Basic Health and Medications

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The Right Door for Hope, Recovery, and Wellness

Compiled by Jessica McDowell, RN BSN

What we will be covering the first half of this course.

- ➔Vital Signs
- ➔Infection Control/Universal Precautions
- ➔Medical Emergencies
- ➔Seizures

Vital Signs

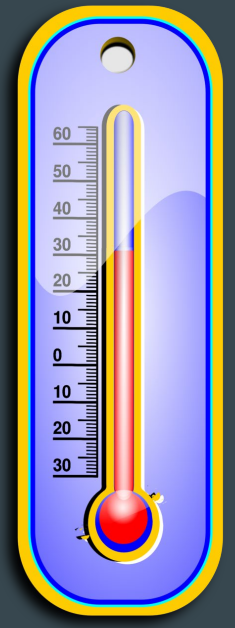
Accurate measurement of vital signs is an important responsibility of a health care worker.

Vital signs include: Temperature, Pulse, Blood Pressure and Respiratory Rate.

Temperature

- Measures the amount of heat inside a person's body.
- Increases with exercise.
- When health status changes, temperature may also change.
- Methods of temperature regulation include:
  - Perspiration
  - Shivering

Ensure you are cleaning your thermometers with alcohol between uses!



Ways to obtain a temperature

Axillary (under arm)

-Normal range 95 to 98 degrees F.
-glass/digital thermometer.
-minimum 10 minutes.

Orally

-Most common.
-Normal range is 96 to 99 degrees F.
-Mercury thermometers are not often used, they are toxic if broken.
-Shake down before use, 3 min. Minimum.
-Digital most common.

Temporal (forehead)

-Normal range is 96 to 99 degrees F
-Newest method, reads temp of temporal artery.
-Watch for covered head or Heavy perspiration.

Tympanic (ear)

-Normal range is 96 to 99 degrees F.
-Digital only, disposable tip for each use.
-Pull ear up for adults, pull ear down for kids.

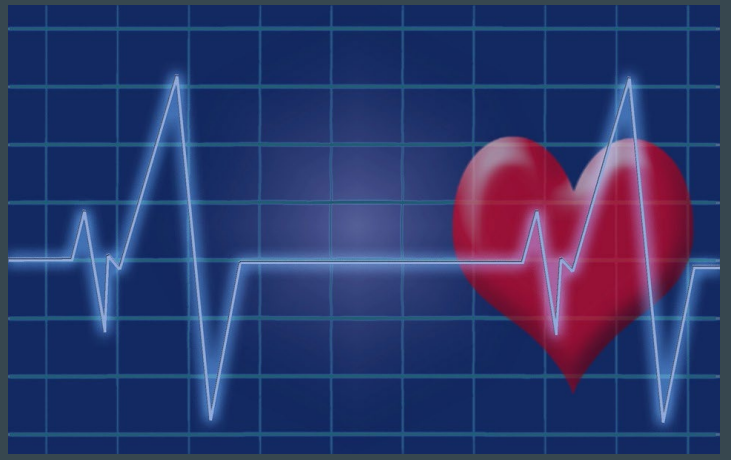
Rectal

-Normal range is 97 to 99 degrees F.
-Not often used.
-Minimum of 3 minutes, lubricate thermometer, only insert 1 ½ inches.

Troubleshooting Temperature Discrepancies

- Know your thermometer! Procedures vary by brand!
- Check/change batteries.
- Make sure glass thermometer is shaken down.
- Double check unusual readings.
- Verify with another thermometer.

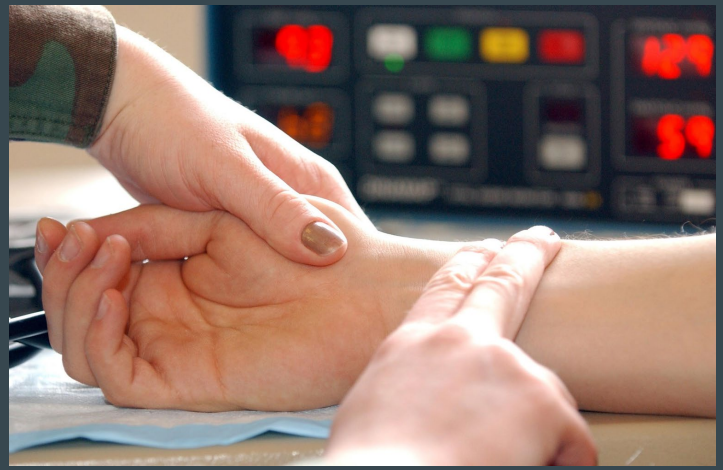
Pulse



- Indirect measure of heart rate.
- Normal range is 60 to 100 bpm
- Do not use your thumb (you will feel your own pulse).
- Take pulse for 30 seconds and double.
- If pulse is irregular, take for a full 60 seconds.

Measuring Pulse rate methods

Radial Artery



Carotid Artery

You can also use a stethoscope to listen for the heart rate (auscultation)!

Respirations

- Respirations are usually collected in conjunction with obtaining the pulse rate.
- Works best if the person you are collecting respirations on, doesn't know (they will change their rate if you tell them you are counting respirations).
- To count, 1 rise and fall of the chest = 1 respiration.
- Count for one full minute.
- Normal adult rate is 12 to 28 breaths per minute.
- Either watch chest rise and fall for count or place hand on chest to count.

