lives, affect human relationships and threaten trust in the healthcare system as a whole.
- **Care**

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18

MEDICATION ERROR



- All Medication Errors-Serious Reportable Incidents
- Report all Medication Errors Immediately
- Follow facility policy on reportable incidents
- NEVER HIDE A MEDICATION ERROR
- Should not be Penalized for making error.

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19

SEVEN RIGHTS



- The single most important principles to follow when passing medications are the Seven Rights.
 - Right Consumer
 - Right Drug
 - Right Dose
 - Right Time
 - Right Route
 - Right Documentation
 - Right Education

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20

MEDICATION PASS THE SEVEN RIGHTS

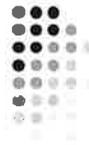


- All medication passes must adhere to these “rights.” For every medication passed to a consumer, verify that each of these seven rights is met.
- In other word’s verify that you have passed the right drug at the right dose, time and route to the right consumer, know the reason why the medication is prescribed, educate the consumer and once passed complete the documentation.

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21

THE RIGHT MEDICATION



- Physician Order
- Read the medication label- Is this the right medication the physician ordered?
- Pharmacy Label (brand name/ generic name)
- Know the name of the medication prescribed.
- Know what medications are used for.
- Medication Assistance Record
- Drug description on tablet/capsule.

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22

THE RIGHT MEDICATION (Prescription Label Verification)

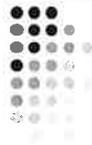


- Consumers name
- Drug name (Brand / Generic Name)
- Date filled
- Dose/ Special Instructions
- Expiration date
- Prescribing physician
- Number of refills
- Name of Pharmacy

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23

THE RIGHT MEDICATION

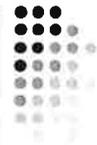


- Perform a triple check of the medication's label
 - When retrieving the medication.
 - When preparing the medication.
 - Before administering medication to consumer.
- Always check the medication label with the physician's orders.
- Never administer medication prepared by another person
- Never administer medication that is not labeled.

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24

THE RIGHT ROUTE

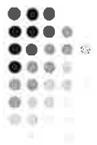


- Read the label
- This includes such items as how to take the medication
- Remember that not all tablets should be swallowed. Is it to be swallowed or chewed?
- Know if the tablet can be chewed or crushed or if it should be swallowed as a whole.
- Take with a sip of water or a full glass of water?

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25

THE RIGHT CONSUMER

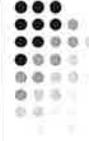


- Consumers are identified before medication is administered. Methods of identification include:
 - Checking identification band
 - Checking photograph attached to their medication bin
 - Calling consumer by name
 - Is this the consumer's medication or is it for someone else?
 - Never take someone else's medication.

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26

THE RIGHT DOSE

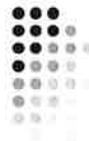


- Read the directions on the label.
- Know how many tablets or doses should be taken each day/time
- How many times each day?
- Know how long the medication should be continued.
- Know the abbreviations for tablespoon (tbs) and teaspoon (tsp)
- Use a medication measuring cup or spoon for liquid, rather than a household spoon.

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27

THE RIGHT DOSE

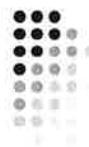


- Check label for medication concentration.
- Compare prepared dose with medication order.
- Triple all medication calculations.
- Check all medication calculations with another care provider.
- Verify that dosage is within appropriate dose range for consumer and medication.

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28

THE RIGHT TIME



- Follow the label.
- What time of the day should the medication be taken.
- Take medications at the same time each day.
- What about food?
- Should it be taken before a meal, with a meal, after a meal, or with a snack?
- Check last dose of medication given to consumer.
- Administer medication within 30 minutes of schedule.

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29

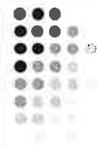
THE RIGHT TIME



- Qd= every day (every morning/ every bedtime)
- QHS= every bedtime.
- BID= twice a day (morning and evening)
- TID = three times a day (morning, afternoon and bedtime)
- QID= four times a day (morning, afternoon, evening and bedtime)

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30



THE RIGHT TIME

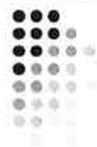
Time between doses

- Q4h= every 4 hours
- Q6h= every 6 hours
- Q6h PRN= every 6 hours as needed.

