

## **Assistance with Self-Administration of Medication: Guide to CNA/HHA**

### **Introduction**

As a caregiver, you might need to assist a resident or client at home or at an assisted living facility (ALF) with medications. It may be your job to pick up medications at the pharmacy, check them when they are delivered, and make sure that they are taken as directed. Also, one of the most important services an ALF may provide is assisting a resident with medications. For caregivers in ALFs, this is frequently the crucial component of caring for residents. Most people move to an ALF because of a need for assistance with personal care, including assistance with medications, and other activities of daily living. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

As a general rule, caregivers usually are required to assist residents with medications because of a physical or mental condition which limits the resident's ability to self-administer. You will be assisting residents with medications as prescribed by a health care provider and perhaps, assisting with over-the-counter medications a resident chooses to take. The health care provider is a physician, physician's assistant, or advanced registered nurse practitioner. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Talking with a Resident's Health Care Provider**

When you or another staff member contact a resident's health care provider, be ready to provide organized information and be prepared to ask for direction. Review the resident's record prior to contacting the health care provider. Determine the specific conditions or behavior you wish to discuss, including the amount of time the resident appears to have been experiencing such conditions and any other pertinent information you have about the resident. Have the phone number for the pharmacy available. If another staff member speaks to the health care provider, be sure you find out the results of the contact. Document all calls and instructions given. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Assisting Residents to Take Medications**

If residents in assisted living facilities can self-administer their medications, they should be encouraged to do so. However, many residents need or desire some assistance with self-administration. As an unlicensed person who has successfully completed the medication assistance course, you may assist them, but there are limits to the help you may provide. Importantly, unlicensed persons may not "administer" medications. Only a licensed nurse or doctor may administer medications.

Informed Consent: Assisted Living facilities are required to advise residents that assistance with medications can be provided by an unlicensed person and whether the assistance will or will not be overseen by a nurse. Having been informed, the resident or

the resident's representative must consent to this before unlicensed staff can provide "assistance with self-administration."

The facility must document that consent has been received by obtaining a written and signed informed consent from the resident or the resident's representative prior to assisting the resident with his/her medications for the first time. Your facility should have a procedure for obtaining informed consent from residents who will be receiving assistance with their medications. Be familiar with that procedure.

In order to provide assistance with medications, you must be at least 18 years old and have been trained to assist residents with their medications (completed a 4-hour medication assistance course). The training may be provided only by a registered nurse (RN), a licensed pharmacist, or The Department of Elder Affairs.

Assistance with self-administration of medication includes the following:

- Taking a properly dispensed and labeled medication from where it is stored and bringing it to the resident;
- In the presence of the resident, reading the label, opening the container and removing the prescribed amount of medication;
- Closing the container;
- Placing an oral dosage (generally pills) in the resident's hand; or
- Placing the oral dosage in another container, such as a small cup, and helping the resident by lifting the container to the resident's mouth;
- Returning the medication container to the storage area, and storing the medication properly; and
- Documenting the assistance on the MOR.

Assistance with Medication does not include:

- Mixing, compounding, converting or calculating medication dosages;
- Preparation of syringes for injections and giving injections;
- Administration of medications through intermittent positive pressure breathing machines or a nebulizer;
- Parenteral preparations (medications which are not taken by mouth or applied topically such as intravenous medications, etc);

- Irrigations or debriding agents, such as for the treatment of pressure sores;
- Rectal, urethral, or vaginal preparations (such as suppositories);
- “As needed” medications which require judgment; and
- Any medication which requires judgment or discretion on the part of the unlicensed person. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **The 5 Rights of Medication Assistance**

Right Resident takes the  
 Right Medication and the  
 Right Dosage (Amount) at the  
 Right Time by the  
 Right Route

### Right Resident

Make sure you know who the residents are. If you are a new employee or have new residents, work with another staff member who knows the residents. Some facilities keep pictures of residents (with their permission) with the MOR. You should still confirm the resident’s identify with the resident.

### Right Medication

Check the medication three times. Check the MOR. Check the medication label. Verify the labeled container with the MOR. Read the label to the resident.

### Right Dosage

Check the dosage. Make sure the resident takes the correct amount of medication, whether it’s in spoonfuls, tablets, or drops.

### Right Time

Medications must be given at the time prescribed. Standard practice is that medications must be given within one hour before or one hour after the time indicated on the label and MOR. Medication given outside that time span is a medication error.

### Right Route

Give the medications in the manner directed. For example, ear drops are placed in the ear, etc. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## Medication Labels

In an assisted living facility, assistance with prescription medications can only be provided to residents with a doctor's order. Once this assistance is provided, it is the caregiver's

### Prescription Labels

Rx = Prescription: A written directive to a pharmacist giving names and quantities of ingredients to be combined and dispensed for a particular patient.

