

RECERTIFICATION AGENDA

- ⇒ THE FOUR LEVELS OF MEDICATION DELIVERY
- ⇒ THE 11 STEPS OF AWMD
- ⇒ MEDICATION REFUSALS
- ⇒ ANAPHYLACTIC SHOCK
- ⇒ MEDICATION-RELATED EMERGENCIES
- ⇒ THE SIX RIGHTS
- ⇒ PREVENTING MEDICATION ERRORS
- ⇒ DOCUMENTATION PROCEDURES
- ⇒ HANDLING DISCONTINUED, CONTAMINATED, AND REFUSED MEDICATION
- ⇒ AGENCY POLICY AND PROCEDURES
- ⇒ COMPETENCY





LEVELS OF SUPPORT WITH MEDICATION

INDEPENDENT SELF-ADMINISTRATION OF MEDICATION

The individual is . . .

- Able to determine if he/she is receiving the expected response.
- Able to identify each medication, including purpose, prescribed dose, correct medication route, and most common potential side effects. Essentially, they know all about their medications.
- Able to understand the times the medication is to be taken and what to do if a dose is missed; and
- Able to complete the entire process of taking the medication independently from start to finish.
- Able to take measures to report side effects.

SELF-ADMINISTRATION OF MEDICATION WITH PHYSICAL ASSISTANCE

- Individuals with physical challenges that prevent them from completing the process of taking medication independently, but who otherwise meet all criteria for Independent Self-Administration, may receive support from trained staff.
- The individual served must be able to identify each medication, including its purpose, most common expected side effects, prescribed dose, and times to be taken.
- The person must be able to take measures to report side effects.
- These criteria do not apply to the following routes: intramuscular, subcutaneous, intravenous, nebulizer inhalation (unless pre-mixed) and/or nasogastric tube.

ASSISTANCE WITH MEDICATION DELIVERY

With consent of the guardian or surrogate health decision maker, support staff may assist with medication delivery if:

- The condition(s) for which the individual takes medication is/are stable as determined by a nurse, according to criteria in the Medication Administration Assessment Tool (MAAT).
- The individual is unable to independently complete the entire process of taking the medication and/or determine if they are receiving the expected response.
- The individual has the ability to communicate to staff (e.g., verbally, through gestures) that he/she is experiencing pain or discomfort.
- Staff have completed this two-day training for assisting with medication.
- Staff have completed individual-specific training requirements specified in the ISP.
- Staff have the ability to teach the individual how to self-administer medications.
- The individual may know some, but not all steps of the process.

MEDICATION ADMINISTRATION BY LICENSED/CERTIFIED PERSONNEL












If the individual cannot independently self-administer, licensed/certified personnel are needed when . . .

- The individual takes medication via specific routes: intramuscular, subcutaneous, intravenous, nasogastric tube, and/or nebulizer inhalation (if not pre-mixed, if used in an acute or on an as needed basis, or if the medication is new and the person is not yet stable).
- Pre-delivery assessment is needed before each dose is taken (until specific criteria are met).
- The individual's medical condition is not stabilized and requires ongoing nursing assessment of medication effectiveness.

There are specific exceptions to these guidelines (e.g., a Family Living provider who is related by blood, adoption, or marriage who has completed this course and has received individual-specific training conducted by the individual's healthcare practitioner). Additional exceptions are described in the DDSD Medication Delivery Policy.

OVERVIEW OF MEDICATION DELIVERY

The individual(s) you support should be completing these steps as independently and safely as possible. We, as support personnel, should be assisting them only as necessary. Our goal is for them to learn and “own” the process.

1		Recognize the time
2		Wash hands thoroughly
3		Gather needed items
4		Find a quiet area
5		Compare medication labels with the medication administration record (MAR)
6		Remove correct dose
7		Prepare to take medication
8		Take medication
9		Complete documentation
10		Store everything properly
11		Observe for medication effects

MEDICATION REFUSALS



When an individual refuses to take medication, there are some important things to consider:

⇒ **Behavior is a form of communication.**

What is the person trying to communicate through the refusal? For example, is she/he trying to avoid negative side effects? Is he/she experiencing pain? Or is the person attempting to express something about his/her cultural values and beliefs?

⇒ **Individuals have the right to refuse medication and be informed about their medication.**

It is important to encourage individuals to take their medication; however, we cannot force them to take it. It is a violation of rights to “hide” medication in food/drink without the person’s knowledge. And remember that a medication refusal is not a medication error.

⇒ **Environmental factors may be contributing to the refusal.**

Is the time of day a factor? What is the noise level in the room/area? What happened prior to the refusal? Does the person need some time to calm down?