Blood Pressure

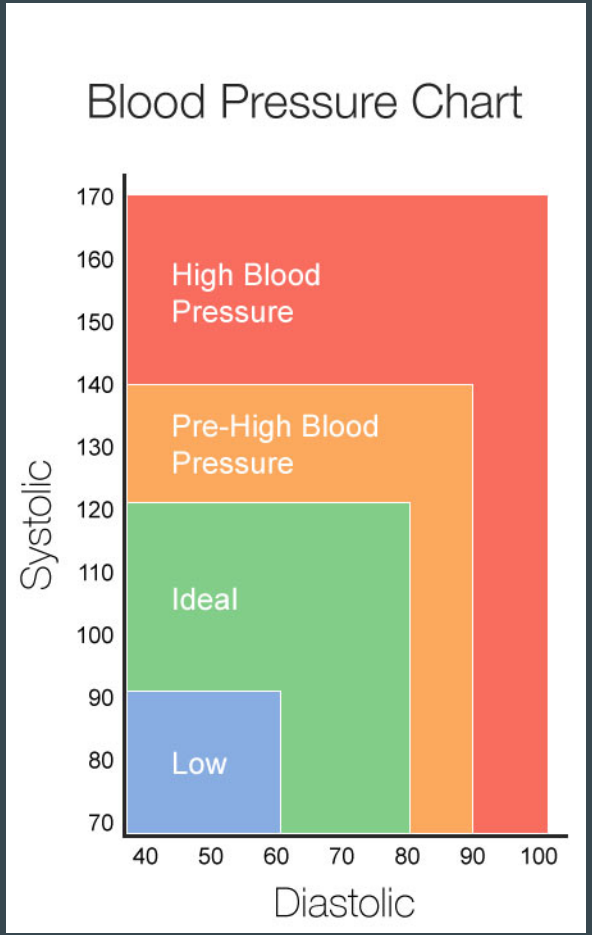
Measures the force of blood inside of the artery.

Systolic: Top number- Pressure while heart is pumping (or contracting). Normal adult range is 90 to 140 mmHg.

Diastolic: Bottom number- Pressure while heart is filling with blood (relaxing). Normal adult range is 60 to 90 mmHg.

Blood Pressure Success Tips

- Ensure cuff size is appropriate (lines on cuff to measure).
- Proper cuff placement is vital! Use brachial artery as marker. Again cuff will have an indicator.
- First thump= systolic pressure.
- Last thump= diastolic pressure.
- Record (ex: 120/60).
- If unusual reading: Try other arm, check batteries, contact supervisor, call doctor's office, call 9-1-1 if dangerously high!



Practice Obtaining Vital Signs

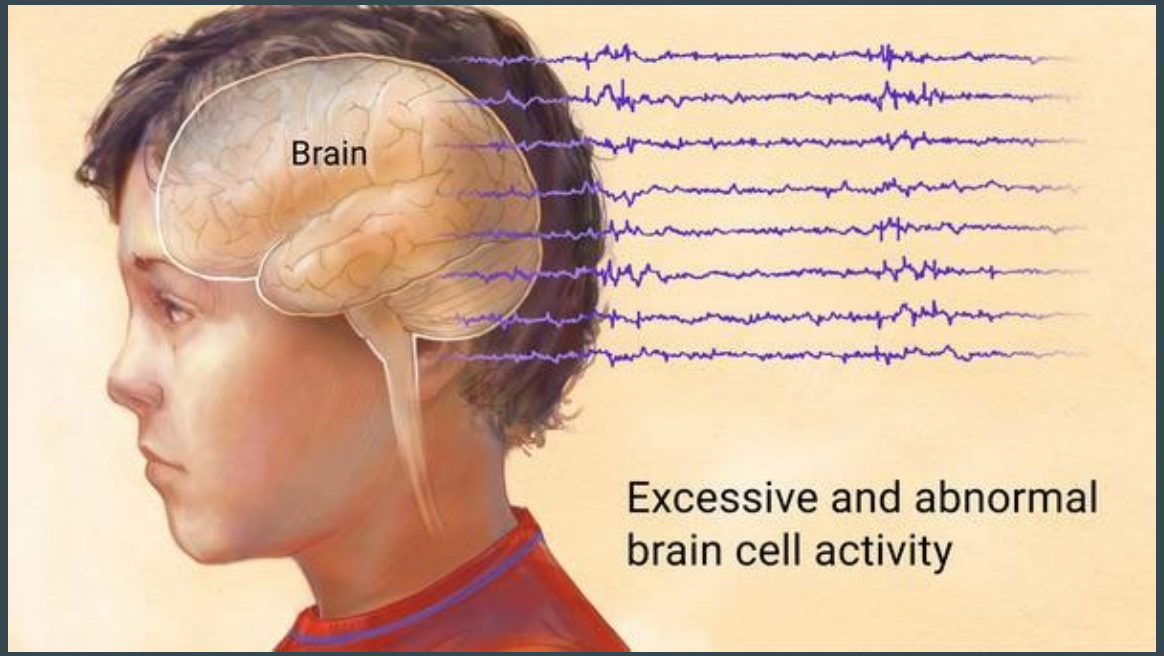
Please copy and paste into your browser for a demonstration on obtaining a full set of vital signs.

https://youtu.be/F16AHU9SPm8

You will need to demonstrate a blood pressure and pulse with a nurse to receive your certificate of completion.

Seizures

“A brief disturbance in the electrical activity of the brain that causes temporary changes in movement, awareness, feelings, or behavior” (Epilepsy foundation, 2006).



During a seizure…..

A person is unable to control activity.

Person may experience an aura before seizure occu

Seizure may least from seconds to minutes.

Make sure to time seizure.

NEVER put anything in a person's mouth during seizure activity!

Types of Seizures

-Tonic-Clonic: AKA convulsive.grand mal.

-Absence: AKA petit mal.

-Simple Partial: AKA Jacksonian/Sensory.

-Complex Partial

-Atonic: AKA Drop Attacks.

-Myoclonic: Most common in children.

-Infantile Spasms

Providing First Aid & Documenting a Seizure

First Aid for a Seizure

- KEEP CALM!
- Loosen anything around person's neck.
- Do not restrain them.
- Do not put anything in their mouth.
- Clear the area around them.
- Stay with them until seizure has stopped.
- Goal is to keep them safe during the seizure.