### Example of Prescription Label:

*MCMAHON PHARMACY,  
200 MAIN STREET BOCA RATON, FL  
Ph. 561-555-8787 Fax 561-555-8686  
Rx# 5564 Dr. William Johnson  
Mabel Poole 3/15/99  
TAKE 1 TABLET BY MOUTH TW ICE DAILY  
TAKE ON EMPTY STOMACH  
VIDEX 100mg QTY. 60  
REFILLS: 01  
Discard by: 3/15/01  
(Dept. of Elderly Affairs. Retrieved February 12, 2011)*

Prescription drug labels should be written according to the doctor's order and should include:

- Resident's name
- Name of the drug
- Strength of the drug
- Quantity of drug in the container
- Time medication should be taken
- Any directions for use or special precautions
- Date the prescription was filled and number of refills
- Prescriber's name, (i.e. Doctor)
- Pharmacy name, address and phone number

- Rx number
- Expiration date/discard date/ do not use by date

Note: You cannot make changes on prescription label. Only a pharmacist can change a prescription label.

### Auxiliary Labels

Sometimes, the pharmacist will place a smaller, additional label (usually colored) on the container with special instructions, such as the following:

- “Shake well before using.”
- “Do not drink alcoholic beverages when taking this medication.”
- “Medication should be taken with plenty of water.”
- “May cause drowsiness.”
- “Take with food.”

It is important to read the auxiliary labels as well as the full prescription label. If your pharmacist is not using auxiliary labels, you should request them. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **“AS NEEDED” or “PRN” Medication Labels**

Assistance with an “as needed” or “PRN” medication by an unlicensed person may only occur at the request of a competent resident. A resident who is unable to request an “as needed” or “PRN” medication appropriately would require this type of medication to be administered by a licensed person, (i.e. Licensed nurse).

Unlicensed persons can only assist competent residents with “PRN” or “as needed” medications with an appropriate medication label. The instructions must be clear and not require any judgment on your part. The following label provides clear instructions on how this medication may be taken:

### Example of “As Needed” or “PRN” Medical Label

*MCMAHON PHARMACY*  
200 MAIN STREET, BOCA RATON, FL  
*Ph. 561-555-8787 Fax 561-555-8686*  
Rx#8989 Dr. Tom Johnson  
Mabel Poole 3/15/99  
TAKE 2 CAPSULES EVERY 3-4 HOURS AS  
NEEDED, BY MOUTH FOR DIARRHEA. CALL DR.  
IF SYMPTOMS PERSIST MORE THAN 3 DAYS.  
MAXIMUM 6 CAPS PER DAY.  
GENERIC FOR IMMODIUM.  
LOPERAMIDE 2MG CAPSULE QTY 30  
DISCARD AFTER: 07-30-00  
(Dept. of Elderly Affairs. Retrieved February 12, 2011)

All “PRN” or “as needed” medication labels should include the following:

- The conditions for which the medication should be given
- The dosage of medication to give (1-2 capsules)
- The hours it should be given (every 3-4 hrs)
- The upper limit of dosages (Maximum of 6 capsules per day. Call doctor if symptoms persist more than 3 days).
- Unlicensed staff may assist with “as needed medications only at the request of a competent resident

### Clarifying “As Needed” or “PRN” Prescription Labels

When an “as needed” or “PRN” medication is labeled without all of the necessary information, you are required to contact the health care provider to obtain any missing information. An unlicensed person may obtain such clarification from the health care provider; revised instructions clarifying the order are not considered a change in the health care provider’s order.

### How to Clarify “As Needed” or “PRN” Medication Orders

- Immediately after receiving the medication, determine what information is missing. For example, the upper dosage limits for the medication or why the medication may be requested.

- Call the health care provider's office and explain that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. Ask for the precise information that is missing.
- Ask the health care provider's office if they can fax you a copy of the revised instructions. If they cannot do this, write down the instructions and repeat it back to the health care provider. This process will decrease the likelihood of mistakes.
- Write in the revised instructions or the missing information on the medication record under the directions for use. Initial the entry. The medication record should also include a dated and signed notation that the health care provider was contacted to obtain revised instructions for the medication and what the revisions are. This notation is often placed on the back of the medication observation record. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **Medication Orders**

### Medication Orders Which Require Judgment or Discretion

As an unlicensed person, you are prohibited by law to assist with medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion.

### Changes in Medication Order

Any change in directions for use of a medication for which the facility is providing assistance with self-administration of medication must be accompanied by a written medication order issued and signed by the resident's health care provider. Unlicensed persons cannot implement any changes without first obtaining a written order. To ease this process, a faxed copy of the order is acceptable.

