

ASSISTING
WITH



MEDICATIONS...

THE RIGHT WAY

For Licensed Adult Residential Care Facilities

Produced by the
New Mexico Health Care Association

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ASSISTING WITH MEDICATIONS... THE RIGHT WAY



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SEGMENT 1: WHAT YOU NEED TO KNOW BEFORE ASSISTING WITH MEDICATIONS

- Part A: What You Can Do
- Part B: What You Cannot Do
- Part C: Your Responsibilities
- Part D: Facility Responsibilities
-

OBJECTIVES:

At the end of Segment 1, you should be able to:

- ◆ Identify what you can do when assisting with medications
- ◆ Identify what you cannot do when assisting with medications
- ◆ Describe some important responsibilities of helping with medications
- ◆ Describe the responsibilities of your facility



Segment 1 Content:

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Segment 1, Part A: What You Can Do

Objective: Identify what you can do when assisting with medications.

First, let's talk about what you *can do* when you help a resident take medications. ***The key word here is help.*** While you may not have to help every resident take medications, you may be asked to help some residents. ***Only a licensed nurse can administer medications, but you can help a resident take medications if they need help.*** According to New Mexico regulations, you may assist a resident with medications if the resident (or the resident's guardian) gives written consent.

Section 36.2 Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with medications.

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Listed below are some things you *can do*:

- ✓ Check with the facility to see what system they have in place so that you know which residents need help taking their medications and what time you should help them.
- ✓ Check the medication record, a list of what medications each resident is supposed to take and when they are to be taken.
- ✓ Either take the resident to where the medications are stored or, more likely, take the medications to the resident.
- ✓ Unlock the drug storage unit. If you can stay by the unit, leave it unlocked. If you can't stay, you must lock it after taking out the medications you need.
- ✓ Remove only the medications for the resident you are helping at that time. Leave the medications in their packages until you are ready to help the resident take the medications.
- ✓ Read the label on the medication to make sure it is the right medication for the resident.
- ✓ Check the resident's identification to make sure you have the right medication for the right person. You may want to call them by name to see if they answer, or check a photo if there is one. Ask your facility how they want you to check the resident's identification.

- ✓ If residents can take medications on their own, give them the bottle or package. Watch to make sure they get out the right dose and watch them take the dose.
- ✓ You may help a resident take a medication only if they cannot take it on their own.
- ✓ For the resident's safety, and yours, wear gloves whenever you help residents take medication, especially if you are helping apply creams or ointments. You must change your gloves before helping another resident with medications.
- ✓ Fill out the medication record so that it shows when the resident took the medication.
- ✓ After you have helped the resident take the medication, put any containers that still have medications left in them back into the drug storage unit.
- ✓ When all the residents have taken their medications, make sure the drug storage unit is locked.

Segment 1, Part B: What You Cannot Do

Objective: Identify what you cannot do when assisting with medications.

We've talked about the things you can do when helping residents take medications, but there are also some things you *cannot do*.

- ✕ You cannot decide on your own whether a resident should take a medication.
- ✕ You cannot force a resident to take a medication.
- ✕ You cannot change the time the medication is taken or the amount of medication taken.
- ✕ You cannot set up or prepare the medications before it is time to help residents take them.
- ✕ You cannot touch the medications with your hands. Remember to wear gloves, especially if you are helping a resident put creams or ointments on their skin.
- ✕ You cannot give a resident any medication that has not been ordered by the doctor, whether it is a prescription or non-prescription medication...even if the medication is brought in by the resident's family.
- ✕ You cannot use medications intended for one resident for another resident, even if they have the same health problems.
- ✕ You cannot help a resident take certain kinds of medications, including shots, or injections, or other types of medications that are invasive or that penetrate the body.



INSTRUCTIONS:

Stop the tape.

Review Segment 1, Part A & B, then complete the exercises on pages 6-7.

Segment 1, Part A & Part B

REVIEW EXERCISES

The purpose of the following two exercises is to review what you can and cannot do when assisting with medications. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Exercise #1: Read each of the following scenarios. Decide if the actions of the staff member were right or wrong. Explain your answer.

- ① To save some time, Beth decided to come in early and prepare all of the residents' medication before breakfast. Her plan was to have the medications ready, then help serve breakfast, then help the residents take their medication. Can she do this? Why or why not?

- ② Mrs. Jones, a resident, is taking a prescription medication for her arthritis. Mrs. Smith, another resident, is taking the same medication for her arthritis. When Mrs. Jones' arthritis prescription ran out, she asked Beth if she could just have a dose from Mrs. Smith's bottle. Beth said that she couldn't do that, then called the doctor for Mrs. Jones. Did Beth do the right thing? Why or why not?

- ③ Because Mrs. Jones was mad at Beth, she refused to take her other medications. Beth then got mad at Mrs. Jones and forced her to take her medicine. Did Beth do the right thing? Why or why not?

- ④ Another one of Beth's residents is Mrs. Brown. She can take medications on her own, but she is very slow because her hands are a little shaky. One afternoon, Beth gave Mrs. Brown her prescription bottle, but Beth was distracted by another resident and didn't see if Mrs. Brown took her medication. What did Beth do wrong? What should Beth have done instead?

Exercise #2: Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.

1. T or F It is ok to take the resident to the medication storage unit.
2. T or F You can set up or prepare medications then save them for the resident to take later.
3. T or F You can not touch the medications with your hands.
4. T or F If the resident can not handle the medication themselves due to arthritis, you can place pills or pour liquid into the resident's mouth.
5. T or F You can change a resident's medication without an order from the doctor or consulting pharmacist.
6. T or F It is ok to take medication to a resident.
7. T or F Only a licensed nurse can administer medications.
8. T or F You should leave the drug storage unit unlocked when you are done helping residents with their medications.
9. T or F If a resident refuses a medication, force him/her to take it anyway.
10. T or F Do not give a resident medication brought in by the family if it was not ordered by a doctor.
11. T or F A resident must give written consent for assistance with medication.



When you are finished with the exercises, restart the video.

Segment 1, Part C: Your Responsibilities

Objective: Describe some important responsibilities of helping with medications.

What are you responsible for when you are helping residents take medications? Whether helping residents take medications is part or all of your job, *it is a very important part of what you do.*

Complete a State-Approved Training Program:

In order to help residents take medications, you have to complete an approved training program that meets state requirements. *The program you are completing now has been approved by the New Mexico Department of Health, Licensing & Certification Bureau.*

Section 36.2.1	All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications.
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Resident Rights:

As part of your responsibilities when assisting with medications, you should know about resident's rights.

- ✓ Before they are ever admitted to your facility, residents and/or their legal guardian have the right to a written description of their legal rights.
- ✓ Residents also have the right to privacy in medical care, which means they should have private medical exams, private consultations with doctors, nurses and other health care professionals, and private treatment.
- ✓ The confidentiality of their medical records should be guarded...*you should never talk about a resident's medical conditions, medications or treatment to anyone outside your facility or to other residents.*
- ✓ A resident has the right to refuse to take a prescription or non-prescription medication at any time. You should never force a resident to take a medication.

Your job is to help residents take the right medication, in the right way, in the right amount, at the right time.

SPECIAL CONSIDERATIONS

Each resident in your facility is different, and many residents may have certain types of conditions that will mean they need your help when taking medications.

Conditions Related to Aging

Elderly people may suffer from conditions such as poor eyesight or blindness, so it is important to make sure their medications are always in the same spot and to give them clear speaking instructions when you help them take their medication. Watch them carefully to make sure they take their medications. If they refuse to take their medications, write it down in the medication record and notify your supervisor. They may also suffer from conditions such as arthritis or other diseases that make it difficult to take medications.

Alzheimer's Disease/Senile Dementia

Alzheimer's and senile dementia may cause residents to be forgetful and to wander around the facility. If a resident has either one of these, they might answer to another resident's name, want to take someone else's medication, wander away while you are trying to help them take their medication, or even refuse to take their medication. With residents suffering from Alzheimer's or senile dementia, it is important to double check that you have the right medication for the right resident. Keep all other medications locked up or out of other residents' reach, and watch the resident to make sure he/she actually takes the medication.

Developmental Disabilities

Some residents may have developmental disabilities, or physical and mental challenges such as Down's Syndrome and Cerebral Palsy. Again, these residents may refuse to take their medications, and they may need help taking medications due to physical weakness or difficulty swallowing.