- Specified time of the day
- PRN= As needed.
- Know what to do when a dose is missed.

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31



THE RIGHT EDUCATION

- Inform consumer of medication being administered.
- Inform consumer of indication of medication
- Inform consumer of desired effects of medication.
- Inform consumer of side effects of medication.
- Ask consumer if they have any known allergies to medication.

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32

MONITORING



- Side effects
- MD appointments
- Blood Sugar
- Blood pressure (hold if SBP <110, HR < 60)
- Laxative –hold for loose stools
- Cough medications

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33

MONITORING

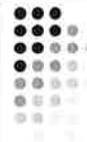


- Watch out for any sudden change in condition among the elderly
- Polypharmacy-a major risk for aging
- A decreased function and metabolism can lead to toxic levels resulting:
 - Confusion
 - disorientation
 - Infection
 - risk for fall
 - malnutrition

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34

MEDICATION RECONCILIATION

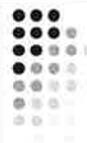


- Medication profile needs to be reviewed by Pharmacist upon transition of care.
- New medication administration records must be generated.
- Never accept “Resume previous orders”
- Reconcile new medications to avoid duplication.

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35

STORAGE



- Store at “room temperature” are kept at temperatures ranging from 15°C (59°F) to 30°C (86°F).
- “Refrigeration” or “temperatures between 2°C (36°F) and 8°C (46°F)” are kept in a refrigerator with a thermometer to allow temperature monitoring.
- Medications requiring storage “in a cool place” are refrigerated unless otherwise directed on the label.

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36

STORAGE



- Do not give outdated or expired medication
- Do not administer medication beyond the stop date
- Do not administer medication that have changed color or consistency
- Administer only medications taken from properly labelled container/prescribed.

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37

PREPARATION



- Medications are prepared only by personnel authorized by state laws and regulations to prepare medications.
- An adequate supply of disposable containers and equipment is maintained in the medication cabinet for the administration of medications.

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38

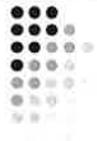


PREPARATION

- Obtain needed supplies and equipment.
 - Medication Record
 - Disposal medication cups
 - Glass of water, juice or preferred liquid
 - Gloves- Topical medications
 - Tissue
 - Medication bottle & dropper (eye, ear, nasal drops).

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39



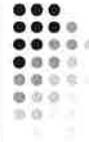
PREPARATION

- Remember to perform at least 3 checks of the 7 rights.
- Check the client's record for allergies.

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40

If breaking tablets is necessary to administer the proper dose:

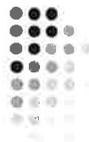


- Hands are washed with soap and water or alcohol gel prior to handling tablets and the following guidelines are followed:
 - A tablet-splitter is used to avoid contact with the tablet.
 - If the tablet is scored, every attempt is made to break along score lines.

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41

If breaking tablets is necessary to administer the proper dose:

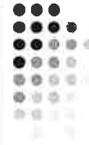


- If using only one-half of the tablet from a unit-dose package, the remainder is disposed of if not used within 24 hours according to facility procedure. If in a vial, the 1/2 tablet is returned to the vial.
- The administration of partial tablets is clearly identified or highlighted on the consumer's MAR (e.g. using bold print, different color ink).

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42

CRUSHED MEDICATIONS



- If it is safe to do so, medication tablets may be crushed or capsules emptied out when a consumer has difficulty swallowing or is tube-fed..
- Long-acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought.
- For consumers not able to swallow, tablets which can be appropriately crushed may be ground coarsely and mixed with the appropriate vehicle (such as applesauce) so that the consumer receives the entire dose ordered.

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43

ADMINISTRATION

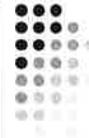


- Medications are administered only by personnel authorized to assist consumers self medicate.
- Medications are administered in accordance with written orders of the prescribing physician.
- At least (4 ounces) of water or other acceptable liquid are given with oral medications.
- Hands are washed before and after administration of topical, ophthalmic, otic medications.

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44

ADMINISTRATION



- Medications are administered at the time they are prepared. Medications are not pre-poured.
- Medications are administered without unnecessary interruptions.
- The person who prepares the dose for administration is the person who administers the dose.