### Implementing a Change in Medication

- Obtain a copy of the medication order which clearly states the new directions for use from the health care provider.
- Discontinue the previous entry (old directions for use) on the medication observation record on the day the new order was received. Record an entirely new entry, with the new directions for use, on the medication observation record.
- Place an "alert" label on any existing medications for which the direction for use have now been changed or obtain a new medication label with the new directions from the pharmacist. "Alert" labels are used to direct staff to examine the revised directions for use in the medication observation record. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **Advising the Resident and Your Employer when you are Unable to Assist With a Medication.**

- When medications orders or new deliveries of labeled medications are received, check to make sure the instructions do not require judgment.
- If the instructions are not clear, or if you will be required to make a decision about when or how to give the medication, contact the administrator or your supervisor. Advise him/her that you are unable to assist the resident with the medication and the exact reasons for this.
- Advise the resident that the medication requires judgment. If you are to assist with the medication, call the health care provider to request clear instructions. Let the resident know that you will inform him/her of the results of your conversation with the health care provider.
- When contacting the health care provider about medications that require discretion or judgment, inform the health care provider that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. Inform the provider that as an unlicensed person, you are prohibited from assisting with medication which requires discretion or judgment, and that you would like to discuss the options for the resident. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **Medication Observation Records**

### The MOR

A medication observation record must be kept for each resident who receives assistance with medications. Medication observation records (MOR) must include:

- The name of the resident.
- Any known allergies the resident has.
- The name and telephone number of the resident's health care provider.
- The name of each medication prescribed and its strength and direction for use.
- A record of each time the medication was taken.
- A record of each time the medication was taken.
- A record of any missed dosages, refusals to take medications as prescribed, or medication errors.

## Working with the Medication Observation Record

The MOR is your record of all the medications a resident is receiving assistance with and the verification that you have assisted a resident to take his/her medication.

When you provide assistance to a resident, record it. If a resident refuses to take a medication, record the refusal code on MOR front, and explain why the resident refused the medication on the MOR back. Contact with the resident's physician should also be noted.

When a resident is hospitalized or out of the facility and does not receive assistance with medication, indicate this on the MOR. For example, write "H" in the box you would typically initial if the resident is hospitalized, or "O" if the resident is out of the facility. On the back of the MOR, keep a record of when the resident takes his/her medications out of the facility so this matches the chart.

Record the reasons for missed dosages and medication errors on the back of the MOR. Any resulting actions should also be noted, (i.e. Contacting the health care provider and instructions given).

When an order is changed, the original entry on the MOR should not be altered. Instead, the original order should be marked "discontinued" and the new order written in a new space.

The order written on the MOR must match the prescription label exactly. If the label says Buspar 5mg take 2 tablets twice daily, the MOR cannot read differently. MOR's should contain the signature and initials of each staff person who will be using the MOR.

Abbreviations should not be used on the MOR.

DO NOT begin to assist the next resident until the MOR is completed on the resident you are currently assisting, and that resident's medication has been returned to the storage area. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Storage and Disposal of Medications**

Resident's rooms are their private spaces. Staff should not violate this by searching through their drawers and cabinets without residents' permission. You should, however, be aware of the conditions in the room. Are there any pills on the floor? Are there excessive amounts of over-the-counter medications in the room? When you are assisting the resident to put away clean clothes in drawers, observe for any medications that may be hidden. Ask the resident's permission to review the expiration dates on medication bottles. If you do observe any pills on the floor or any other irregularity discuss it with the resident and report it to the supervisor.

### Storage of Medications by Residents

Since assisted living facilities are residents' homes, residents who are capable of managing their own medications are allowed to manage them. Residents are also allowed to keep both prescription and over-the-counter medications in their rooms. There are, however, some limitations.

- If a resident self-administers his/her medications with or without assistance, he/she may keep them in his/her room, but:
- Either the room must be locked when the resident is out of the room, or the resident must keep the medications in a secure place which is out of sight of other residents.
- When residents share rooms, medications should not be kept in a shared medicine cabinet, for example, in the bathroom.
- Medications should not be left out on a night stand or dresser.
- A resident keeping medication in the room may endanger his/her roommate. In such instances, different arrangements must be made to provide a safe environment for both residents.

### Centrally Stored Medications

Medications must be centrally stored if:

- The facility administers the medication;
- The resident requests that the facility store his/her medications.
- A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession;
- The resident does not keep it in a secure place or keep his/her room locked when absent;
- The facility determines that because of physical arrangements and the conditions or habits of residents that the resident keeping his/her medication poses a safety hazard to other residents;
- Facility policy requires all residents to centrally store their medications.