INSTRUCTIONS:

Stop the tape.

Review Segment 1, Part C, then complete the exercises on pages 10-11.

Segment 1, Part C

REVIEW EXERCISES

The purpose of the following two exercises is to review resident rights and special considerations of the residents. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Exercise #1: **Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.**

1. T or F Before residents are admitted to the facility, they have the right to a written description of their legal rights.
2. T or F You should not talk about a resident's medical conditions to other residents.
3. T or F It is ok to talk about a resident's medications with someone outside your facility.
4. T or F A resident can decide not to take a prescription medication.
5. T or F When a resident refuses a medication, you should force him or her to take it anyway.
6. T or F A resident can refuse a non-prescription medication.

Exercise #2: Write your answers to each of the following in the space provided.

1. List three ways a resident with Alzheimer's Disease might behave:

2. List two reasons why residents with developmental disabilities may need help taking their medications:

3. Some elderly residents may suffer from poor eyesight or blindness. Therefore, when helping them with medications it is a good idea to:

4. If a resident refuses to take a medication, what should you do?



When you are finished with the exercises, restart the video.

Segment 1, Part D: Facility Responsibilities

Objective: Describe the facility's responsibilities.

The facility also has responsibilities. The facility must:

- Train people like you to help residents take their medications. You should not help residents with medications before you receive proper training.
- Provide proper storage for medications.
- Provide a way to separate the medications residents take internally (inside their body) and medications they take externally (outside their body).
- Provide a storage unit in a refrigerator for medications that need to be kept cold.
- Provide a way to separate each resident's medications. Some facilities separate medications by plastic bag, some use separate storage bins and others have their own way to separate medications. Be sure to ask your facility what way they use.
- Provide a designated place to store medications that are not used, medications that have been recalled, or medications that have changed until the consulting pharmacist can properly dispose of them.
- Have an agreement with a pharmacist to consult with them. The facility must let you know who that pharmacist is so that you can call them with any questions. The pharmacist will visit regularly to review your facility's records and way of helping residents take medications.
- Have a detailed record, such as a prescription record or journal, of what medications come into the facility.
- Keep at the facility medication reference materials.
- Post the New Mexico poison and medication information number so you can find it.

New Mexico Poison Center - 1-800-432-6866

- Decide which people should be residents of your facility and which people would be better cared for in facilities that provide a more appropriate or correct level of care.



INSTRUCTIONS:

Stop the tape.

Review Segment 1, Part D, then complete the exercise on page 13.

Segment 1, Part D

REVIEW EXERCISE

The purpose of this exercise is to review facility responsibilities. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Exercise #1: **Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.**

1. T or F The facility must provide proper storage for medications.
2. T or F Medications do not have to be separated by which resident is taking them.
3. T or F If a medication is not used, the facility can throw it away immediately.
4. T or F A consultant pharmacist must regularly visit the facility.
5. T or F A prescription record or journal is not necessary.
6. T or F Information on medications must be kept in the facility.
7. T or F Medications that must be kept cold should be kept in a refrigerator.
8. T or F Anyone can help residents with medications, even if they are not trained.
9. T or F A consultant pharmacist will not review a resident's medication record.
10. T or F The phone number for the New Mexico Poison Center must be posted.



INSTRUCTIONS:

After you have completed the exercise for Segment 1, Part D, review Section 1 and take the practice exam beginning on page 14. Continue watching the video once you have finished the practice exam.

Segment 1

Practice Exam

NAME: _____ Date: _____

Instructions: Complete the practice exam without looking at your workbook or watching the video. When you finish, give the exam to your supervisor or someone in the facility responsible for training.

True or False

Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.

1. T or F You can change a resident's medication without an order from the doctor or consulting pharmacist.
2. T or F Only a licensed nurse can administer medications.
3. T or F You may help a resident take medications if you have been trained to do so.
4. T or F Do not force a resident to take medication if he/she refuses to take it.
5. T or F The facility must provide proper storage for medications.
6. T or F A consultant pharmacist does not have to review your facility's records.
7. T or F Some of the residents in your facility may have difficulty taking medications because of certain health problems.
8. T or F You can decide on your own if a resident should take a medication.
9. T or F You can help a resident take medication given to you by a family member without a doctor's order.
10. T or F It is ok to talk about a resident's medical condition to someone outside your facility.

(Continued on the next page.)

Multiple Choice

Circle the letter for the right answer to each of the following multiple choice questions.

11. Which of the following items *must* be kept in the facility?
- A. A map of New Mexico
 - B. Reference materials on medications
 - C. The Yellow Pages
 - D. None of the above
12. Which of the following is something you *can not* do when you help with medications?
- A. Unlock the drug storage unit
 - B. Decide if a resident should take a medication
 - C. Take medications to the resident
 - D. Take residents to the medication
13. Residents have certain rights. Which of the following is *NOT* one of them?
- A. Written description of legal rights
 - B. Right to refuse a medication
 - C. Private medical care
 - D. To take prescription medication not ordered by the doctor
14. Residents may have special characteristics that may make it hard for them to take medication. Which of the following things might you have to do to help them?
- A. Decide if they need the medication or not
 - B. Open the prescription bottle for them
 - C. Force them to take the medication
 - D. None of the above
15. In order to help residents take their medications:
- A. They (or their guardian) must give written consent.
 - B. You must complete a state-approved training course.
 - C. The doctor must order the medications.
 - D. All of the above

SEGMENT 2: THINGS YOU SHOULD KNOW ABOUT MEDICATIONS

Part A: Overview of Prescription & Non-Prescription Medications

Part B: How Medications Work

Part C: Prescription Labels & Prescription Medications

Part D: Non-Prescription Medications

OBJECTIVES:

At the end of Segment 2, you should be able to:

- ✓ Describe the differences between prescription and non-prescription medications
- ✓ Identify controlled medications commonly used in residential care facilities
- ✓ Describe ways that medications can be taken
- ✓ Read a prescription label
- ✓ Describe how to log & store medications
- ✓ Describe common warning labels
- ✓ List what to do if you have questions about a medication
- ✓ List common prescription medications used in residential care facilities
- ✓ List common non-prescription medications used in residential care facilities

Segment 2 Content:

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Part C Interactive Exercise	Page 21
Common Warning Labels	Page 23
Common Medications/Uses	Page 25
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Sample Prescription Receipt Log	Page 27
Part D	Page 29
Part D Review Exercise	Page 30
Segment 2 Practice Exam	Page 31

Segment 2, Part A: Overview of Prescription & Non-Prescription Medications

Objectives: Describe the differences between prescription and non-prescription medications.

Identify controlled medications commonly used in residential care facilities.

Prescription & Non-Prescription Medications

There are two types of medications you will be helping with:

35. Prescription medications → given to a resident by a pharmacy.
36. Non-prescription medications → can be bought at a pharmacy, a grocery store or another store. These are also called “over the counter” medications.

Under New Mexico law, *you can only help residents with medications that have been ordered by a doctor, whether those medications are prescription or non-prescription.*

Section 36.3

No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record.

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Controlled Medications

Some of the medications you may help a resident take are called *controlled medications*. They are very carefully controlled, and will be checked regularly, along with all the prescription and non-prescription medications in your facility to make sure they are all accounted for. Some examples of controlled medications commonly used in residential care facilities include:

- ❖ Painkillers
- ❖ Sleeping Pills
- ❖ Tranquilizers/Anti-Anxiety Medications



These types of medications must be accounted for down to the last pill or dose. If they need to be disposed of for any reason, *do not do it yourself*. Since controlled medications are so closely watched, the pharmacist who consults with your facility can dispose of them only in

front of a witness. *You may be asked to be that witness.* Never dispose of a controlled medication on your own.

Segment 2, Part B: How Medications Work

Objective: Describe ways that medication can be taken.

Have you ever wondered about how medications work? Let's talk about how medications are taken, how they are used by the body, and how they are removed from the body.

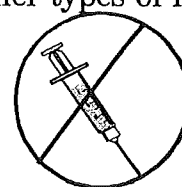
How Medications Are Taken

Medications can be taken by mouth, inhaled through the mouth or nose, injected by needle into a muscle or under the skin or directly into the bloodstream. Medications can also be absorbed through the skin and through the eyes, nose or through the vagina, the penis or the rectum.