Documenting a Seizure

- Duration of Seizure
- Events preceding seizure
- Behavior during seizure

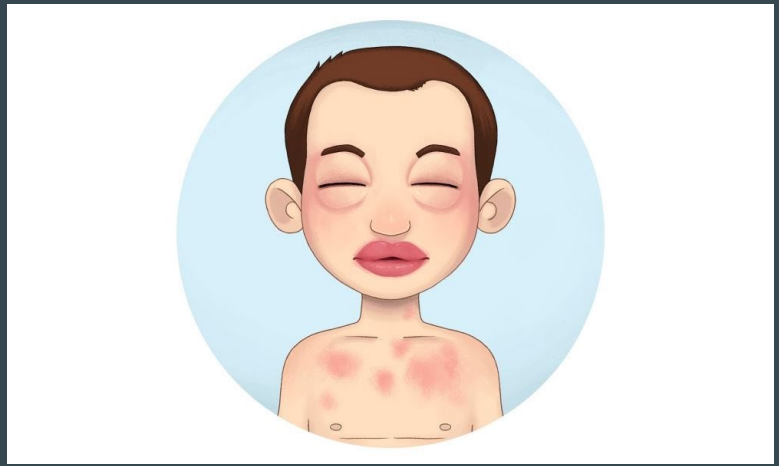
When is a Seizure an Emergency?

When should you call 91-1?

- No history of seizures.
- Pregnant or a diabetic.
- Seizure occurred in water.
- Longer than 5 minutes.
- Seizures occur rapidly without returning to normal state.
- Breathing does not resume after seizure has ended.
- Injury occurs.

Anaphylactic Shock

- ALWAYS a medical emergency!
- Occurs within minutes of exposure to allergens.
- Frequently Fatal!
- It is a systemic allergic reaction.



Anaphylactic Causes and Prevention

Possible Causes

- Medications (Commonly antibiotics).
- Dyes for diagnostic tests.
- Bee/wasp stings.
- Foods (Nuts, eggs, seafood).
- Blood products.

Prevention

- KNOW YOUR CONSUMER'S ALLERGIES!
- Monitor closely when giving new medication.
- Allergic reactions can happen to anyone, but some people are more prone (e.g. Hay fever, asthma, food allergies).

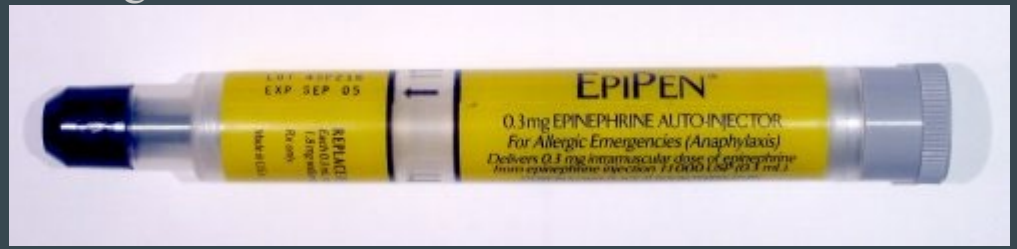
Anaphylactic Signs/Symptoms & Treatment

Signs and symptoms include:

- Itching
- Hives
- GI cramping/vomiting
- Swelling in face or throat.
- Thready pulse.
- Extreme drop in blood pressure.
- Difficulty breathing.

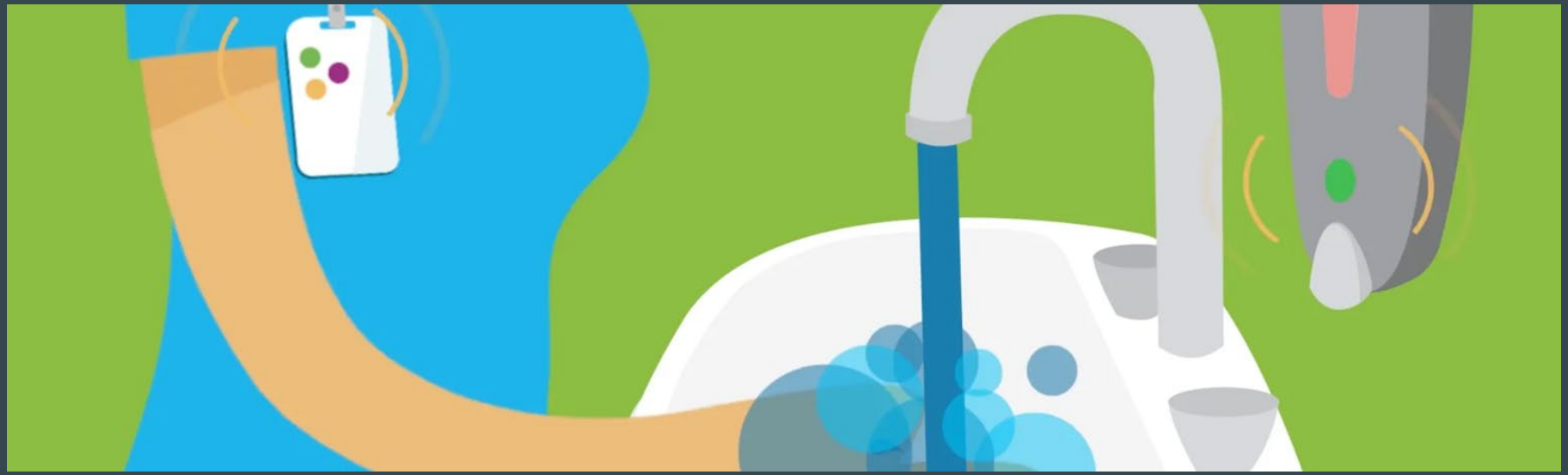
Treatment:

- CALL 9-1-1!
- Commonly used medications include: Epinephrine (epipen), diphenhydramine (benadryl), hydrocortisone, hydroxyzine (Atarax), and aminophylline.