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45

ADMINISTRATION

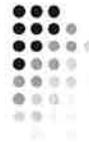


- Medications supplied for one consumer are never administered to another consumer.
- During assisting consumers to self medicate; the medication cabinet is:
 - kept closed and locked when out of sight of the medication caregiver.
 - No medications are kept laying all over the room.
- For consumers otherwise unavailable to receive medication on the pass, the MAR is “flagged” with tags.

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46

ADMINISTRATION

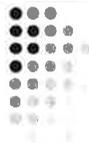


- After completing the medication pass, the caregiver returns to the missed consumer to assist them administer the medication.
- The consumer is always observed after medication administration to ensure that the dose was completely ingested.
- If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.

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47

After The Medication Has Been Administered.....

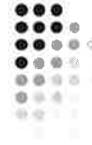


- Assess consumer for any adverse side effects.
- Assess consumer for effectiveness of medication.
- Compare consumer's prior status with post medication status.
- Document consumer's response to medication.

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48

ASSISTANCE PROCEDURES: ORAL MEDICATIONS



- To prepare tablets or capsules in bubble packs:
 - place bubble pack directly over disposable medication cup and push medication through foil backing into the cup.
- Compare information on label with medication record.

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49

ORAL MEDICATIONS



- Prepare tablet or capsules from bottle
 - Pour required number into bottle cap and then transfer to disposable medication cup.
 - Do not touch with fingers.
 - Extra tablets or capsules may be returned from cap into bottle.

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50

LIQUID MEDICATIONS



- Remove bottle cap from container and place cap upside down on counter/cart.
- If a suspension shake well.
- Hold bottle with label against palm of hand while pouring.
- Hold medication cup at eye level and filled to amount prescribed.
- Wipe lip of bottle clean with paper towel.

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51

LIQUID MEDICATIONS CONT'D



- Assist consumer to self-administer drugs properly.
- Give medications to consumer in a cup or pour into the cup in his/her hand.
- Consider using a larger measuring device if the consumer has difficulty steadying his/her hands.
- Stay with the consumer until the medication has been swallowed.
- Look for signs of "cheeking".

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52

SUBLINGUAL/ BUCCAL MEDICATIONS

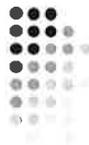


- Prepare tablet from bottle:
 - Pour required number into bottle cap and then transfer to medication cup.
 - Do not touch with fingers.
 - Extra tablets or capsules may be returned from cap into bottle.

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53

SUBLINGUAL/ BUCCAL MEDICATIONS

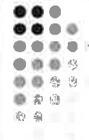


- Assist consumer to self-administer drugs properly.
 - Sublingual medications are placed under the tongue.
 - Buccal medications are placed between the cheek and gums and allowed to dissolve.
 - The consumer should not swallow the medication.
 - The consumer should not eat or drink until the medication is completely dissolved.

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54

TOPICAL MEDICATIONS

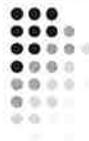


- Assist consumer to self-administer topical medication:
 - Ointments are applied with a cotton swab, tongue depressor, or with a gloved hand.
 - Lotions are applied with a gloved hand.

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55

TOPICAL MEDICATIONS



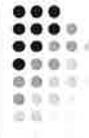
Transdermal medications:

- Are applied by removing the adhesive cover and placing the patch on a non-hairy spot of skin and applying pressure to all the edges.

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56

RECTAL MEDICATIONS



- Rectal medications are usually administered either for their local effect to promote defecation or for their systemic effects for relieving nausea, providing analgesia, or reducing fever.
- Rectal medications should not be used for consumers who have had rectal surgery or have active rectal bleeding.

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57

RECTAL MEDICATIONS

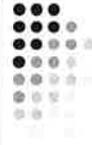


- Rectal suppositories are bullet-shaped and individually packaged.
- They should be refrigerated to keep them from melting.
- Suppositories should not be cut in half to divide the dose because the active drug might not be distributed evenly within the suppository, thus the intended dose might not be the dose given.

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58

RECTAL MEDICATIONS

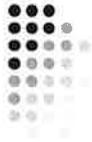


- Most consumers prefer inserting rectal medication themselves.
- This is acceptable for consumers who are able to do so.
- Be sure to give them specific instructions for inserting a suppository properly to help ensure that the medication is instilled correctly and absorbed effectively.