Medications work in the body for different amounts of time. They are passed out of the body through the kidneys in the urine.

Conclusion

As a reminder, you can only help residents take medications that they are taking through their mouth, ears, eyes or nose or help them put on creams and ointments anywhere on their skin. You cannot give injections, or shots, and you cannot perform other types of help that are invasive or that penetrate the body.



INSTRUCTIONS:

Stop the tape.

Review Segment 2, Part A & B, then complete the exercise on page 19.

Segment 2, Part A & B

REVIEW EXERCISE

The purpose of this exercise is to review prescription and non-prescription medications and how medications work. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Check the right answer(s) to each of the following multiple choice questions. (There may be more than one correct answer.)

1. Medications that can be bought somewhere other than a pharmacy are also called:

<input type="checkbox"/> Prescription medications	<input type="checkbox"/> Over-the-counter medications
<input type="checkbox"/> Non-prescription medications	<input type="checkbox"/> Controlled medications

2. Medications that can be obtained *only* through a pharmacist are called:

<input type="checkbox"/> Prescription medications	<input type="checkbox"/> Over-the-counter medications
<input type="checkbox"/> Non-prescription medications	<input type="checkbox"/> Controlled medications

3. Controlled medications, which require a prescription, are often used as:

<input type="checkbox"/> Painkillers	<input type="checkbox"/> Tranquilizers
<input type="checkbox"/> Sleeping Pills	<input type="checkbox"/> All of the above

4. Under New Mexico law, you can only help residents with medications that have been ordered by a:

<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Licensed nurse
<input type="checkbox"/> Doctor	<input type="checkbox"/> Family member

5. Controlled medications can only be thrown away by the:

<input type="checkbox"/> Facility Administrator	<input type="checkbox"/> Resident
<input type="checkbox"/> Family Member	<input type="checkbox"/> Consultant Pharmacist



When you are finished with the exercise, restart the video.

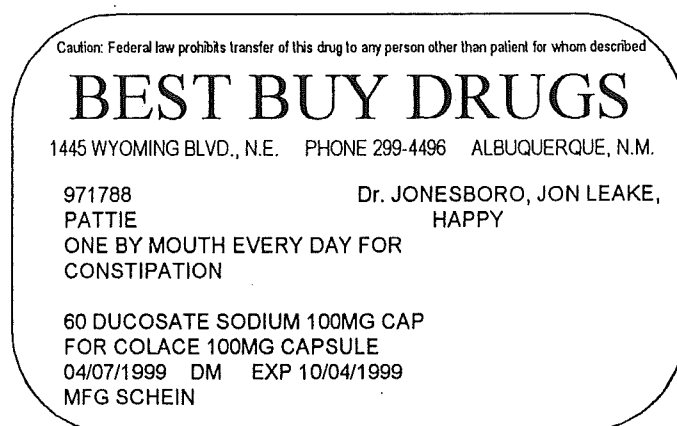
Segment 2, Part C: Prescription Labels & Prescription Medications

- Objectives:
- Read a prescription label.
 - Describe how to log medications.
 - Describe common warning labels.
 - List what to do if you have questions about a medication.
 - List common prescription medications.
-

Now, let's talk about prescription labels and prescription medications. When helping a resident take prescription medications, the first step is to learn to read a prescription label.

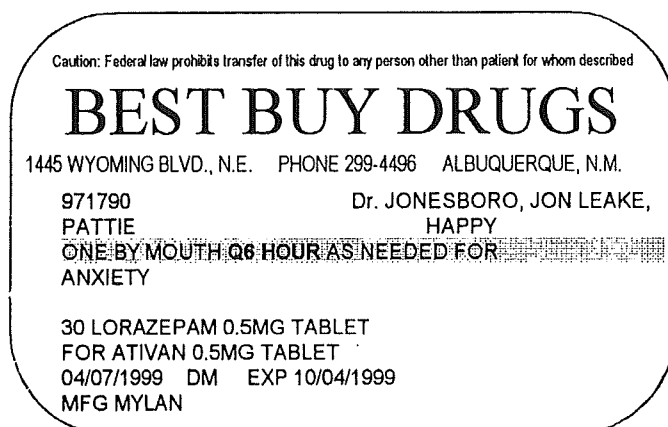
A prescription label should list the:

- Name, address & phone # of pharmacy
- Prescription number
- Name of doctor
- Name of resident
- Directions for use
- Quantity
- Medication name
- Medication strength
- Date of prescription
- Expiration date



It's important to never write on or try to change any prescription label. If you are concerned about a prescription label, call the pharmacist who issued the prescription, but do not change it or write on it yourself.

Also, when doctors prescribe medications, they may use abbreviations on the prescription label. Most of the time, these abbreviations are spelled out on the prescription label. If you do not understand what something means, or you see an abbreviation you don't know, ask your supervisor or call the pharmacist who filled the prescription.



NOTE: Where the information is found on a prescription label may vary depending on which pharmacy fills the prescription. But, it should contain all the essential information described here.

Segment 2, Part C

INTERACTIVE EXERCISE #1

Three sample prescription labels are shown. The narrator will ask you questions about each one. Write your answers in the space provided.

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

BEST BUY DRUGS

1445 WYOMING BLVD., N.E. PHONE 299-4496 ALBUQUERQUE, N.M.

971788 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTH EVERY DAY FOR
CONSTIPATION

60 DUCOSATE SODIUM 100MG CAP
FOR COLACE 100MG CAPSULE
04/07/1999 DM EXP 10/04/1999
MFG SCHEIN

Quantity: _____

Strength: _____

Directions for Use: _____

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

BEST BUY DRUGS

1445 WYOMING BLVD., N.E. PHONE 299-4496 ALBUQUERQUE, N.M.

971789 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE TABLET BY MOUTH THREE
TIMES A DAY FOR REFLUX

90 METOCLOPRIMIDE HCL 10MG TAB
FOR REGLAN 10MG TAB
04/07/1999 DM EXP 10/04/1999
MFG SCHEIN

Prescription #: _____

Expiration Date: _____

Name of Medication: _____

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

BEST BUY DRUGS

1445 WYOMING BLVD., N.E. PHONE 299-4496 ALBUQUERQUE, N.M.

971790 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTH EVERY 6 HOURS AS NEEDED FOR
ANXIETY

30 LORAZEPAM 0.5MG TABLET
FOR ATIVAN 0.5MG TABLET
04/07/1999 DM EXP 10/04/1999
MFG MYLAN

Name of Resident : _____

Date Filled: _____

Name of Physician: _____



Warning Labels

On page 23 is a list of common warning labels that are often placed on prescription medications. For example, “may cause drowsiness,” “take with food,” and “shake well” are labels you will probably see quite often. These labels are provided by the pharmacist and should be looked at very carefully. If they provide directions such as “take with food,” follow those directions.



What To Do If You Have Questions About A Medication

What should you do if you think a medication isn't right? Check with the pharmacist where the prescription was filled. If you're still not comfortable, talk with your supervisor. Be sure to write notes about the medication on the resident's medication record, not on the prescription label.

What should you do if you do not understand something on a prescription label? Call the pharmacist where the prescription was filled. Do not assist a resident in taking any medication until you completely understand how it should be taken and you are sure it is *the right medication, in the right amount, being taken in the right way, by the right resident, at the right time.*



Logging & Storing Prescription Medications

Once you've checked to make sure that a prescription label is right, you should write it in the prescription receipt record, or journal. The log should have this information:

<ul style="list-style-type: none">• Date• Resident's Name• Pharmacy Name• Name of Medication• Strength & Dosage Form	<ul style="list-style-type: none">• Prescription Number• Quantity• Doctor's Name• Directions for Use• Initials or Signature of Person Receiving Medication
--	--

Once the medication is logged in, it needs to be properly stored in a cabinet or refrigerator.

A sample prescription receipt record can be found on page 28.

COMMON WARNING LABELS



P.R.N.



TAKE THIS MEDICATION
½ HOUR
BEFORE MEALS.