Infection Control

WASH YOUR HANDS!



Transmission of Disease

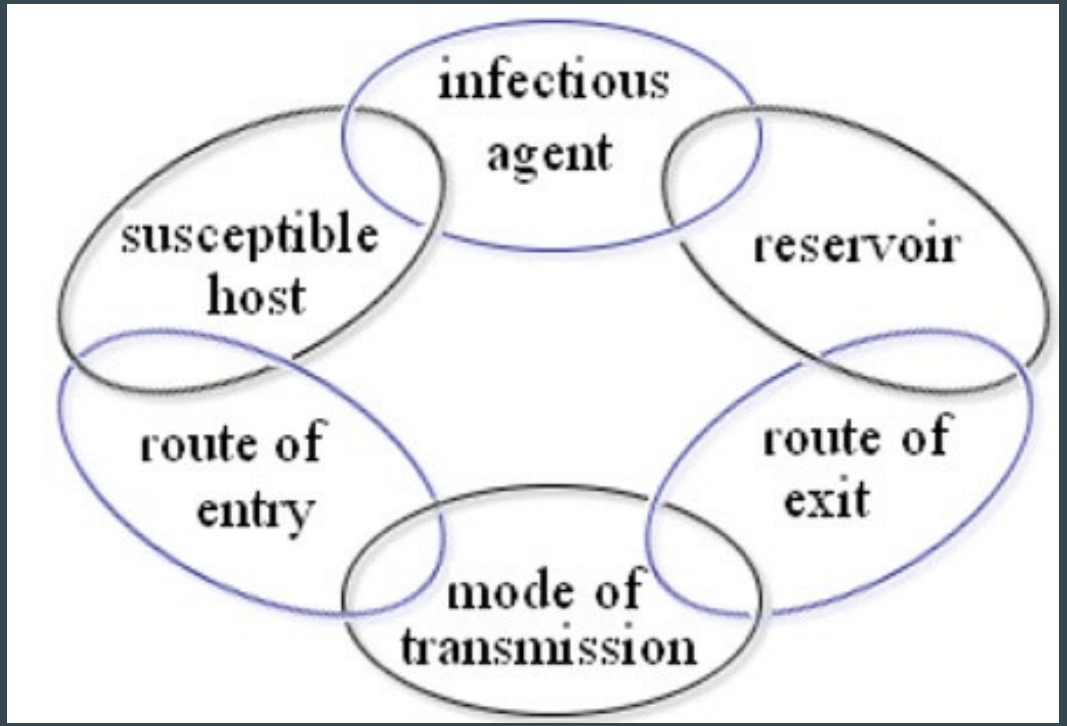
Transmission of disease can happen by indirect or direct exposure.

Direct: Via close contact between people.

Indirect: Airborne, Food, Water, Surfaces, Insect.

Transmission of Disease

To prevent spread of disease, you need to break a link in the chain of infection!



What causes disease?

Communicable Disease are caused by

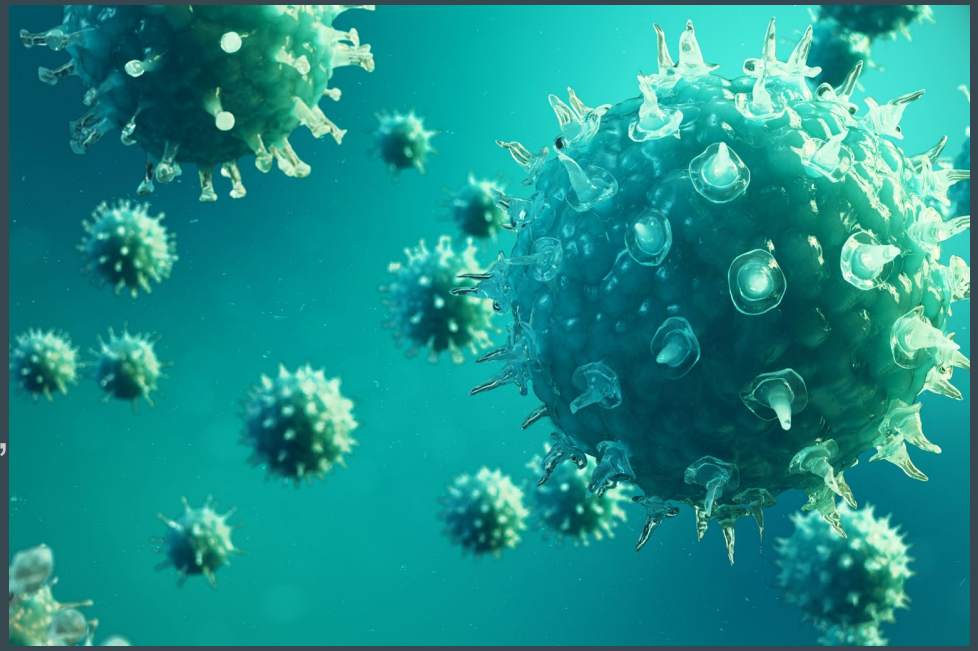
- Bacteria
- Fungi
- Viruses
- Parasites

GERMS ARE EVERYWHERE!

Most are not harmful and some are even beneficial to us!

Viruses

- Smaller than bacteria.
- Non-celular.
- Antibiotics do NOT help.
- Ex: Common cold, influenza, polio, measles, mumps, rubella, hepatitis, chicken pox, herpes, shingles, West nile, HIV…...



Bacteria

- Microscopic, single celled organisms.
- Can be treated with antibiotics.
- Ex: Impetigo, gastroenteritis, Staph, strep throat, tonsillitis…..

Parasites

- Organisms which exist at the expense of other organisms.
- Must be eliminated from the body.
- Ex: Malaria, Sleeping sickness, head lice, scabies worms….

Fungi

- Low form of plant life.
- Usually mild diseases.
- Persistent and difficulty to cure.
- Ex: Nail infections, yeast infections, ringworm, athlete’s foot.