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59

RECTAL MEDICATIONS



- If the suppository is inserted improperly, the consumer might expel it before the medication can dissolve and be absorbed.
- Have the consumer remain in a supine position for approximately 5 minutes afterward to ensure absorption of the medication.

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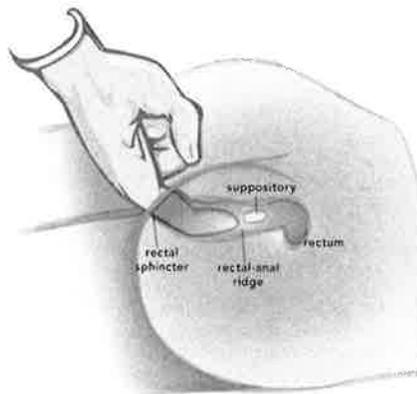
60

Supine Position



61

RECTAL MEDICATIONS



62

RECTAL MEDICATIONS

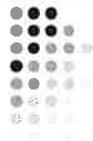


- When inserting rectal medications, use aseptic technique.
- Teach consumers who are inserting suppositories themselves about infection-control techniques for avoiding contact with and spreading fecal material.

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63

RECTAL MEDICATION ADMINISTRATION

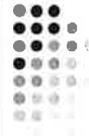


- Lubricate the rounded end of the suppository with a water-soluble lubricant before insertion.
- Instruct the consumer to take slow, deep breaths through the mouth and to try to relax the anal sphincter.
- Doing this minimizes the discomfort of the insertion.

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64

RECTAL MEDICATION ADMINISTRATION



- Consumers might also have difficulty keeping the suppository in place due to a loss of sphincter control.
- In this situation, you might also have to hold the buttocks together gently so that the medication can dissolve and be absorbed.

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65

EYE DROPS

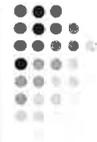


- Assist consumer with instillation of eye drops.
 - a. Put on gloves. Explain the procedure to the consumer.
 - b. With dominant hand resting on consumer's forehead; hold tilted medication dropper approximately 1 inch above conjunctiva sac.

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66

EYE DROPS

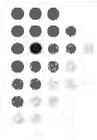


- c. Drop prescribed number of drops into conjunctival sac.
- d. If consumer blinks or drops land on outer lid or cheek, repeat the procedure.
- e. Apply gentle pressure to consumers "tear duct for 30 to 60 seconds.
- f. After instilling drops ask consumer to close eye gently.

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67

EYE DROPS



- g. If the consumer is prescribed both eye drops and eye ointment, use the eye drops first.
- h. If the consumer has more than 1 eye drop to put in their eyes, wait about 5 minutes after the first eye drop medication before putting the second medication.
- i. Instruct the consumer to keep the eyes closed (without continued blinking) for a few minutes; may allow better penetration and effectiveness of the medication.

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68

EAR DROPS



- Assist consumer with instillation of eardrops.
 - Put on gloves. Explain the procedure to the consumer.
 - Assist consumer to side-lying position with ear to be treated facing up.
 - If ear wax occludes outermost portion of ear canal, wipe out gently with cotton-tipped applicator.
 - Do not force wax inward.

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69

EAR DROPS



- Straighten ear canal by gently pulling auricle (top of the outer ear) upward and outward.
- Instill prescribed drops while holding dropper 1 inch above ear canal.
- Ask consumer to remain in side-lying position for 2 to 3 minutes.

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70

EAR DROPS

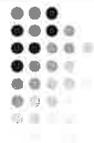


- Physician may order placement of cotton ball into outermost part of ear canal.
- Do not press cotton into innermost part of canal.
- Remove cotton after 15 minutes. Remain with the consumer the entire time.

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71

NASAL DROPS / SPRAYS

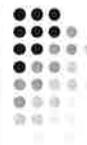


- Assist consumer with instillation of **Nasal Drops**.
 - a. Put on gloves. Explain the procedure to the consumer.
 - b. Position the consumer:
 - Recline the consumer in a chair or in bed.
 - Tilt the head back for drops or keep head upright for spray.
 - Ask the consumer to blow his or her nose if appropriate.