SHAKE WELL
BEFORE USING



May Cause
DROWSINESS



DRUG
DISCONTINUED



NOT TO BE TAKEN
BY MOUTH



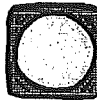
REFRIGERATE



DO NOT
REFRIGERATE



GENERIC
SUBSTITUTION MADE



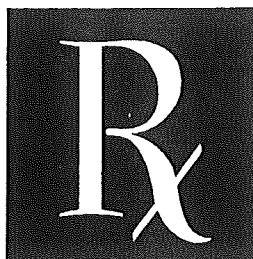
THIS PRESCRIPTION
MAY BE REFILLED



CAUTION: DO NOT TAKE WITH ALCOHOL
OR NON-PRESCRIBED DRUGS WITHOUT
CONSULTING
YOUR DOCTOR



TAKE WITH FOOD.



Common Medication & Their Uses

Now, let's talk about the usual medications that are prescribed in residential care facilities and why they are prescribed.

Type of Medication	What Medication is Used For
Laxatives and stool softeners	Make bowels move
Pain medication	Stop or lessen pain; stop or lessen muscle ache
Tranquilizers	Quiet or calm by reducing anxiety and tension
Vitamins	Help overall health by replacing vitamins not gained through the diet
Sedatives and hypnotics	Helps the resident rest/sleep
Heart medications	Regulate heart function; reduce or control blood pressure
Skin medication	Relieve skin problems
Diuretics (water pills)	Increase urine output
Anti-infection medications	Treat infections
Blood thinners	Treat blood clots; used to treat people with heart conditions
Seizure medications	Used to control seizures and mental disorders

A list of commonly prescribed medications is on the next page of your workbook.

Some medications that residents take may be changed a lot, so it is important to check the medication record each time before you help a resident take a medication.



INSTRUCTIONS:

After you finish the exercise on page 26, stop the tape.
Review Segment 2, Part C, then complete the exercises on pages 28.

COMMON MEDICATIONS & THEIR USES

Category	Purpose	Common Brand Names	
Anti-Infection Medication	Treat infections (such as Urinary Tract Infections)	Ampicillin Amoxicillin	Pyridium Trimethoprim
Heart Medications (Cardiac)	Regulate heart function; reduce or control blood pressure	ACE Inhibitor Digitalis Digoxin Hydralzine	Lanoxin Nitrates Pavabid Quinidine
Laxatives	Make bowels move; relieve constipation	Colace Dialose Dulcolax	Ex-Lax Milk of Magnesia Surfak
Pain Relief	Stop or lessen pain such as muscle ache	Aspirin Codeine Darvon Demerol	Morphine Percodan Tylenol
Sedatives & Hypnotics	Help the resident rest/sleep	Alprazolam Dalmane Flurazepam	Phenobarbital Placedyl Xanax
Seizure Medications	Used to control seizures for conditions such as epilepsy and mental conditions	Diazepam	Phenobarbital
Skin Medications	Relive skin problems	Betamethasone Clotrimazole Hydrocortisone Lotrisone	Neomycin Sulfate Neosporin Polymyxin B Sulfate
Tranquilizers	Quiet or calm by reducing anxiety & tension	Diazepam Librium	Thorazine Valium
Vitamins	Help improve overall health by replacing vitamins not gained through diet	Vitamin A Vitamin B Vitamin C	Vitamin D Vitamin E Vitamin K
Water Pills (Diuretics)	Increase urine output	Aldactone A	Hygroton Lasix

Sources: *Healthtouch Online for Better Health*, www.healthtouch.com
 Rx List Services, www.rxlist.com

Segment 2, Part C

REVIEW EXERCISES

The purpose of the following two exercises is to practice entering information into a prescription log and to review Part C. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

DIRECTIONS: Pretend that you have just received the three sample prescriptions shown below from the pharmacy. Enter them into the sample prescription log on page 27. When you have finished, give page 27 to the person teaching the course or your supervisor to have them check your work. Ask them to point out anything you need to do differently.

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

BEST BUY DRUGS

1445 WYOMING BLVD., N.E. PHONE 299-4496 ALBUQUERQUE, N.M.

971788 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTH EVERY DAY FOR
CONSTIPATION

60 DUCOSATE SODIUM 100MG CAP
FOR COLACE 100MG CAPSULE
04/07/1999 DM EXP 10/04/1999
MFG SCHEIN

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

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971789 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTHEVERY 6 HOURS AS NEEDED FOR
ANXIETY

30 LORAZEPAM 0.5MG TABLET
FOR ATIVAN 0.5MG TABLET
04/07/1999 DM EXP 10/04/1999
MFG MYLAN

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PATTIE HAPPY
ONE TABLET BY MOUTH THREE
TIMES A DAY FOR REFLUX

90 METOCLOPRIMIDE HCL 10MG TAB
FOR REGLAN 10MG TAB
04/07/1999 DM EXP 10/04/1999
MFG SCHEIN

SAMPLE PRESCRIPTION RECEIPT LOG

NOTE: Your facility's prescription receipt log may look differently than the sample provided here.

[illegible]

Exercise #2: **Decide if each of the following statements are True or False. Circle "T" for True and "F" for false.**

1. T or F A prescription label should list the number of refills.
2. T or F A prescription label should include directions for use.
3. T or F It is alright to write on or change a prescription label on your own.

Fill in the blanks.

4. Name four (4) common warning labels that may be found on a prescription label.

_____	_____
_____	_____

5. There are five (5) things you should be sure of when helping a resident take medication:

- | | | |
|-----------------|----------------------------|-------|
| 1 st | That it is the right | _____ |
| 2 nd | That it is the right | _____ |
| 3 rd | That it is the right | _____ |
| 4 th | That it is taken the right | _____ |
| 5 th | That is taken at the right | _____ |



When you are finished with the exercises, restart the video.

Segment 2, Part D: Non-Prescription Medications

Objectives: List common non-prescription medications.

Identify the steps for handling non-prescription medications.

Common Non-Prescription Medications

There are also a lot of non-prescription, or over-the-counter, medication that doctors order for residents in residential care facilities. Like prescription medications, these need to be carefully checked when they are received and then listed in the prescription record, or journal, then stored according to your facility's system. Some common non-prescription medications used at residential care facilities include:

- Aspirin and non-aspirin ➤ Antacids ➤ Cough syrup
- Skin ointments and lotions ➤ Antihistamines

Handling Non-Prescription Medications

What should you do with non-prescription medications?

1. Make sure they have been ordered by the doctor for the resident. Follow the directions given for their use. *If the doctor's order are different from the directions on the label, follow the doctor's directions.*
- ② It is important to remember that even over-the-counter medications can change a resident's health...so even if a family member brings in something, for example, aspirin, and want you to help a resident take it, you cannot do this unless it is ordered by a doctor.

Let's say you've checked the prescription or non-prescription medication and everything is okay. What you do next will be covered in the next section.



INSTRUCTIONS:

Stop the tape.

Review Segment 2, Part D, then complete the exercise on page 30.

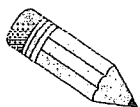
Segment 2, Part D

REVIEW EXERCISE

The purpose of this exercise is to review common non-prescription medication and steps for handling non-prescription medications. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Decide if each of the following statements are True or False. Circle “T” for True and “F” for False.

1. T or F For residents to be able to take a non-prescription medication, it must have been ordered by a doctor.
2. T or F Cough syrup and antihistamines are not commonly used non-prescription medications.
3. T or F If the doctor’s directions are different from the direction on a non-prescription medication label, follow the doctor’s directions.
4. T or F It is ok to help a resident with a non-prescription medication, such as aspirin, that is brought in by a family member.
5. T or F It is ok to help a resident with non-prescription medication, such as aspirin, that is brought in by a family member as long as the doctor ordered it.



INSTRUCTIONS:

After you have completed the exercise for Segment 2, Part D, review Section 2 and take the practice exam beginning on page 31. Continue watching the video once you have finished the practice exam.

Segment 2

Practice Exam

NAME: _____ Date: _____

Instructions: Complete the practice exam without looking at your workbook or watching the video. When you finish, give the exam to your instructor or someone in the facility responsible for training.

True or False	Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.
---------------	--

1. T or F Over-the-counter and non-prescription medications are the same thing.
2. T or F Medications that can be obtained only through a pharmacist are called non-prescription.
3. T or F Controlled medications do not require a prescription.
4. T or F Controlled medications can only be thrown away by a resident.
5. T or F Under New Mexico law, you can only help residents with medications that have been ordered by a family member.
6. T or F Tranquilizers may be considered a controlled medication.
7. T or F A consultant pharmacist can throw away a controlled medication in front of a witness.
8. T or F Medications must have been ordered by a doctor before you can help a resident take them.
9. T or F You can write on or change a prescription label.
10. T or F Warning labels are not important and should not be looked at.

