Assistance With Self-Administered Medication

2-hour Update Training
3 METHODS OF MEDICATION MANAGEMENT

- Self-administration

- Assistance with self-administration

- Administration
Self-Administered Medication

• Residents capable of taking their own medications are encouraged to do so.
• Noted deviations or problems with self-administration shall result in consultation with resident, family and medical provider
Assistance with Self-administered Medication

• A nurse or an unlicensed staff member at least 18 years of age, who has successfully completed the 4-hour on-site Assistance with Self-Administered Medication Training and is able to demonstrate ability to read and interpret prescription labels.

• **Five Rights:** Always check: Right Resident, Right Medication, Right Dose, Right Time, Right Route

• REQUIRES informed consent to be signed by resident/responsible party

• Unlicensed staff MUST have 2-hour update training annually
Medication Administration

• A Licensed Practical Nurse (LPN) or Registered Nurse (RN) employed or contracted by the facility or individual resident may administer medication. Evidence of medication administration must be made on a Medication Administration Record (MAR)

• Medication Administration includes blood glucose testing. (see below)

• ALF MUST have a CLIA Waiver unless resident is independent or 3rd party or ALF staff assist with resident’s own equipment.
Blood Glucose Testing (Fingersticks)

- Clinical Laboratory Improvement Amendment (CLIA Waiver)
- CLIA Unit (AHCA) 850/487-3109
**Common Prescription Symbols**

**Abbreviations**

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<td>ac</td>
<td>before meals</td>
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<td>ad lib</td>
<td>as desired</td>
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<td>twice daily</td>
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<td>tid</td>
<td>three times a day</td>
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MEDICATION PRACTICES

• Self-administration. Residents must be competent and know when medications are required and know the purpose of each medication.

  These residents may use pill organizers.

• Assistance with Self-Administered Medication

• Medication Administration
Medication Records

• Medication Observation Records (MOR)

(for residents who receive assistance from unlicensed staff)

Name of Resident          Name and Number of Resident’s healthcare provider
Any known allergy        Name, strength and direction for use of each medication
Must record each time the medication was taken, missed, refuse or errors

• **MOR must be completed at the time of assistance**
Medication Administration Record (MAR)

• These medication records may only be used by licensed personnel who are administering medications to the residents (LPNs, RNs)
Prescription Medications

• MUST include the resident’s name, name of medication, strength of medication, quantity in each container, time the medication should be taken, directions and/or precautions, date filled, doctor’s name, pharmacy name, address phone number.

• Any over-the-counter-medication (OTC) that is ordered by the doctor must be treated as a prescription medication (see above)
Sample Medications

- Sample medications may be dispensed by the resident’s practitioner in the original manufacturer’s packaging and must include: the resident’s name, practitioner’s name and the date it was dispensed labeled by the issuing practitioner.

- If not in the original manufacturer’s packaging, the sample medication must be labeled with the following:
  - Practitioner’s Name
  - Resident’s Name
  - Date dispensed
  - Name and strength of drug
  - Directions for use
  - Expiration date
PRN Prescriptions

• Clarification of “as needed” or PRN Medications MUST include:
  • Conditions for administration
  • Dosage
  • Hour(s) to be given
  • Upper limits of dosages

REQUIRES judgment or discretion and only nurses may interpret signs and evaluate the necessity for the PRN medication based on the resident’s condition.
Pill Organizers

• Only nurses (or family members) may manage pill organizers
• The ALF must keep either the original labeled medication or official medication listing
• Designed to hold solid doses
• Divided according to day and time increments
• Must have resident’s name on container
• Evidence of instruction from nurse must be documented
Chemical Restraints

• The use of chemical restraints is limited to prescribed dosages of medications authorized by the resident’s physician and must be consistent with the resident’s diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated annually by their physician to assess:

  continued need for medication
  level of medication in blood
  need for adjustment
Medication Storage

• Central Storage is mandatory if:

  the ALF administers the residents’ medications
  the resident requests central storage
  determined to be hazardous if kept in personal possession
  the residents fails to maintain it securely
  ALF policies and procedures require central storage

CENTRAL STORAGE:

  MUST BE KEPT LOCKED/SECURED
  MUST BE FREES OF DAMPNESS
  MUST BE REFRIGERATED WHEN REQUIRED ( IN LOCKED CONTAINER)
  MUST BE ACCESSIBLE TO STAFF
  MUST BE KEPT SEPARATELY FROM OTHER RESIDENT’S MEDICATIONS
When residents have been discharged...what to do with medications?

- Discontinued medications should be labeled “Discontinued”

- When a resident’s stay has ended, all medications must be returned to that resident or representative. If, after notification, unclaimed, then after 15 days, the medications are considered abandoned.

- Thirty days following the 15 day notification, that resident’s medications must be documented as “abandoned” and may be taken to pharmacy to be disposed of or the administrator and one witness may dispose of the medications.