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72

NASAL DROPS / SPRAYS

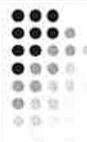


- c. Drop prescribed number of drops or sprays into the correct nostril(s).
- d. While instilling a spray, hold the opposite nostril closed
- e. After instilling drops, instruct the consumer to hold his or her head back for few minutes.
- f. Dispose of soiled supplies.
- g. Dispose of gloves and wash hands.

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73

INHALERS



- Assist consumer with self administration.
 - a. Take the cap off the mouthpiece. Check to make sure that small objects have not become lodged in the mouthpiece.
 - b. Put the canister in the mouthpiece and shake the inhaler.

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74

INHALERS



- c. Instruct the consumer to tilt his/her head back a little bit and breathe out through the mouth.
- d. Assist the consumer to put the inhaler into position with the lips all the way around the mouthpiece of the inhaler.
- e. If using a spacer the lips should be all the around the spacer mouthpiece.

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75

INHALERS



- f. Assist/remind the consumer to push down on the canister to release the medication.
- g. Just as the canister is pressed down, the consumer should breathe in slowly. If the consumer has trouble breathing at the right time, use a spacer.
- h. The spacer will hold the medication until the consumer is ready to breath.

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76

INHALERS



- i. Instruct the consumer to try to hold his or breath for 10 seconds.
- j. Remove the inhaler or spacer from his/her mouth. Then let the breath out.

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77

INHALERS

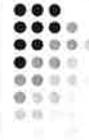


- k. If the consumer is taking more than 1 puff of medication, wait one minute before using it again. This allows time for the first puff to start working, allowing the second puff go deeper into the lungs.
- l. Offer the consumer a preferred beverage as the medication may leave a foul taste in his/her mouth.

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78

RIGHT DOCUMENTATION



- Documenting your medication assistance and related activities not only provides a legal record of the care you have provided but also aids in ensuring continuity of care for your consumers.
- Documentation of medications is a vital component of medication therapy, and the documentation of medications is the responsibility of the staff member pouring and assisting with medications.

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79

RIGHT DOCUMENTATION

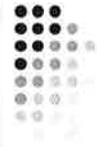


- The individual who administers the medication, records the administration on the consumer's MAR directly after the medication is given.
- At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented.
- In no case should the individual who administered the medications report off-duty without first recording the administration of any medications.

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80

RIGHT DOCUMENTATION

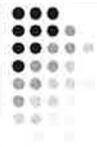


- Current medications are listed on the MAR.
- The consumer's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration.
- Initials on each MAR are verified with a full signature in the space provided.

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81

RIGHT DOCUMENTATION

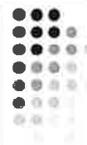


- Each time a medication is administered, it must be documented.
- Your documentation of medication administration must be done at the time that you give the medication.
- You must complete all of the documentation that is required on the medication log.

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82

RIGHT DOCUMENTATION



- Documentation should be done in blue or black ink.
- No pencil or white out can be used.
- Never cross out or write over documentation.
- If you make a mistake when you are documenting on the medication log, circle your mistake and write a note on the log to explain what happened.

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83

RIGHT DOCUMENTATION

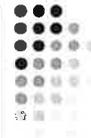


- Double check your documentation as soon as you have finished giving medications and again at the end of the day.
- If there is someone else that can double-check your documentation for you, ask him or her to go over your medication log documentation to make sure that it is complete.
- All documentation must be done at the time that the medication is administered.

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84

RIGHT DOCUMENTATION



- If there is any question about documentation on the medication log, ! ASK QUESTIONS!
- If you make a mistake, follow your agency's policy or procedure for reporting medication occurrences.
- Never document before medication is administered.

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85

Documenting PRN Medication Administration

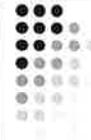


- Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site.
- Complaints or symptoms for which the medication was given.
- Results achieved from giving the dose and the time results were noted.
- Signature or initials of person recording administration; signature or initials of person recording effects, if different from the person administering the medication.

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86

MEDICATION NOT ADMINISTERED



When a dose of regularly scheduled medication is:

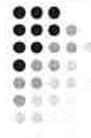
1. withheld
2. refused
3. given at other than the scheduled time (e.g. the consumer is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed);

The space provided on the front of the MAR for that dosage administration is initialed and circled.

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87

MEDICATION NOT ADMINISTERED



- An explanatory note is entered on the reverse side of the record provided for PRN documentation.
- If (two consecutive doses) of a vital medication are withheld or refused, the administrator, physician etc. is notified as per facility policy.