(Continued on next page.)

Multiple Choice	Circle the letter for the right answer to each of the following multiple choice questions.
-----------------	--

11. Which of the following is *not* listed on a prescription label?
- A. Name of resident
 - B. Date of prescription
 - C. Resident's address
 - D. Expiration date
12. Which of the following is *not* written in the prescription receipt record?
- A. Name of medication
 - B. Resident's initials
 - C. Doctor's name
 - D. Pharmacy name
13. When handling a non-prescription medication, you should first _____:
- A. Call the resident's family
 - B. Call the doctor to double check the directions
 - C. Make sure it was ordered by the doctor
 - D. Give it to the resident

Fill in the Blank.

14. List three (3) common warning labels you may see on a prescription label:
- _____
15. Under New Mexico law, you can only help residents with medications that have been ordered by a _____.
16. It is important to be right about many things when helping with medications. List three of these things:
- _____
- _____
- _____

SEGMENT 3: THE MEDICATION RECORD

Part A: Why The Medication Record is Important

Part B: Review of Helping with Medications

Part C: Ways to Take Medications

OBJECTIVES:

At the end of Segment 3, you should be able to:

- ✓ Describe why the medication record is important
- ✓ Fill out the medication record
- ✓ Describe what you can and can not do when helping with medications
- ✓ Describe common ways medications may be taken



Segment 3 Content:

Part A	Page 34
Part A Interactive Exercise	
	Page 35
Sample Medication Record	Page 36
Part B	Page 37
Part C	Page 40
Common Measurements	Page 41
Part B & C Review Exercises	
	Page 42
Segment 3 Practice Exam	Page 44

Segment 3, Part A: The Medication Record

Objectives: Describe why the medication record is important.

Fill out a medication record.

The Medication Record

What is a medication record and what is it used for? A resident's medication record is used to create a detailed record of what medications are taken by each resident in your facility, in what amounts, by what ways, and when. It is very important to write this information down because if any problems occur or the resident has a reaction to the medication, it can help show why. It is required for your facility to maintain a medication record for each resident that details every single prescription and non-prescription medication they take. A sample medication record is on page 36 of your workbook.

It is very important to use ink (preferably blue or black) when you write in the medication record. If you make an error or mistake in the medication record, cross it out instead of whiting it out or erasing it.

Filling Out the Medication Record

The medication record should have these things in it:

- ⇒ Name of resident
- ⇒ Date resident started taking medication
- ⇒ Names of all prescription and non-prescription medications ordered
- ⇒ Directions for how medications are to be taken
- ⇒ Information on strength of medication, way it is supposed to be taken and type of medication (pill, liquid, etc.)
- ⇒ How often medication is to be taken
- ⇒ Time medication is taken
- ⇒ Initials of person helping resident take medication. Put your initials on the front of the record. Your name and initials, along with those of everyone at your facility who is qualified to help residents take their medication, should be on the front of the record, too, probably at the bottom. Be sure to put your initials by anything you write on the back of the medication record, too.
- ⇒ Dates when medications are stopped or changed



It's important to store the medication record where everyone who needs to can find and use it...in a convenient place. Your facility will probably have a place where it should be stored.

Segment 3, Part A

INTERACTIVE EXERCISE

DIRECTIONS: Suppose Patti Leake took all three medications on Friday, April 30, 1999, as ordered. Write down this information on the sample medication record on page 36. When you have finished, give page 36 to the person teaching the course or your supervisor to have them check your work. Ask them to point out anything you need to do differently. To finish this exercise, you can stop the tape. Restart the video when you are done.

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom described

BEST BUY DRUGS

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971788 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTH EVERY DAY FOR
CONSTIPATION

60 DUCOSATE SODIUM 100MG CAP
FOR COLACE 100MG CAPSULE
04/07/1999 DM EXP 10/04/1999
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971789 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE TABLET BY MOUTH THREE
TIMES A DAY FOR REFLUX

90 METOCLOPROMIDE HCL 10MG TAB
FOR REGLAN 10MG TAB
04/07/1999 DM EXP 10/04/1999
MFG SCHEIN

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BEST BUY DRUGS

1445 WYOMING BLVD., N.E. PHONE 299-4496 ALBUQUERQUE, N.M.

971790 Dr. JONESBORO, JON LEAKE,
PATTIE HAPPY
ONE BY MOUTH EVERY 6 HOURS AS NEEDED FOR
ANXIETY

30 LORAZEPAM 0.5MG TABLET
FOR ATIVAN 0.5MG TABLET
04/07/1999 DM EXP 10/04/1999
MFG MYLAN

NOTE: The medication record used by your facility may look differently than the sample provided on page 36.

Assisting With Medications – The Right Way - 1st Edition - April 1999; © 1999 by NMHCA. All Rights Reserved.
Page 36

Segment 3, Part B:

Review of Helping with Medications

Objectives: Identify what you can do when helping with medications.
Identify what you can not do when helping with medications.

What You Can Do - A Reminder

Before we talk about your specific activities when helping residents take their medications, let's review what you can and cannot do. Remember, your role is to help residents who need help with their medications. *Only a licensed nurse can administer medications, but you can help a resident take medications if they need help.* While you may not have to help every resident take medications, you may be asked to help some residents. Listed below are some things you can and should do:

- ✓ Check with the facility to see what system they have in place so that you know which residents need help taking their medications and what time you should help them.
- ✓ Check the medication record, a list of what medications each resident is supposed to take and when they are to be taken.
- ✓ Either take the resident to where the medications are stored or take the medications to the resident.
- ✓ Unlock the drug storage unit. If you can stay by the unit, leave it unlocked. If you can't stay, you must lock it after taking out the medications you need.
- ✓ Remove only the medications for the resident you are helping at that time. Leave the medications in their packages until you are ready to help the resident take them.
- ✓ Read the label on the medication to make sure it is the right medication for the resident.
- ✓ Check the resident's identification to make sure you have the right medication for the right person. You may want to call them by name to see if they answer, or check a photo if there is one. Ask your supervisor how you should check the resident's identification.
- ✓ Re-check the label on the medication and pour or put the right amount of medicine into the resident's hand or cup (if the medication is a liquid or a pill). Do not touch the medication with your hands.
- ✓ If residents can take medications on their own, you can give them the bottle or package. Watch to make sure they get out the right dose and watch them take the dose.

- ✓ Only if residents can't take medication on their own, help them take it by putting pills on their tongue or helping pour liquid into their mouth, or by using an eye, ear or nose dropper.
- ✓ Wear gloves whenever you help residents take medication, especially if you are helping with a cream or ointment. Remember to change your gloves before helping another resident.
- ✓ Fill out the medication record so that it shows when the resident took the medication.
- ✓ After you have helped the resident take the medication, put any containers that still have medications left in them back into the drug storage unit.
- ✓ When all the residents have taken their medications, make sure the drug storage unit is locked.

What You Cannot Do - A Reminder

We've talked about the things you can do when helping residents take their medications, but there are also some things you *cannot do*.

- ✗ You cannot decide on your own whether a resident should take a medication.
- ✗ You cannot force a resident to take a medication.
- ✗ You cannot change the time the medication is taken or the amount of medication taken.
- ✗ You cannot set up or prepare any medications before it is time to help residents take them.
- ✗ You cannot touch the medications with your hands. Remember to wear gloves, especially if you are helping a resident put creams or ointments on their skin.
- ✗ You cannot give a resident any medication that has not been ordered by the doctor, whether it is a prescription or non-prescription medication...even if the medication is brought in by the resident's family.
- ✗ You cannot use medications intended for one resident for another resident, even if they have the same health problems.
- ✗ You cannot help a resident take certain kinds of medications, including shots, or injections and other types of medications that are invasive, or that penetrate the body.

Helping residents take medications means making sure they are receiving the:

RIGHT medication in the

RIGHT dose at the

RIGHT time in the

RIGHT way.

It also means that you have documented the medication in the medication record.