Infection Control Terminology

Incubation Period: Period between acquiring the infection and developing symptoms. This can last for HOURS, DAYS, MONTHS, or even YEARS- it all depends on the pathogen!

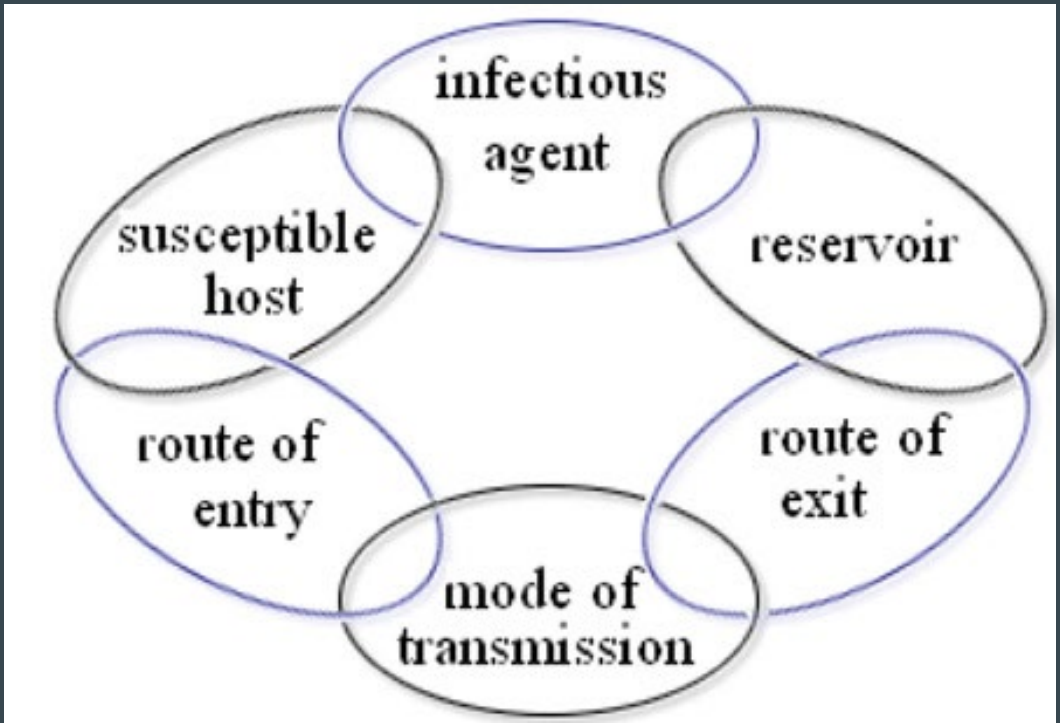
Infectious: Describes the ability to spread pathogens to another individual.

Contact: Persons exposed to infectious individual.

Increased risk of likelihood of disease transmission

- Sociologic: Crowding/ Closeness (nursing homes, prison, schools).
- Bilogic: Decreased resistance (compromised immune system).
- Physical: Stress, fatigue, et

Chain of Infection



To prevent spread of disease, break a link in the chain of infection!

Chain of Infection

- **Carrier:** A person/animal that harbors and spreads disease to others, but may not exhibit symptoms of disease.
- **Chain of Infection:** Series of factors/events necessary for the transmission of a communicable disease.
- **Mode of transfer:** By indirect/direct contact (hands, surfaces, insect, intercourse, sneezing.
- **Mode of Entry**: Way to enter new host (breathing droplets, hand to mouth, broken skin. .
- **Causative Agent:** Fungus, virus, bacterium, parasite.
- **Mode of Escape:** A way to leave the reservoir (saliva, skin lesion, semen, blood).

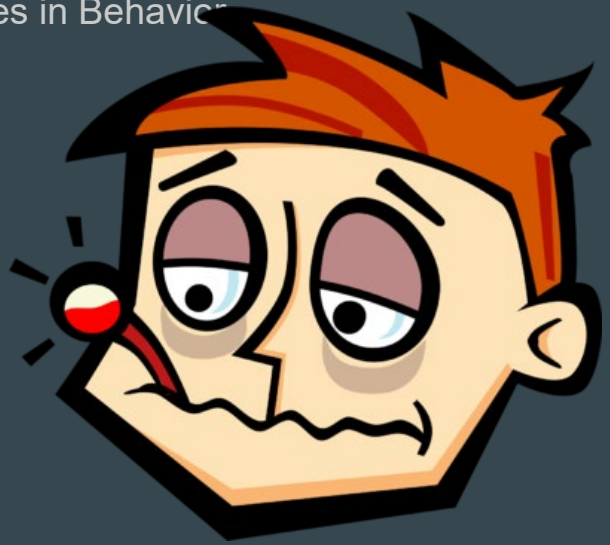
WASH YOUR HANDS!

Hand washing is the most important method of disease prevention

Bacteria and bacteria can be spread via dirty hands and the are too small to see with the human eye. You must wash you hands properly in order to remove them.

Signs you may have an infection

- Red/Runny Eyes
- Sneezing/Runny Nose
- Cough
- Sores on Ears, Scalp, Face, Body
- Sore Throat
- Sudden changes in Behavior



- Swollen lymph nodes
- Fever
- Nausea/Vomiting
- Pain/Stiffness in Neck
- Headache
- Jaundice
- Diarrhea/Abdominal ain

When Should You Wash Your Hand (at a minimum)

- After any body contact.
- After handling personal articles.
- Before and After food prep.
- Before and after eating,
- After using tissue/handkerchief.
- After using the toilet.
- Before and after smoking.

More infection control tips!

- Wash your hands :)
- Cover coughs/sneezes.
- Wash linens and clothing.
- Proper food preparation.
- Vacuum/dust.
- No sharing of personal care items (toothbrush, glasses, hair brush, etc.).