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88

CHANGED OR DISCONTINUED MEDICATIONS

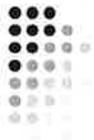


- When medications are discontinued, delete the entire order with a felt-tip marker and note the discontinued date. Make a line or “XXX” in the remaining date columns.
- When an order is changed, discontinue the previous order and enter the new order.
- For every other day orders---enter “XXX” on the days that the drug will not be given.

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89

MEDICATIONS TO BE ADMINISTERED AT A LATER DATE



- For advance notice drugs (to start on a later date)---Note the date the drug is to start and “XXX” the days prior to the start date.
- For every hour dosing (or every 2 hours)---Use more than one line so that all 12 to 24 doses are entered. Place no more than two doses on one line.
- For an unusual number of drugs---Use two medication administration records and clearly note “TWO RECORDS IN USE.”

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90

RECORDS

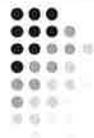


- There are several records you will be expected to maintain and complete when handling and passing medications. They can include:
 - Physician Orders
 - Medication Delivery Receipts
 - MAR
 - PRN medication record
 - Centrally stored medication record
 - Record of destroyed medications

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91

Best Practice To Reduce Medication Errors And Improve Medication Safety

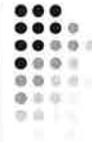


- Computer generated Medication Administration Record (MAR)
- Periodic & continual staff re-education
- Patient education
- Caregiver to double check for all medications (before medication is administered)
- Print generic and trade names of medication on MAR
- Standardized administration times.

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Best Practice To Reduce Medication Errors And Improve Medication Safety

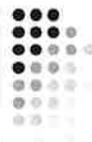


- Ensure proper administration times for medications; e.g., 1 hour before meals prints a correct time on the MAR
- No medication is found unlabeled without a consumer's name.
- Ensure the seven rights of administration
- Wash hands before /after med administration
- Avoid distraction (texting, calls)
- Never pre-pour medication
- Administer medications that only you have pre-poured
- Document now not later

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93

Best Practice To Reduce Medication Errors And Improve Medication Safety

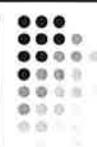


- Use distinctive administrative sets to reduce the risks of medication from being administered incorrectly
- Clarify all irregular or ambiguous orders
- Reduce or eliminate transcription
- Documentation! Documentation! Documentation.

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94

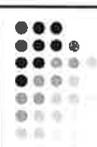
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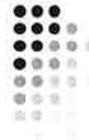
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96

Continuing Education Credit



To obtain 4 contact hours of continuing education credit for Medication Administration and Documentation: Medication Error Prevention, complete the examination below. A statement of credit will be rewarded for a passing grade of 70% or better.

INSTRUCTIONS:

For each question, circle the letter corresponding to the answer you select as being the correct one. There is only one correct answer to each question.

97

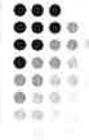
Test your Knowledge



1. Methods of identifying an individual prior to assisting them to take their medication include the following except:
 - A. Calling the consumer by name.
 - B. Relying on memory
 - C. Checking photograph attached to medication bin
 - D. If necessary, verify consumer with other facility personnel.

98

Test your Knowledge



2. Triamcinolone cream is ordered for the individual, and the pharmacy dispenses Triamcinolone ointment. The best course of action is:

- A. Assist the individual administer the medication as dispensed.
- B. Question the medication dispensed by calling the pharmacy.
- C. Do nothing.

99

Test your Knowledge



3. During the medication administration process, it is recommended to assist an individual to an oral medication (tablet) with at least:

- A. A glass of water or acceptable liquid.
- B. 4 ounces of water or acceptable liquid.
- C. Half glass of water or acceptable liquid.
- D. A cup of coffee.

100

Test your Knowledge



4. Risperidone solution 2ml by is prescribed to be taken by mouth every morning. The best course of action while assisting the individual to take the medication is to:

- A. Pour it on the spoon as prescribed.
- B. Use a measuring cup to measure the dose.
- C. Advice the resident to place the medication inside their cheek.
- D. Measure the dose with a syringe.

101

Test your Knowledge



5. The seven rights are:

- A. right: individual, drug, response, time, dose, documentation, education
- B. right: medication, education, drug, dose, time, documentation, individual
- C. right: individual, drug, dose, time, route, education, documentation.