Segment 3, Part C:

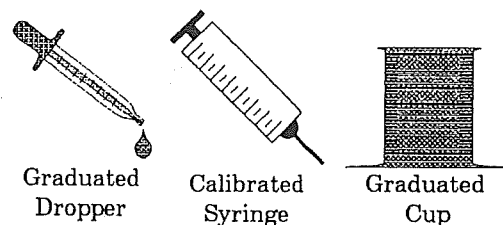
Ways To Take Medications

Objectives: Describe common ways medications may be taken.

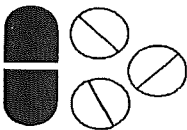
You probably already know what is meant by medication, and time, but how do you measure a dose and what is meant by *the right way*?

Liquid Doses

Liquid doses can be given by a graduated dropper, calibrated syringe or in a graduated cup. They are usually measured in ounces, *cc* (cubic centimeters) or *ml* (milliliters).



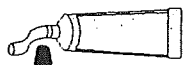
Pill or Capsule



Pills/capsules

Another way to give medication is by pill or capsule. Sometimes a pill may need to be broken in half. If this is the case, the pill must be big enough so that if you break it in half it will not shatter. If possible, ask the pharmacist to prepare half-pill, pre-packaged doses. Pills may need to be swallowed or placed under the resident's tongue.

Ointment or Cream



When you rub an ointment or cream on a resident's skin, the dose may not be specified. Use a reasonable amount, or ask your supervisor how much to use.



If a specific time for a dose of medication is not given, but the number of times a resident is to take the medication is, such as *two times a day*, *three times a day* or *four times a day*, your facility will have a schedule when the medication should be taken. Ask your supervisor if you have any questions.

Your facility will have its own policy on how you measure medications and how you help residents take each type of medication. If you are not sure how to help a resident take a medication, ask your supervisor. To help you, a chart of common ways to measure medications is on the next page in your workbook.



INSTRUCTIONS:

Stop the tape.

Review Segment 3, Part B & C, then complete the exercises on pages 42-43.

COMMON MEASUREMENTS

Approximate Measures

1 tumblerful	=	240 ml
1 teacupful	=	120 ml
2 tablespoons	=	30 ml
1 tablespoon	=	15 ml
1 teaspoon	=	5 ml
½ teaspoon	=	2 ml

Liquid Measures

1 fluid ounce	=	30 ml
1 pint	=	473 ml
1 gallon	=	3785 ml

U.S. Customary System

Liquid Measure

2 cups	=	1 pint
2 pints	=	1 quart
4 quarts	=	1 gallon

Weight

27 11/32 grains	=	1 dram
16 drams	=	1 ounce
16 ounces	=	1 pound

Metric System

Volume Measure

1 liter	=	0.001 cubic meter
10 milliliters	=	1 centiliter
10 centiliters	=	1 liter
10 liters	=	1 dekaliter
10 dekaliters	=	1 hectoliter
10 hectoliters	=	1 kiloliter

Weight

10 milligrams	=	1 centigram
10 centigrams	=	1 decigram
10 decigrams	=	1 gram
10 grams	=	1 dekagram
10 dekegrams	=	1 hectogram
10 hectograms	=	1 kilogram

Other Common Measurements

3 teaspoons = 1 tablespoon
4 tablespoons = 1/4 cup
5 1/3 tablespoons = 1/3 cup
16 tablespoons = 1 cup

2 cups = 1 pint
4 cups = 1 quart
2 pints = 1 quart
4 quarts = 1 gallon

Segment 3, Part B & C

REVIEW EXERCISES

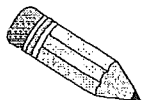
The purpose of the following two exercises is to review what you can and cannot do when assisting with medications and ways medications can be taken. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Exercise #1: For each of the following, circle CAN if it is something you CAN DO and CAN'T if it is something you CAN'T DO.

- | | | |
|--|-----|-------|
| 1. Help a resident take their medication if he/she can't take it on their own. | CAN | CAN'T |
| 2. Decide if a resident should take a medication. | CAN | CAN'T |
| 3. Take medications to residents. | CAN | CAN'T |
| 4. Leave the drug storage unit unlocked if you can stay close by it and see it. | CAN | CAN'T |
| 5. Use medications intended for one resident for another resident. | CAN | CAN'T |
| 6. Help a resident with medications that are invasive. | CAN | CAN'T |
| 7. Prepare the medications before it is time to help residents take them. | CAN | CAN'T |
| 8. Fill out the medication record. | CAN | CAN'T |
| 9. Put containers that still have medication in them back into the storage unit. | CAN | CAN'T |
| 10. Watch residents take their medication. | CAN | CAN'T |
| 11. Remove all medications for all residents all at once. | CAN | CAN'T |
| 12. Assume the medication is the right one without reading the label. | CAN | CAN'T |
| 13. Call the consultant pharmacist with questions about the medication. | CAN | CAN'T |
| 14. Force a resident to take a medication. | CAN | CAN'T |
| 15. Change the amount of medication to be taken. | CAN | CAN'T |

Exercise #2: Check the right answer(s) to each of the following multiple choice questions. (There may be more than one correct answer.)

1. If a pill needs to be broken in half, the best thing to do is:
 - ☐ Break it into several small pieces
 - ☐ Don't give the medication
 - ☐ Ask the pharmacist to prepare half-pill doses
 - ☐ Have the resident take the whole pill
2. If the dose is not specified for an ointment or cream, you should:
 - ☐ Use a reasonable amount
 - ☐ Not give the medication
 - ☐ Ask your supervisor how much to use
 - ☐ Wait for a family member to decide
3. Liquid doses are usually given by:
 - ☐ A tablespoon from the kitchen
 - ☐ Graduated cup
 - ☐ Calibrated syringe
 - ☐ Graduated dropper
4. Liquid doses are usually measured in:
 - ☐ Inches
 - ☐ Cubic centimeters (cc)
 - ☐ Milliliters (ml)
 - ☐ Millimeters (mm)
5. Sometimes a specific time for a medication will be not given, but the number of times a resident is to take the medication is. For example, the prescription label may say "four times a day." If the specific time is not given:
 - ☐ Don't give the medication
 - ☐ Check the facility's schedule
 - ☐ Talk to your supervisor
 - ☐ Have the resident take the medication only once



INSTRUCTIONS:

Review Section 3 then take the practice exam beginning on page 44.
Continue watching the video once you have completed the exam.

Segment 3

Practice Exam

NAME: _____ Date: _____

Instructions: Complete the practice exam without looking at your workbook or watching the video. When you finish, give the exam to your instructor or someone in the facility responsible for training.

True or False	Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.
----------------------	---

- | | | |
|----|--------|--|
| 1. | T or F | A medication record must be kept for each resident. |
| 2. | T or F | If you make an error in the medication record, white it out. |
| 3. | T or F | If you make an error in the medication record, erase it. |
| 4. | T or F | The medication record details every prescription and non-prescription medication a resident takes. |
| 5. | T or F | The medication record must be accessible to everyone who needs it. |

For each of the following, circle CAN if it is something you CAN DO and CAN'T if it is something you CAN'T DO.

- | | | | |
|-----|---|-----|-------|
| 6. | Help residents take their medication if they can't take it on their own. | CAN | CAN'T |
| 7. | Decide if a resident should take a medication. | CAN | CAN'T |
| 8. | Take medications to residents. | CAN | CAN'T |
| 9. | Leave the drug storage unit unlocked if you can stay close by it and see it. | CAN | CAN'T |
| 10. | Use medications intended for one resident for another resident. | CAN | CAN'T |
| 11. | Prepare the medications before it is time to help residents take them. | CAN | CAN'T |
| 12. | Put containers that still have medication in them back into the storage unit. | CAN | CAN'T |
| 13. | Remove all medications for all residents all at once. | CAN | CAN'T |

14. Force a resident to take a medication. CAN CAN'T
15. Change the amount of medication to be taken. CAN CAN'T

Multiple Choice	Circle the letter for the right answer to each of the following multiple choice questions.
------------------------	---

16. Liquid doses are usually measured in:
- A. Inches
 - B. Cubic centimeters
 - C. Millimeters
 - D. Feet
17. What is the abbreviation for cubic centimeters?
- F. cus
 - G. cc
 - C. ccent
 - D. ml
18. If a pill needs to be broken in half, the best thing to do is:
- A. Ask the pharmacist to prepare half-pill, pre-packaged doses
 - B. Don't allow the resident to take the medication
 - C. Break the pill into small pieces
 - D. Have the resident take the whole pill

SEGMENT 4: REVIEW OF MEDICATION ASSISTANCE ACTIVITIES & WHAT TO DO IF A RESIDENT REACTS BADLY TO A MEDICATION

Part A: Review of Medication Assistance Activities

Part B: Questions About Medications and Medication Errors

Part C: What To Do If A Resident Reacts Badly to a Medication

OBJECTIVES:

At the end of Segment 4, you should be able to:

- ✓ List specific activities you may be asked to do when helping residents take their medications
- ✓ Describe what to do if a resident misses a dose or refuses a medication
- ✓ Describe what to do if a medication is discontinued or stopped or recalled
- ✓ Accurately transfer information on the medication record
- ✓ Describe possible adverse reactions
- ✓ Explain what to do in case a resident has an adverse reaction



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Segment 4, Part A: Review of Medication Assistance Activities

Objectives: Describe other specific activities you may be asked to do when helping residents with medications.