All Medications which are centrally stored, must be:

- Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times; and
- Located in an area free of dampness and at normal temperature levels, unless the medication is required to be refrigerated.
- If required to be refrigerated, must be kept in locked container in the refrigerator, or the refrigerator must be locked, or the room or area where the refrigerator is located must be locked.
- Must be kept in their legally dispensed, labeled package, and kept separately from the medication of other residents. Weekly pill organizers cannot be centrally stored without a proper label.
- Staff trained to assist with or licensed to administer medications must have access to keys to the medication storage area or container at all times.

### Medication Storage Tips

The medication storage area should be well organized to reduce the risk of errors and to help save time when assisting with medications. Place medications in a systematic order, for example, in alphabetical order by resident name.

Always store medications in their labeled containers. If, for example, a tube of medication arrives in a box labeled by the pharmacy, the medication must be stored in the labeled box.

Do not expose medications to extremes in temperature or moisture, unless medications are supposed to be refrigerated.

Store medications for the eye, ear, nose and throat separately. For example, in different drawers of a medication cart, or by using drawer dividers.

Store discontinued medications separately from medications being used currently. This will prevent you from continuing to give a medication which is no longer prescribed.

Ask a pharmacist to help you set up a system and organize your storage area. Occasionally ask a pharmacist to spot check your storage area and make recommendations for changes or improvements.

Medication containers must be properly closed or sealed so that medications do not become loose and get mixed together.

### Storage of Over-the-Counter (OTC) Medication

An ALF can not have a “stock supply” of over-the-counter medication. Bottles of aspirin, Maalox, etc. may not be kept for use by multiple residents. However, individual residents may have their own OTC medications.

Residents may be allowed to keep over the counter medication in their rooms if they self-administer their medications, with or without assistance. If the resident requires medication to be administered, he/she should not store OTC medications in his/her room.

An ALF may centrally store OTC medications for residents. If you are storing OTC medications of r residents that have not been prescribed by the health care provider, they must be labeled with the resident’s name, and the manufacturer’s instructions for use must be kept with the medication.

When an OTC medication is prescribed by a health care provider, the medication must be stored in the same manner as prescription medication and managed according to the prescription label/instructions just like prescribed medication.

### Discontinued Medication

When a resident’s medication has been discontinued but has not expired, the medication should be returned to the resident (if safe) or the resident’s representative/guardian, or the facility may centrally store the medication for future use of the resident.

When centrally storing discontinued medications for residents, remember that only medications which have not expired may be kept. These medications must:

Be stored separately from medications in current use. (For example, in a separate drawer.)

The medication must be kept in a separate area which is marked “Discontinued Medication.” Remember, do not alter or write on the medication label when a medication is discontinued. In addition, when storing discontinued medications, write the date the medication was discontinued and the name of the health care provider who gave the order to discontinue the medication on the medication observation record and keep a copy of this information with the discontinued medication. Store each resident’s discontinued medication together: For example, in a plastic bag, with the residents name clearly marked on the bag, in the area marked “Discontinued Medications.”

If a medication which was previously discontinued, but has not yet expired, is re-prescribed, it may be used in lieu of having a new prescription filled. However, ALF staff must be sure that they are using the right medication and strength by checking with a pharmacist or the prescribing physician.

### Disposal of Abandoned or Expired Medications

The ALF is responsible for storing, managing and disposing of medications properly:

**Abandoned or Expired Medication:** When a resident's stay in the ALF has ended, the medications must be returned to the resident, or the resident's representative, unless otherwise prohibited by law. You must notify the resident, or his/her representative, that the medication needs to be removed. The resident or representative may take the medications or request that you dispose of the medication. If you do not hear from the resident or resident's representative within 15 days of notification, the medications may be considered "abandoned" and the ALF needs to dispose them.

**Medication Disposal:** Medication must be disposed of properly. There are two ways to dispose of discontinued, abandoned, or expired medications: The medication may be taken to a pharmacist for disposal; or the medication may be destroyed by the administrator, or person(s) designated by the administrator and one witness. (To destroy medications in a facility, you may flush them down the toilet.)

### When Residents Leave the ALF for Temporary Absences

Residents may leave an ALF on a temporary basis for a variety of reasons. For example, residents may attend day programs in the community, others may go away for the weekend or longer with family and friends. In all instances, it is important that residents continue to receive their prescribed medications.

When a resident who receives "assistance with the medication" is away from the facility, the following options may be used to help the resident take the medication as prescribed:

The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility. For example, for residents who regularly go out during the day, ask the health care provider if the medication can be scheduled for when the resident is regularly in the ALF.

The medication container may be given to the resident or a friend or family member upon leaving the facility. This must be noted on the medication observation record. You may not transfer some of the medication into another container, for example, an envelope, to go with the resident.

A nurse may transfer the medication to a pill organizer and give it to the resident or a friend or family member upon the resident leaving the facility. This must be noted in the resident's medication record.

Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging, so that the resident may take the dosage needed with him/her. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **Medication Reordering**

For residents who receive assistance with medication or administration of medication, the ALF is responsible for making every reasonable effort to ensure that medications are refilled in a timely manner. Each ALF should have clear procedures for doing this. If you are not familiar with your facility's procedures, find out what they are prior to assisting residents with their medications.

Each ALF may have different procedures for reordering medications. Some ALFs designate a nurse to handle all health care orders, medication reordering, and disposal of medication, etc. It's imperative that each ALF has a system in place to ensure that residents do not run out of medications. Such a procedure should also address:

- Procedures for notifying families of the need for medication refills, if the family wishes to pick up prescription medications at a local pharmacy.
- Procedures to follow if the family doesn't bring medications in prior to the resident running out of medication.
- Procedures to follow when family members bring over-the-counter medications or herbal therapies to residents.
- Ordering medications by mail; handling order changes by mail. (Some residents have insurance which covers prescription medications only if they are ordered by mail.)
- Designation of responsibilities for medication reordering. (For example, the staff who work the second shift are responsible for reordering medications, or nursing staff is responsible, etc) (Dept. of Elderly Affairs. Retrieved February 12, 2011)

## **Providing Skilled Manual Assistance with Medications**

### Providing Assistance with Solid Doses of Oral Medication

Wash hands and prepare any necessary items: Water, juice, cups, spoons, etc.

Obtain the medication observation record.

Obtain the medication from storage. Verify medication has not expired.

Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.

Take the medication to the resident and tell him/her what medication you are providing by reading the label to him/her. Open the container in the presence of the resident.

Give the resident his/her medication, providing the type of assistance needed and with an appropriate liquid.

Observe the resident swallow the medication.

Record that assistance was provided on the MOR and return closed medication to storage.

Note: Do not touch the medication with your hands. Never assist with a medication poured by someone else. You cannot be sure what it is.

### Providing Assistance with Liquid Medication

Wash hands and prepare necessary items

Obtain medication from storage and verify medication has not expired.

Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.

Always use a cup or container which contains lined measurements. You may ask the pharmacist to mark the correct dosage on the cup you will be using.

Shake liquids enough to mix medication.

Hold cup at eye level. Use your thumb to mark off the correct level on the cup.

Pour medication into the cup and stop at the mark for the prescribed dose.

Give the cup to the resident. If necessary, assist the resident to lift the cup to his/her mouth. Observe the resident swallow the medication.

Record that assistance was provided on the MOR and return closed medication to storage.

Note: If the liquid is measured in drops, only use the dropper provided with the medication.

### Breaking Scored Tablets and Crushing Tablets

Scored Tablets: Sometimes a medication label will read: take half a tablet. You may break tablets and caplets which are "scored." A scored tablet has been imbedded for easier and even breakage; that assures the correct amount. You may use a pill cutter or your thumbs to break a scored medication. You must wear gloves if you handle the pill.

Crushing a Tablet: You may crush a medication only when the medication label specifically directs you to do so. Some medications are not meant to be crushed. In

general medications which are “sustained-release”, “controlled release”, “extended release” or which have an enteric coating may not be crushed. Pay close attention to the instructions on the label. It’s a good idea to check with the pharmacist to be certain a particular medication can be broken or crushed. Note: If a resident seems to be having difficulty swallowing medications, talk to the health care provider. Can the medication be crushed? Can the capsule be opened and mixed with food? Request specific directions for doing this. Could the medication be given in liquid form? Is there another medication which may be easier for the resident to swallow? Remember that you are assisting residents to take medications, not administering medications.

To Crush a Medication, using a Pill Crusher:

- Wash hands and obtain necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Place the pill in a soufflé cup (paper cup)
- Cover the cup with another soufflé cup
- Lower the lid of the pill crusher onto cup top and press
- Place crushed pill onto spoon with food (for example applesauce). Make sure you get all particles of medication from underneath the cup used on top.
- Record that assistance was provided on the MOR and return closed container to storage.

#### Assisting with Nasal Drops and Sprays

Some residents may need assistance with nasal drops and sprays. Allow each resident to do as much as possible for himself/herself. You may assist a resident with nasal drops or sprays in the following manner:

- Wash hands and prepare necessary items
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Ask the resident to gently blow his/her nose to clear the nasal passage.

- Ask the resident to either lie down or sit down and tilt his/her head back. If resident lies down, put a pillow under the resident's shoulders and allow the head to fall over the edge of the pillow.
- Ask the resident to elevate the nares slightly by pressing the thumb against the tip of the nose.
- Hold the dropper or spray just above the resident's nostril. Place no more than three drops at a time, unless otherwise prescribed. Do not touch the dropper or spray bottle tip to the inside of the nostrils.