• **Other things to consider:**

DURING MEDICATION REFUSALS



1. _____ that the person is actually supposed to take the medication.
2. Attempt to find out the reason _____ the person is refusing to take the medication (e.g., side effects, incorrect medication).
3. If the person indicates that he/she is experiencing negative side effects, contact _____ or _____. It is also important to use a medication resource (such as a _____ or a _____) to find out more about the side effects.
4. Make sure that you are honoring the person's _____. For example, you may be deviating from the person's preferred routine; if so, try to accommodate the person as much as possible.
5. Follow recommended _____ for success.
6. Ensure that the person is making an informed decision by explaining the expected _____ and possible side _____ of the medication.
7. Continue to offer the medication to the individual every few _____ until the _____-_____ window has expired.
8. If the window has expired and the person has not taken the medication, follow the disposal procedure for refused medications. Then, _____ the refusal to _____ at your agency and _____ the refusal.

IF A PATTERN OF REFUSAL DEVELOPS, THE PERSON'S INTERDISCIPLINARY TEAM NEEDS TO MEET TO ADDRESS THE ISSUE AND THE INDIVIDUAL'S DOCTOR MUST BE NOTIFIED.

ANAPHYLACTIC SHOCK

Anaphylactic shock is a severe allergic reaction involving the cardiovascular system (heart and blood vessels) and the respiratory system. Anaphylactic shock can lead to death.

Because people can die from anaphylactic shock, it is urgent that they receive medical attention as quickly as possible.

The signs and symptoms of anaphylactic shock may include:



- ⇒ Swelling of lips and tongue
- ⇒ Difficulty breathing
- ⇒ Wheezing and coughing
- ⇒ Swelling in the large airway leading to the lungs (laryngeal edema)
- ⇒ Hives (pink/red, swollen, and/or itchy blotches of skin)
- ⇒ Turning blue due to a lack of enough oxygen in the blood (cyanosis)
- ⇒ Rapid swelling of fluid under the skin (angioedema)
- ⇒ Paleness, sweating, dizziness
- ⇒ Shut down of the cardiovascular system (e.g., decreased pulse rate)
- ⇒ Seizures/convulsions (rare)
- ⇒ Unconsciousness

**ANAPHYLACTIC SHOCK IS LIFE THREATENING.
FOLLOW YOUR AGENCY'S EMERGENCY PROCEDURES.**

MEDICATION-RELATED EMERGENCIES



EXAMPLES OF MEDICATION-RELATED EMERGENCIES:




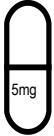


- ❖ Possible overdose
- ❖ Severe allergic reaction (such as anaphylactic shock)
- ❖ Severe side effects
- ❖ A severe reaction someone has from *not* getting their medications

WHAT TO DO DURING A MEDICATION-RELATED EMERGENCY

COMPLETE REQUIRED DOCUMENTATION:

THE SIX RIGHTS

There are six things that must be verified each time a person takes medication:

	RIGHT TIME	
	RIGHT PERSON	
	RIGHT MEDICATION	
	RIGHT DOSE	
	RIGHT ROUTE	
	RIGHT DOCUMENTATION	

WHAT ARE SOME THINGS THAT CAN HAPPEN IF ALL OF THE SIX RIGHTS ARE NOT VERIFIED?

1. _____
2. _____
3. _____
4. _____

MEDICATION ERRORS

(AND WAYS TO  THEM)

MEDICATION ERRORS	WAYS TO AVOID ERRORS
MISSED DOSE (OMISSION)	
WRONG TIME	
WRONG PERSON	
WRONG MEDICATION	
WRONG DOSE	
WRONG ROUTE	
WRONG DOCUMENTATION	

WHAT SHOULD YOU DO IF YOU KNOW A MEDICATION ERROR HAS OCCURRED?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



DOCUMENTATION PROCEDURES

DOCUMENTS USED:

SITUATION	DOCUMENTATION PROCEDURES
Joe takes his medication as scheduled.	
Carlos takes a prescribed controlled medication as scheduled.	
Bea takes a PRN (as needed) medication.	
Maria gets a refill of her medication.	
The doctor discontinues one of Dee's medications.	
A person has a drug or a food interaction with a medication.	
Martin went to his aunt's for the weekend and she seems to have misplaced or lost his medication.	
Sherry is supposed to take her medication at 8:00 PM. It is now 9:00 PM, and she is still refusing.	
The doctor writes Bill a new prescription.	
The pharmacist accidentally packed three pills in one bubble instead of two. Not paying attention, Ellen takes all three pills.	
One of Jenny's staff helped her with her 6pm seizure medications but didn't document it on the MAR. As a result, a second staff accidentally assisted her with a double dose.	

NEVER DISPOSE OF MEDICATION ON YOUR OWN!



When a medication is refused, contaminated, discontinued, outdated, or recalled, follow these procedures and/or your agency-specific protocol:

1. Place the medication in a bag that can be sealed.
2. Label the bag with the person's name, medication name, date, and time.
3. Place the sealed bag in the discontinued lock box or designated area in a locked med cabinet.
4. Fill out proper forms:

5. Ensure that the agency healthcare coordinator and the consultant pharmacist are notified.

AGENCY POLICY AND PROCEDURE ADDITIONAL NOTES

A large rectangular box with a 3D effect, intended for additional notes. The box has a light gray top and bottom surface and a darker gray side surface, creating a frame-like appearance. The interior of the box is white and empty, providing space for handwritten or typed notes.