What are some specific activities you might be asked to do when helping residents with medications? Some of the things you may do to help residents take medications include:

- ✓ ***using your facility's system to keep track*** of what medications each resident should be taking at what times...for example – colors for codes, or a chalkboard, or a book, or whatever system is already in place at your facility.
- ✓ ***handling medications.*** It's important to always wash or sanitize your hands when doing this and to use clean cups and spoons when helping residents take medications. Wash or sanitize your hands again before helping another resident. In some cases you should wear gloves, especially if helping put creams or ointments on a resident's skin. If you wear gloves, be sure to change them before helping each resident.
- ✓ ***storing medications.***
- ✓ ***logging medications*** into the prescription record or journal when they come in.
- ✓ ***separating medications*** by whether they are internal or external medications AND separating them by which resident is supposed to take them.
- ✓ ***maintaining a detailed medication record*** for each patient to show all medications they have taken, including what amount was taken and when it was taken. This is important for prescription and non-prescription medications.
- ✓ ***helping residents take medications,*** including taking the medication out of the storage unit, verifying it is the right medication in the right amount for the right resident, taking it to them, making sure the resident is the person you think he or she is, helping them take the medication if they need help or watching them take it if they don't.
- ✓ ***writing down*** that they took the medication in the medication record.
- ✓ ***making sure no medication bottles or packages are left out*** after the medication needed at that time has been taken.

There are a couple of things for you to remember:

- ① Once a medication has been taken out of the pharmacy container or blister pack it came in, the resident must take it immediately and you must write down that the resident took it in their medication record.
- ② In the case of a PRN, or "take as needed" medication, you should always follow the doctor's orders. These might include:
 - *Symptoms* that might show the residents needs the medication
 - *Exact dosage* to be used (*don't change this!*)
 - *Exact dosage* to be used in a 24-hour period (*don't go over it!*)
 - *Directions* on to what to do if the problems do not get any better

If the resident seems to feel worse after they have taken any medication, or they seem to be acting in a way that is not normal, immediately notify your supervisor. Write down in the resident's medication record when -- what day and what time -- you notified the supervisor.

What to do if a problem comes up will be covered in the next section.



INSTRUCTIONS:

Stop the tape.

Review Segment 4, Part A, then complete the exercise on page 49.

Segment 4, Part A

REVIEW EXERCISE

The purpose of this exercise is to review some of the specific activities you may be asked to do when helping residents take their medications. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Match the items in each column.

Activity		Description
1.	_____ Storing medications	A. Using facility system, like color codes or a chalkboard, to know what medications each resident should be taking at what times
2.	_____ Scheduling medications	B. Use clean hands, clean cups and clean spoons and always wear gloves
3.	_____ Handling medications	C. Putting medications in a locked compartment or in a refrigerator
4.	_____ Helping residents	D. Writing down medications received in the facility in a journal or log
5.	_____ Logging medications	E. Taking medication out of the storage unit, verifying it is the right medication in the right amount for the right resident



When you are finished with the exercise, restart the video.

Segment 4, Part B: Questions About Medications & Medication Errors

Objectives: Describe what to do in case of a medication error.
Describe what to do if the medication is changed or stopped.

What To Do If You Miss A Dose

We would all like for everything to go perfectly every time...but it doesn't. Things happen. For example, you may miss helping a resident take a medication they are supposed to take. When this happens, you have to write it down in the medication record.

One symbol for a missed dose is a circle with your initials. Your facility may use a different symbol. It is important to find out how you should write down a missed dose.



Normally, you have one hour between the time a medication is supposed to be taken and the time it can actually be taken. If you go beyond the hour, call the pharmacist who filled the prescription to see what to do -- whether to go ahead and give the medication to the resident then or wait. Be sure to write down your call and what the pharmacist said in the medication record.

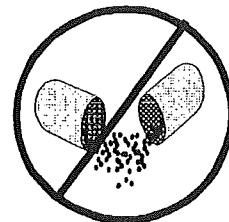
What To Do If The Resident Refuses The Medication

If the resident refuses to take the medication, you should immediately let your supervisor know. You should also write down that they refused the medication in their medication record by using a special symbol used by your facility, or make a written note. (Be sure to write down in the resident's medication record the day and time you let your supervisor know the resident refused the medication.) Also, hold the medication for your facility's consulting pharmacist (see below).

NOTE: If a resident actually spits out a pill, dispose of it and record what happened in the resident's medication record. *This is the only instance when you can dispose of a medication!*

What To Do If A Medication is Changed or Discontinued

If a medication is changed, discontinued or recalled, note the change in the medication record. Hold the medication for the consultant pharmacist. To hold the medication, keep the prescription bottle or container in the hold area designated by your facility. If the medication is out of the bottle or container or package, put it in a plastic bag, envelope, tupperware container or whatever type of container your facility wants you to use, and place it in the hold area designated by your facility.



Do not throw the medication away on your own!

What To Do If A Resident Leaves For a Visit With Their Family

Count the medications they are taking with them and have the resident or legal guardian sign the form that lists how much medication they are taking with them. Do the same thing when they return -- count the medication they bring back and write it down on the form.

What To Do With Unused Medication if a Resident Leaves the Facility Permanently

Hold the unused medication for the family or legal guardian.

FINAL PRECAUTIONS

Do not let family members tell you that you should help a resident take a prescription or non-prescription medication that has not been ordered, or that has expired. Do not accept any medications like this from them. Tell them to check with the resident's doctor, and if the doctor says it is okay, have the doctor send it.

If you are continuing medications for a resident from one month to the next, *be very careful* when you transfer the information from one page to another of the medication record. Be sure to check the doctor's orders to make sure the information you are transferring is right. It is a good idea to check your work after you are done, and to have someone else check it, too, compared to the doctor's orders.

CONCLUSION

Again, mistakes happen. They can include a resident taking the wrong dosage or a resident taking the wrong medication. When a mistake happens, *immediately report the mistake to your supervisor and the resident's doctor*. Your supervisor will fill out a special report.



INSTRUCTIONS:

Stop the tape.

Review Segment 4, Part B, then complete the exercise on page 52.

Segment 4, Part B

REVIEW EXERCISE

The purpose of this exercise is to review what to do if you make an error or if a medication is changed. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Write the answer to each of the following questions in the space provided.

1. An hour and a half after the scheduled time, Beth realized that she accidentally missed giving Mr. Reed his medication. What should she do?
2. On the next medication round, Mrs. Brown refuses her medication. What should Beth do?
3. It was a bad day for Beth. Mr. Green spit out a pill he was supposed to take. Now what should Beth do?
4. The facility administrator found out that Mrs. Brown's medication has been discontinued. The administrator asked Beth to follow through with the appropriate steps. What does Beth need to do?
5. Mr. Green's family wants to take him home for the weekend. What should Beth do about his medications?



When you are finished with the exercise, restart the video.

Segment 4, Part C:

What To Do If A Resident Reacts Badly to Medication

Objectives:	Describe some ways a resident may react badly to medication
	List what you should do if a resident reacts badly to medication
	List some symptoms of adverse reactions
	Explain what to do in the case of a life threatening situation

Medication can affect each resident differently, and sometimes it can cause problems. As you help residents take medications, it is important to let your supervisor know if the resident seems to experience any changes or complains about something like a rash after they take the medication. You may notice something about the resident, like the fact they seem nervous, or they are sweating, or something else that doesn't seem normal. When you let your supervisor know, be sure to write down in the resident's medication record what day and what time you talked to them.