Proper Handwashing Technique

- Wet your hands with warm running water.
- Apply liquid, bar or powder soap to a cupped hand.
- Lather well.
- Rub your hands, palm to palm, vigorously for at least 20 seconds (Sing Happy Birthday). Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean towel.
- Use the towel to turn off the faucet.

*Note: When using alcohol based hand sanitizers - let it dry completely after use!

Universal Precautions

OSHA 1991

- Applies to blood and body fluids.
- Blood is the most important source of HIV, HBV, and other blood-borne pathogens.
- Proper practices can reduce/prevent exposure.

Universal Precaution- Disposable Gloves

Wear disposable gloves when exposure to blood.body fluids is possible or when touching potentially contaminated surfaces.

- Not a substitute for handwashing.
- Do not reuse gloves.
- Discard gloves if torn/discolored.
- Wash hands before and after gloving.

Universal Precautions - continued

- Wear gowns when splashes to skin or clothing is likely.
- Wear masks and eye protection if splashes or fine mist may occur.
- Wash hands between contacts.
- Wash hands immediately if soiled with blood/body fluids.
- Wear disposable gloves when handling soiled linens.
- Wear utility gloves when cleaning spills of blood or body fluids.
- Dispose of gloves in biohazard if visibly soiled.
- Handle soiled laundry and equipment as little as possible.
- Remove protective clothing for disposal or laundry immediately after procedure.
- WASH YOUR HANDS!

Universal precautions continued

- Gloves are not indicated when contact with blood or body fluid is unlikely.
- Do not eat, drink, smoke, touch face or mouth in areas of potential exposure.
- Keep Environments neat and orderly.
- Ensure to use proper removal technique when changing disposable gloves.
- Dispose of needles in sharps containers. Do not recap, bend, break or remove needles.

Universal Precautions continued

Clean Spills ASAP!

- Use paper towel-> Biohazard disposal.
- Flood Area with disinfectant, let stand for 20 minutes, absorb with paper towel -> Biohazard disposal.

Reusable Equipment must be disinfected immediately with an approved solution!

Simple Disinfectant Solution Recipe

- Use household bleach.
- Mix daily.
- Discard after 24 hours.
- Mix 9 parts cool water to 1 part bleach.

What to do if you fall victim to a needle stick

WASH SITE OF NEEDLE STICK OR EXPOSURE SITE IMMEDIATELY!

- Report incident to supervisor.
- Seek out appropriate Follow-up care.
- Incident Report.
- OSHA mandates availability of the HBV vaccine.

Universal Precautions Terminology

Potentially Infectious Materials: Semen, vaginal secretions, CSF, saliva, etc. May be difficult to discern the difference between some fluids.

Source individuals: Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee.

Blood-borne pathogens: Microorganisms that are present in human blood and can cause disease to humans (HBV, HCV, HIV, etc.).

Occupational Exposure: Higher risk of infection due to exposure….that may result from performing your job duties.

Exposure incident: A specific contact with blood or other potentially infectious materials that result from the performance of employee duties.

Universal Precautions: Significant Exposure

Significant Exposure

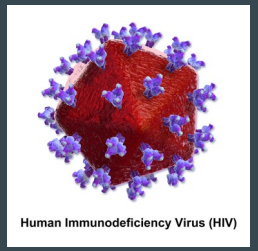
- Needle Stick Injury.
- Splash into eye or mouth.
- Prolonged exposure between blood and broken skin.
- Does NOT include exposure to saliva, tears, sweat, urine, etc.

If a resident is exposed to body fluids:

- Notify Primary care physician
- Follow Significant exposure follow-up plan.
- Document.

Significant Exposure Follow-up procedure:

- Immediately wash exposed skin with soap and water.
- Immediately rinse exposed mucous membranes with warm water.
- Notify supervisor.
- Follow agency policy/procedures.


Human Immunodeficiency Virus (HIV)

HIV/AIDS

HIV

- Human Immunodeficiency Virus.
- Causes Aids (Acquired Immune Deficiency Syndrome).
- Blood, semen, vaginal secretions, CSF, synovial fluid, pericardial fluid, and amniotic fluid.
- Not transmitted via fecal-oral route or casual contact.

AIDS

- Failure of immune system to defend against disease.
- Virus attacks the immune system.

HIV Antibody

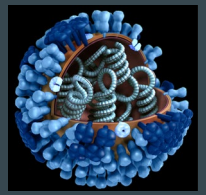
- Develops within 1 to 6 months of infection.
- This is what is detected by HIV test. Presence of virus often goes unknown. USE UNIVERSAL PRECAUTIONS! Assume all body fluid is contaminated with disease!

High Risk Factors

- Interpersonal sharing of blood, tissue, or other body fluids (ex: Unprotected sex, IV drug use).

Source individual

- Any individual, living or dead, whose body fluids may be a source of occupational exposure to an employee or individual living in the residential community.



HBV (Hepatitis B Virus)

Means of contracting HBV:

- Use of contaminated needles.
- Contact of broken skin/mucous membranes with contaminated blood/fluids.
- Contact with saliva contaminated with infected blood.
- Transfer of blood from obviously soiled surfaces.

Symptoms:

- Loss of appetite.
- Nausea/vomiting.
- Fatigue.
- Headache.
- Jaundice.
- Can cause chronic liver disease.

HBV cannot spread via:

- Air, coughing, or sneezing,
- Contact with feces of infected person.
- Drinking fountains, swimming pools, or toilet seats.
- Social contact.

ALWAYS USE UNIVERSAL PRECAUTIONS!

HBV (Hepatitis B Virus) continued

Chronic HBV carrier

- Have virus, but exhibit no symptoms.
- Can pass virus to others.
- Most prevalent among those living in group settings (Prison, nursing homes, etc.) and those receiving multiple blood products.
- 3/1000 of the general population.
- 7 to 35% of institutionalized people.