102

Test your Knowledge

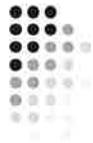


6. Oral medications have been dispensed in blister packed seals (bubble packs) and vials for 30 days supply of medications. The recommended room temperature for storage is:

- A. 59°F to 86°F
- B. 36°F to 46°F
- C. 65°F to 90°F.

103

Test your Knowledge

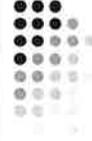


7. After an individual has taken a “PRN” medication, the following information is recorded except:

- A. Complaints or symptoms for which the medication was taken.
- B. The individual’s initials.
- C. Date and time the medication was taken.
- D. Dose and route of administration.

104

Test your Knowledge

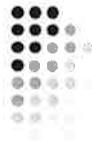


8. For individuals who have difficulty swallowing, the following methods of medication administration may be easier to take except:

- A. Liquid dosage forms.
- B. Suppositories
- C. Tablets
- D. Crush the medication and mix with apple sauce.

105

Test your Knowledge

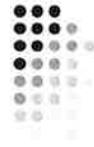


9. Caution stickers attached to Bubble packs or medication labels when dispensed by the pharmacy:

- A. Are advisable to be read prior to each medication administration.
- B. Should be ignored.
- C. Alerts the care giver about some of the effects of the medication.
- D. A and C.

106

Test your Knowledge



10. When preparing medication for an individual, how many times should you check the label?

- A. 1
- B. 2
- C. 3
- D. 4

107

Test your Knowledge

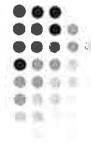


11. When pouring a liquid medication from its dispensing container, it is important to read the amount poured by:

- A. holding the medication at eye level
- B. stand 12 inches above the cup for accuracy
- C. holding the medication cup, using both arms.
- D. Bending over to make sure its accurate.

108

Test your Knowledge



12. If an individual refuses to take their medication as prescribed, it is best to:

- A. gently force open the individual's mouth using a gloved hand
- B. don't bother to give the medication, as it will only upset him more
- C. try to find out why the individual does not want to take the medication.

109

Test your Knowledge



13. When assisting an individual to take a sublingual medication, you should:

- A. crush it in applesauce before giving
- B. ask the individual to place it in his cheek
- C. ask the individual to place it under his tongue
- D. make sure that the individual takes it with plenty of water.

110

Test your Knowledge



14. It is permissible to leave a medication cup with an individual:

- A. if he has a private room
- B. if he agrees to take the medication within an hour
- C. if his family is present.
- D. All the above.
- E. Never

111

Test your Knowledge



15. BID is a common abbreviation for:

- A. once a day
- B. twice a day
- C. three times a day.
- D. Every 8 hours.

112

Test your Knowledge

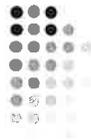


16. An individual is ordered Motrin 600mg; Take 1 tablet by mouth every 6 hours as needed for pain. The medication should be given:

- A. every 6 hours.
- B. Each time as requested by the individual
- C. When requested by the individual at least 6 hours apart
- D. All the above.

113

Test your Knowledge



17. TID is a common abbreviation for:

- A. every other day
- B. take in directly
- C. three times a day.
- D. None of the above.

114

Test your Knowledge

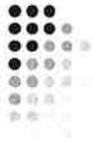


18. A 35 years old female complaining of ear pain was prescribed an ear drop medication. After administering the medication, the caregiver should ask the consumer:

- A. To remain in side-lying position for 2 to 3 minutes.
- B. Sit up right.
- C. Lay down for 10 more minutes.
- D. Try to get up and walk.

115

Test your Knowledge

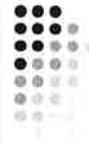


19. Q6h is a common abbreviation for:

- A. every day.
- B. Twice a day
- C. Four times a day
- D. Every 6 hours

116

Test your Knowledge

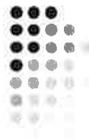


20. If an individual has two different types of eye drop medications to be instilled in their eyes, they should wait for how many minutes after the first eye drop medication before instilling the second medication:

- A. 30 seconds
- B. 5 minutes
- C. 3 minutes
- D. Don't have to wait.

117

QUESTIONS?



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118