How Medications Can Affect You

The type of things just described are called **adverse reactions**. They can make a resident feel worse, and they happen because a resident is allergic to the medication, because one medication interacts with another medication in the resident's body, or because the medication interacts with food the resident has eaten. These kinds of reactions can happen with prescription or non-prescription medications and they can be very serious. You must call the physician immediately if you see something is wrong or if you feel something is wrong. If the problem seems to be threatening the life of the resident, you should call 9-1-1 immediately.


Some of the examples of symptoms you might see include:

Upset stomach	Difficulty breathing
Stomach cramps	Coughing
Rashes	Restlessness
Changes in skin color	Headaches
Dizziness	Sweating

A complete list of medications that are commonly prescribed in residential care facilities and their side effects is included on page 55 of your workbook.

If a resident has any type of adverse reaction, the medication or the amount of medication they are taking may need to be changed. Write down any problems on the resident's medication record, and tell your supervisor immediately. Write down the day and time you told your supervisor in the resident's medication record.

If the reaction is serious, or life-threatening, follow these steps:

1.  Call 9-1-1
2. Let your supervisor know, or if your supervisor is unavailable, let the facility administrator know. Write down who you talked to, what date it is and what time it is in the resident's medication record as soon as you can, once the emergency is over.
3. Call the resident's doctor.
4. Call the resident's family or legal guardian.

NOTE: You can get additional information on adverse reactions from:

- ⇒ a pharmacy – ask for a Patient Information Handbook
- ⇒ the consultant pharmacist
- ⇒ the Internet – some good sites include: www.rxlist.com and www.healthtouch.com
- ⇒ your facility – materials should be available for your use
- ⇒ your local library



INSTRUCTIONS:

Stop the tape.

Review Segment 4, Part C, then complete the exercise on page 56.

COMMON MEDICATIONS & SIDE EFFECTS

Medication	Use	Possible Side Effects
ACE Inhibitors, Digitalis	Heart Med.	Coughing, rash, fluid retention, kidney problems, lost sense of taste
Ampicillin & Amoxicillin	Anti-Infection	Nausea, vomiting, diarrhea, mouth or throat irritation
Codeine	Pain Relief	Lightheadedness, dizziness, sedation, constipation
Cortisporin	Skin Problems	Burning, itching, irritation, dryness
Dalmane (Flurazepam)	Sedative	Dizziness, headache, unsteadiness, clumsiness
Darvon (Propoxyphene)	Pain Relief	Dizziness, nausea, vomiting, addiction, constipation, rash, lightheadedness, headache, weakness, hallucinations
Demorol (Meperidine)	Pain Relief	Dizziness, nausea, vomiting, constipation, rash, itching, sweating, shortness of breath
Digoxin	Heart Med.	Nausea, vomiting
Floxin (Ofloxacin)	Skin Problems	Nausea, insomnia, headache, dizziness
Hydralzine	Heart Med.	Headache, rapid heartbeat, joint pain, vomiting, diarrhea
Hydrocodone (Acetaminophen)	Pain Relief	Lightheadedness, dizziness, nausea, vomiting, sedation
Hygroton (Chlorthalidone)	Diuretic	Dizziness, lightheadedness, nausea, diarrhea, loss of appetite, rash, vomiting, severe thirst
Ibuprofen	Pain Relief	Headache, upset stomach
Lasix (Furosemide)	Diuretic	Dizziness, nausea, vomiting, diarrhea
Librium (Chlordiazepoxide)	Tranquilizer	Weakness, dizziness, lightheadedness, headache, unsteadiness, confusion (especially in elderly)
Lotrisone (Betamethasone, Clotrimazole)	Skin Problems	General skin irritation, rash, stinging, blistering
Morphine	Pain Relief	Shallow breathing (especially in elderly), addiction
Pavabid (Papaverine Hydrochloride)	Heart Med.	Nausea, stomach pain, constipation, malaise, drowsiness, sweating, headache, rash, diarrhea
Percodan (Oxycodone)	Pain Relief	Vomiting, dizziness, blurred vision, nausea
Phenobarbital	Seizures, Sleep	Diarrhea, drowsiness, lightheadedness, clumsiness
Pyridium (Phenoazopyridine)	Anti-Infection	Headache, upset stomach, cramps, rash, fatigue
Quinidine (Quinaglute)	Heart Med.	Diarrhea, nausea, vomiting, heartburn
Thorazine (Chlorpromazine)	Tranquilizer	Nausea, vomiting
Valium (Diazepam)	Tranquilizer	Drowsiness, fatigue
Xanax (Alprazolam)	Tranquilizer	Dependence, seizure

Sources: *Healthtouch Online for Better Health*, www.healthtouch.com
 Rx List Services, www.rxlist.com

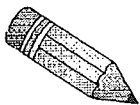
Segment 4, Part C

REVIEW EXERCISE

The purpose of this exercise is to review how residents may react to medications and what to do if they react badly. *You may use your workbook to find the right answers.* Groups of 2 or more people should discuss their answers when everyone is finished.

Identify the possible adverse reaction(s) in each of the following scenarios.

1. About an hour after he had taken some new medication, Mr. Jones started to feel dizzy and developed a rash on his chest.
2. Though the arthritis medicine usually didn't bother her, Mrs. Green noticed that her stomach was upset after she took the medication.
3. As Beth was walking through the main living area of the facility where the residents gather, she glanced over at Mr. Reed. His skin seemed to be paler than usual and he was sweating.
4. After eating dinner and taking her medication, Mrs. Smith felt like she needed to use the oxygen machine because she was having trouble breathing.
5. Mrs. Brown's doctor prescribed a new heart medication for her. The first time Mrs. Brown took it she noticed that her skin looked blotchy.



INSTRUCTIONS:

Review Section 4 then take the practice exam beginning on page 57. Watch the conclusion of the video once you have completed the exam.

Segment 4

Practice Exam

NAME: _____ Date: _____

Instructions:

Complete the practice exam without looking at your workbook or watching the video. When you finish, give the exam to your instructor or someone in the facility responsible for training.

Matching	Match the items in each column.
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Activity		Description
1.	_____ Helping residents	A. Using facility system, like color codes or a chalkboard, to know what medications each resident should be taking at what times
2.	_____ Logging medications	B. Use clean hands, clean cups and clean spoons and always wear gloves
3.	_____ Handling medications	C. Putting medications in a locked compartment or in a refrigerator
4.	_____ Storing medications	D. Writing down medications received in the facility in a journal or log
5.	_____ Scheduling medications	E. Taking medication out of the storage unit, verifying it is the right medication in the right amount for the right resident

(Continued on the next page.)

True or False	Decide if each of the following statements are True or False. Circle "T" for True and "F" for False.
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6. T or F Normally, you have one hour between the time a medication is supposed to be taken and the time it can actually be taken.
7. T or F If the resident refuses to take the medication, record it in the medication record.
8. T or F If the resident spits out a pill, you may throw it away and record what happened.
9. T or F It doesn't matter where you store a medication that you must hold for the consulting pharmacist.
10. T or F If residents leave the facility for the weekend, you do not have to count the medications they take with them.
11. T or F If a resident has any type of bad reaction to a medication, the medication may need to be changed.
12. T or F If a resident's reaction to a medication seems life threatening, the *first* thing you should do is call the resident's family.
13. T or F When a medication is changed, discontinued or recalled and there is still some medication left in the container it came in, you should go ahead and throw away the medication.
14. T or F If a resident leaves the facility for the weekend, count the medications they are taking with them and have the resident or guardian sign the form that lists how much medication they are taking with them.

CONCLUSION

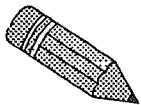
As you can see, when you help a resident take their medications, you are playing an important role. It is one of the most serious parts of your job because your help makes sure the resident is taking their medications in a way that is safe and effective.

We hope you have found this program informative, and urge you to take the workbook home and study it. If you ever have any questions about any medications, whether they are prescription or non-prescription, ask someone who can help -- your supervisor, the resident's doctor, the pharmacist who filled the prescription, the consulting pharmacist who works with your facility, or a nurse.

Remember, it is always better to be safe than to be sorry!

Now, take the final test – and good luck!

INSTRUCTIONS:



Prepare to take the final exam by reviewing Sections 1-4 of your workbook and/or watching the video again.