### Assisting with Ear Drops

Some residents may need assistance with ear drops. Allow each resident to do as much as possible for him or herself. You may assist a resident with ear drops in the following manner:

- Wash hands.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Ask resident to tilt head so that ear needing drops is up and tilted slightly back, so drops cannot roll into the eye.
- Ask the resident to gently pull the ear up and back.
- Place drops in ear according to prescription. Do not touch the ear with the dropper.
- Hold head in position for approximately two minutes.
- Allow resident to wipe ear with a cotton ball or a tissue.
- Wash hands.

### Assistance with Eye Drops or Ointments

Some resident may need assistance with eye drops or ointments. Allow each resident to do as much as possible for himself/herself. You may assist a resident with eye drops or ointments in the following manner:

- Wash hands and gather necessary items.

- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Assist the resident to a comfortable position, either sitting or lying down.
- If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye. (From closest to the nose, to away from the nose.)
- Ask resident to pull lower lid down and out gently, or using forefinger, gently pull lower lid down and out.
- Ask the resident to look up.
- Approach the eye from the side and drop medication into center of lower lid. Do not touch the eye with the dropper. Do not drop directly onto the cornea. Use care so that the medication does not roll into the other eye. If assisting with an ointment, gently squeeze medication along inner lower lid. Do not touch eye with end of tube.
- Instruct the resident to close eyes slowly, but not to squeeze or rub them.
- After at least 30 seconds, instruct the resident to open eye.
- Allow resident to wipe off excess solution with a cotton ball or tissue.
- Wash hands and return medications to the storage area.
- Record that assistance was provided on the MOR.
- Note: If more than one medication is prescribed, wait three to five minutes between each medication. Observe the resident's response to the medication and report redness, drainage, pain, or itching.

### Application of Transdermal Medication

Transdermal medications are usually in the form of patches. You may assist a resident to apply a patch in the following manner:

- Wash hands and gather necessary items.
- Verify the medication label with the medication observation records. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.

- Explain to the resident how you will assist him/her.
- Open the package and remove the patch.
- Date and initial the patch. (and time, if appropriate)
- Remove the backing from the patch, using care not to touch medication with hands.
- Apply the patch to a dry, hairless part of the body according to package instructions. Watch for old patches that should be removed or absence of a patch that should be present. Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation.
- Wash hands immediately to avoid absorbing the medication yourself.
- Record that assistance was provided on the MOR and dispose of supplies appropriately.

#### Providing Assistance with Creams and Ointments

Wash hands and gather necessary items.

Verify the medication label with the medication observation records. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.

Put on gloves or use an applicator, such as a wooden tongue depressor or Q-tip, so that your hands do not come into contact with medication or affected skin.

Squeeze small amount onto a tongue depressor (or similar tool). (A 4 x 4 clean gauze pad may also be used to apply cream or ointment.)

Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin.

Discard tongue depressor and gloves and wash hands.

Record that assistance was provided on the MOR and return closed container to storage.

Note: You may assist only with creams or ointments that do not require a dressing.

#### Providing Assistance with Inhalers

Wash hands and gather necessary items.

Verify the medication label with the medication observation records. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.

Explain to the resident how you will assist him/her. Shake or invert the container several times to mix the liquid. Remove the cap from the inhaler.

Ask the resident to exhale, and then immediately place the mouthpiece of the inhaler into his/her mouth. Instruct the resident to close lips around the mouthpiece.

Ask the resident to inhale slowly as either the resident or you push the bottle against the mouthpiece one time.

Instruct the resident to continue inhaling until his/her lungs feel full, and then hold his/her breath for several seconds or as long as comfortable. Remove the mouthpiece from resident's mouth.

Instruct the resident to exhale slowly through pursed lips.

If a second puff is ordered, wait at least 30 seconds for valve pressure to rebuild. Again shake before reusing the applicator. Rinse the mouthpiece with warm water and recap.

The resident may wish to rinse his/her mouth with water.

Record that assistance was provided on the MOR and return medication to storage. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Side Effects**

Part of your role when assisting residents is to be aware that the resident may experience side-effects as a result of taking a medication. A side effect is the body's reaction to any given medication that is different from that which was intended by the health care provider. While we generally think a medication is supposed to make a person feel better, all medications have side-effects, some which may be tolerable and others which may be very dangerous and, in fact, life-threatening. Residents take many different kinds of medications. Each medication taken has a specific effect on the body. As a result, medications are classified according to how they will act in the body. Knowing how the medication is classified will help you understand its effect on the body. It is important to have some general knowledge of common medications classifications and their potential side-effects, adverse reactions, and drug interactions. Knowledge of common drug interactions can help prevent problems. A drug interaction occurs when a drug interacts with other drugs and/or certain foods to produce side-effects.