If exposure occurs

- Needle stick, bite, scratches, mucous membranes, broken skin.
- Wash area thoroughly.
- Notify Supervisor.
- Consult with physician.
- May recommend Hepatitis B Immune Globulin.

HBV (Hepatitis B Virus) continued

Get Vaccinated!

- Series of 3 injections.
- Protective for 90% of recipients.
- Boosters may be required after 7 years.

Tuberculosis

- Mycobacterium Tuberculosis
- Respiratory infection, can affect other systems.
- Transmission: Inhaled droplets (cough, sneeze).
- May wall off, latent now- active later.

Kearney TB Hospital

Tuberculosis continued

Signs & Symptoms

- Coughing (Thick, sometimes blood sputum).
- Weakness.
- Night sweats.
- Weight Loss.
- Decreased appetite.
- Fever.
- Hoarseness.

If you detect symptoms, make appt with primary care physician ASAP. Any positive test results must be reported to the local health department, they will follow case.

The number of infections are increasing and some forms of TB are becoming resistant to treatment!

High risk groups include: HIV, Homeless, Substance users, Immigrants, and those living in crowded conditions.

Testing to Confirm diagnosis:

- Skin test (can be false positive).
- S&S.
- Chest Xray (Cannot distinguish active versus inactive.
- Stains and sputum cultures.
- CT/MRI (detects lung damage).

Tuberculosis continued

Caring for the infected person

- Follow physician's orders.
- Encourage good diet and rest.
- Teach good pulmonary toilet.
- Keep physician appointments.
- Proper hand washing.
- Know medications and side effects.
- Weigh person, as ordered.

Treatment

- Drug combinations (Rifampin, Isoniazid, Pyrazinamide, Ethambutol, Streptomycin).
- 9 to 12 month treatment process.
- May require surgery.
- Compliance is crucial to preventing resistance!
- Contagion ends 3 to 4 weeks on medication.

Documentation

- Medications and treatments.
- S&S, Diet, Weight
- Appointments
- Notification of health professional if problems occur.

Grab a snack, use the bathroom, stretch your le

Basic Health and Medications

For the last half of this course, we will be covering:

- Medications (Use, administration, orders, rights, disposal, etc.).

Medication Categories/Use of medications

Use of medications

- Disease prevention.
- Disease diagnosis.
- Disease treatment.
- Pain relief.
- Maintenance of function.

Medication categories

- Prescription.
  - Prescribed by a doctor, dentist, NP, or PA.
  - Dispensed by pharmacy.
- Non-prescription.
  - Can be purchased at store without a prescription.
  - All drugs in residential setting require written order.

Drug Abuse

Drug abuse is the use of a medication in a manner other than for what it is intended.

Effects of drug abuse

- Physical Dependence (addiction)
- Psychological Dependence (habituation)
- Functional Impairment (ex: laxatives)

Controlled medications

- High potential for abuse.
- Require special handling and precautions.
- Extensive list: Narcotics, CNS stimulants, CNS depressants, mind-altering drugs.
- Other meds still have the potential for abuse.

Legal and ethical implications/Your responsibility

ALL medication, including over-the-counter medication must be prescribed by a person licensed to do so by the department of Licensing and Regulation!

Your Responsibility as a caregiver:
To assist the person in using medications as ordered.

More legal and ethical tips!

- Ensure informed consent.
- Know policies and procedures.
- Know about meds you're giving.
- Training- use only procedures you have been trained to do.

Refusals

- ANY person has the right to refuse medication.
- NEVER for a person to take a medication.
- WHAT if a person refuses?

Try Again!

- Explain importance of medication.
- Try approach from another staff member.
- Contact your supervisor.

Still refusing?

- Report and Record.
- Physician may decide to force medication (very rare).
- Monitor individual.
- Documentation is key!

Medication Safety

EVERY medication is potentially dangerous if not given properly!

Get your questions answered first!

- ➢ Nurse consultant
- ➢ Pharmacist

The “Five Rights”

1. Right Person
2. Right Medication
3. Right Time
4. Right Route
5. Right Dose

Effects of Medication

Local

- Drug is applied directly to tissues or organ.
- Ex: Hydrocortisone for itching

Systemic

- Drug circulates in blood stream.
- Affects whole body.
- Ex: Antibiotic for UTI.

Therapeutic Effect

- The desired effect of the drug on the body system for which it was prescribed.

Side Effect

- Any effect of a drug other than for which it is prescribed.

Adverse Effect

- A negative side effect.
- Can range from minor rash to life-threatening allergic reaction.

Contraindication

- Any reason, symptom or circumstance that would make the use of a medication inadvisable (allergies, pregnancy).

Routes of Medication Administration

- Oral
- Injectable
- Topical
- Rectal
- Vaginal

Oral is the most commonly and convenient route of administration.

Important Note!!!!!

This training program DOES NOT qualify you to administer a medication by injection or to perform other procedures not covered!

Forms of Medications

Capsules
- ➢ Small containers of gelatin.

Tablets
- ➢ Pressed preparation of powdered drugs.
- ➢ May have coating.

Ointment/Cream
- ➢ External application to skin/mucus membranes.

Suppositories
- ➢ Insert into rectum or vagina.
- ➢ Melt at body for absorption.

Elixirs
- ➢ Liquid Preparations.

Splitting tabs/crushing meds

NEVER crush tablets or open capsules without first consulting a pharmacist!

The ONLY time it is ok to split a tablet is when it is scored! If ever in doubt- ask your pharmacist!

Written Medication Orders

Physician prescribes based on:

- Medical history.
- Drug allergies.
- Current medications.
- Medical/dental conditions.
- Documentation of recent physical/behavioral changes.

IF YOU HAVE QUESTIONS, GET THEM ANSWERED BEFORE GIVING MEDS!

- Pharmacist.
- Ordering Practitioner,
- Nurse Consultant.
- Current Drug Book.