While it may not be possible to know all of the potential side-effects of the medications your residents are taking, there are some general side-effects which you should be aware of. Some mild side-effects can be taken care of by simple techniques. More severe side-

effects should be reported to the resident's health care provider immediately. On the following pages are guidelines for handling these general side-effects.

There are also a number of guides or handbooks which you might keep on hand for easy reference and which can usually be purchased at a local bookstore. Sometimes, a leaflet is included with a medication, Keep this and other up-to-date resources handy. Resources include: Nurse Drug Handbook, and Physician's Desk Reference.

Your facility should have clear procedures for responding to changes in a resident's condition. Such procedures should describe the type of changes which should be documented in the resident's record, when changes should be reported to the administrator, nurse, or health care provider and who should call the health care provider. If you are unaware of your facility's procedures, find out what they are prior to providing assistance with medication. Remember, you are responsible for safely assisting residents to take medications. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Do's and Don'ts for Assistance with Medication**

Wash your hands before handling medications, after coming into contact with a resident, and/or a topical medication. Wear gloves when appropriate.

Use clean, disposable cups, spoons, etc. Make sure the area where you will be assisting residents is clean, organized and clutter free.

Dispose of used cups, spoons, gloves, etc. immediately after each use.

Make sure there's good lighting.

Avoid distractions and interruptions while assisting residents with their medications.

Never leave medications unattended. If you must step away, even for a minute, lock the cart or the area until you return.

All centrally stored medications must be kept in their legally dispensed and properly labeled containers. Call the pharmacist immediately if a label becomes smeared or difficult to read.

Avoid using discolored medications. Call the pharmacist to discuss.

The same person who provides assistance must record on the MOR that assistance was provided.

Ask for help when you are unsure of things, are uncomfortable or have too many residents to assist at once.

An unlicensed individual is prohibited from providing assistance with medications for which the instructions are unclear or which require judgment or discretion. Seek clarification and alternatives for such situations.

Unlicensed persons may assist with “as needed” medication only at the request of a competent resident.

Medications cannot be “hidden” in foods or drinks. A resident may knowingly take a medication with food if it’s easier for him/her.

Medications should be given as close to the time prescribed as possible. A general guideline allows no more than one hour either way of the time prescribed.

Pay close attention to specific instructions, such as, “take with food,” “remain in a sitting position for ½ hour after taking,” and remind residents of such instructions.

Talk with residents about their medications and their concerns. Listen to what they say. You may pick up side effects, confusion, lack of compliance with medications or other problems.

Be aware of your residents’ “normal” appearance and behavior. If you observe changes in, consider that such changes may be due to medications and report such changes to the resident’s health care provider.

Especially for a new medication, check the resident frequently after first doses to evaluate the effect. (Dept. of Elderly Affairs. Retrieved February 12, 2011)

### **Medication Errors**

Each year, medication errors result in approximately 7000 deaths in the US. In 2006, the annual healthcare costs associated with medication errors in the US were approximately \$US3.5 billion. Given this fact, reducing the incidence of medication errors would significantly improve the current status of healthcare in the US. (Schein, Hicks, Nelson, Sikirica, & Doyle, 2009). The highest rates of error tend to occur in the medication ordering phase, followed by the medication administering phase. (Harding & Petrick, 2007). Furthermore, the physical environment could potentially affect the occurrence of medication errors. The environment plays an indirect role on staff stress, fatigue, and lack of job satisfaction, which indirectly contribute to errors. (Chaudhury, Mahmood, & Valente, 2009). An example of direct environmental factor is lighting. Medication errors tend to be lower when lighting levels are high, whereas, medication errors tend to be higher when lighting levels are low. (Chaudhury, Mahmood, & Valente, 2009). Specific environment conditions, such as type of lighting, artificial versus natural lighting; degree of lighting in workers’ workspace such as artificial lighting that produce the effect of feeling drained and tired, can lead result in medication error. (Chaudhury, Mahmood, & Valente, 2009). Healthcare workers tend to function more effectively in an environment with minimal artificial lighting and in an environment that facilitates the use of natural

daylight. To improve lighting, surfaces that reduce glare should be used, and the resident should be exposed to natural daylight. Indirect lighting diffuses light and assists in creating a natural effect. (Chaudhury, Mahmood, & Valente, 2009).

## References

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**Quiz**

1. Caregivers usually are required to assist residents with medications because of:
  - a) A physical or mental condition which limits the resident's ability to self-administer.
  - b) Medications at the pharmacy
  - c) A need for assistance with personal care
  - d) Activities of daily
  
2. When you or another staff member contact a resident's health care provider, be ready to provide:
  - a) Organized information and be prepared to ask for direction
  - b) Another staff member
  - c) Medications at the pharmacy
  - d) Resident or client at home
  
3. Unlicensed persons may not:
  - a) Talk to client
  - b) "Administer" medications
  - c) Care for client
  - d) Assist with medications
  
4. When the Assisted Living facilities gives informed consent, it:
  - a) Does not inform the resident
  - b) Advise residents (and document resident's consent) that assistance with medications can be provided by an unlicensed person and whether the assistance will or will not be overseen by a nurse.
  - c) Gives verbal information only to resident
  - d) Document consent which was not explained to resident
  
5. Assistance with self-administration of medication includes the following:
  - a) Closing the container
  - b) Placing an oral dosage (generally pills) in the resident's hand
  - c) Documenting the assistance on the MOR.

d) All of the above

6. Assistance with Medication does not include:

- a) Mixing, compounding, converting or calculating medication dosages
- b) Irrigations or debriding agents, such as for the treatment of pressure sores
- c) Rectal, urethral, or vaginal preparations (such as suppositories)
- d) All of the above

7. The 5 Rights of Medication Assistance are:

- a) Right review, right contact, right document, right medication, right route
- b) Right Resident, Right Medication, Right Dosage, Right Time, Right Route
- c) Right resident, right route, right pharmacy, right phone number, right dosage
- d) Right staff, right dosage, right route, right pharmacy, right medication

8. Assistance with prescription medications can only be provided to residents with:

- a) A doctor's order
- b) A chart
- c) A nurse
- d) A relative

9. Prescription drug labels should be written according to the doctor's order and should include:

- a) Resident's name
- b) Name of the drug
- c) Strength of the drug
- d) All of the above

10. Assistance with an "as needed" or "PRN" medication by an unlicensed person may only occur at the request of:

- a) A staff
- b) A friend of resident
- c) A competent resident
- d) Anyone

11. A resident who is unable to request an “as needed” or “PRN” medication appropriately would require this type of medication to be administered by:
- a) Anyone
  - b) The church
  - c) A licensed person, (i.e. Licensed nurse)
  - d) A friend of resident
12. As an unlicensed person, you are prohibited by law to assist with medications for which the following requires judgment:
- a) The time of administration
  - b) The amount (medication dosage)
  - c) The strength of dosage
  - d) The method of administration
  - e) All of the above
13. A Medication observation records (MOR) must include:
- a) The name of the resident.
  - b) Any known allergies the resident has
  - c) The name and telephone number of the resident’s health care provider
  - d) The name of each medication prescribed and its strength and direction for use
  - e) A record of each time the medication was taken
  - f) A record of each time the medication was taken
  - g) A record of any missed dosages, refusals to take medications as prescribed, or medication errors
  - h) All of the above
14. When residents share rooms, medications should not be kept in:
- a) A shared medicine cabinet
  - b) In the bathroom
  - c) A and B
  - d) A separate drawer
15. Staff may search through resident’s drawers and cabinets:
- a) Without residents’ permission
  - b) With resident’s permission
  - c) With staff’s permission

d) With resident's friend permission

16. Ways to dispose of discontinued, abandoned, or expired medications, include:

- a) The medication may be taken to a pharmacist for disposal
- b) The medication may be destroyed by the administrator or person(s) designated by the administrator and one witness
- c) A only
- d) A and B

17. For residents who receive assistance with medication or administration of medication, the ALF is responsible for making every reasonable effort to ensure that medications are refilled in a:

- a) Hot sense
- b) Timely manner
- c) Fair strength
- d) Bathroom

18. A side effect is:

- a) The body's reaction to any given medication that is different from that which was intended by the health care provider
- b) A weird feeling that the resident sees
- c) An odd sign that the resident feels
- d) The body's reaction to the resident's activities of daily living

19. The Do's and Don'ts for Assistance with Medication include:

- a) Dispose of used cups, spoons, gloves, etc. immediately after each use
- b) Make sure there's good lighting
- c) Avoid distractions and interruptions while assisting residents with their medications
- d) All of the above

20. The highest rates of error tend to occur in which phase?

- a) The medication ordering phase
- b) The medication administering phase
- c) The delivery phase
- d) Analysis phase

21. Medication errors tend to be higher when lighting levels are low:

- a) True
- b) False

22. Artificial lighting that produce the effect of feeling drained and tired, can lead result in medication error:

- a) True
- b) False

**Blank Answer Sheet**

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**Answer Sheet**

1. A
2. A
3. B
4. B
5. D
6. D
7. B
8. A
9. D
- 10.C
- 11.C
- 12.E
- 13.H
- 14.C
- 15.B
- 16.D
- 17.B
- 18.A
- 19.D
- 20.A
- 21.A
- 22.A