Know about the medications you are giving:

- Purpose and therapeutic effect.
- What to expect from medication.
- Adverse effects.
- Drug interactions.
- Administration/storage instructions.

Practitioner writes RX for pharmacy.

Home must keep a copy of prescription on file!

Telephone Medication Orders

A physician may forget that you are not licensed to take an order for a medication over the phone. It is YOUR responsibility to remind him/her to call the pharmacy directly.

1. Ask the physician to call pharmacy directly.
2. Document on the person's record Time/date of emergency, detailed description, and name of physician contact and instructions given.
3. Obtain medication from pharmacy.
4. Get copy of prescription from pharmacy.
5. Transcribe info from pharmacy label to person's record.

Other Telephone Orders

Direct care staff MAY receive other orders (NOT FOR MEDICATIONS) from a physician over the phone.
Physician may order medication to be held/discontinued over via telephone.
It is ACCEPTABLE for home staff to take these orders.
Contact nurse to notify of held medication.

1. Repeat order back to confirm.
2. Understand instructions before hanging up.
3. Transcribe to record immediately.
4. Notify supervisor and nurse consultant.

Pharmacy Labels

Always check labels for information you need to safely give medication! They must match the prescription exactly! Special instructions may be present, including refrigerate, take with food or milk, Do not take with dairy products, etc. Make sure pharmacy knows about all OTC meds taken by the person.

Pharmacy labels MAY include:

- Pharmacy phone number.
- Refill instructions.
- Pharmacist initials.
- Special instructions.

Pharmacy labels MUST include:

- Pharmacy name and address.
- Prescription number.
- Person's name.
- Date dispensed.
- Name of prescriber.
- Directions for use.
- Medications name (Brand and generic).
- Amount dispensed.
- Strength.
- Dosage.

Medication Storage

- Always store in the container from pharmacy.
- Locked box in the refrigerator..
- Medication cabinets
  - Away from heat, only for medications, clean & orderly, sufficient space & lighting, and kept locked at all times.
- Store topical medications separately.
- Keys to be kept by person responsible for medications during that shift.

The Five Rights

1. Right Person
2. Right Medication
3. Right Time
4. Right Route
5. Right Dose

Abbreviations

AG = abdominal girth
d = day
q3h = every 3 hours
QID = four times per day
AM = morning
x = times
SOB = shortness of breath
tsp = teaspoon
gr = grains
mcg = microgram
I&O = intake and output

q = every
wt = weight
BID = twice per day
PRN = as needed
PM = evening
STAT = immediately
O2 = oxygen
Tbsp = tablespoon
mg = milligram
mL = milliliter
1 cc = 1mL

BMI = body mass index
ht = height
VS = vital signs
hs = bedtime (hour of sleep)
U/A = urinalysis
oz = ounce
PO = by mouth
NPO = nothing by mouth
GM, gm = gram
CC = cubic centimeter

ASA = aspirin (acetylsalicylic acid)
URI = upper respiratory infection
TPR = temperature, pulse, respiration

MI = myocardial infarction (heart attack)
CVA = cerebral vascular accident (stroke)
UTI = urinary tract infection

Use of abbreviations can be dangerous – avoid them if possible.

The Five Rights

1. Right Person
2. Right Medication
3. Right Time
4. Right Route
5. Right Dose

Right Person

- Name on pharmacy label and order must match name of person.
- Ask Name.
- Ask Date of Birth.
- Ask staff familiar with person.

Right Medication

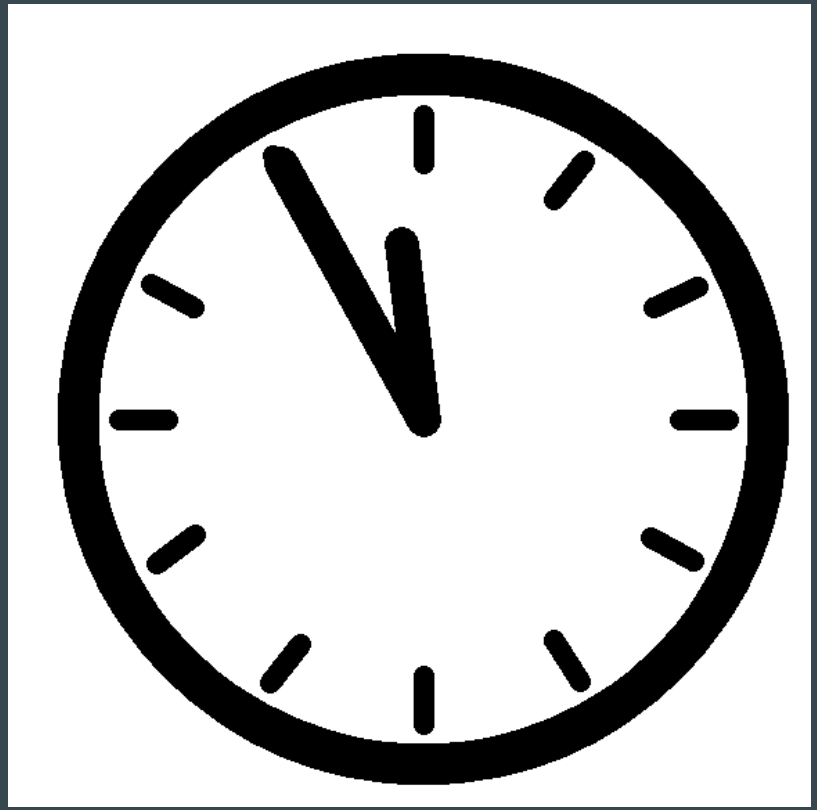
- Compare MAR to pharmacy label.
- Triple check.
- They MUST match.
- If they do not agree…..Contact pharmacist and Supervisor for clarification.

Right Dose

- Compare MAR to pharmacy label.
- Triple check.
- They MUST match.
- If they do not agree…..Contact pharmacist and Supervisor for clarification.

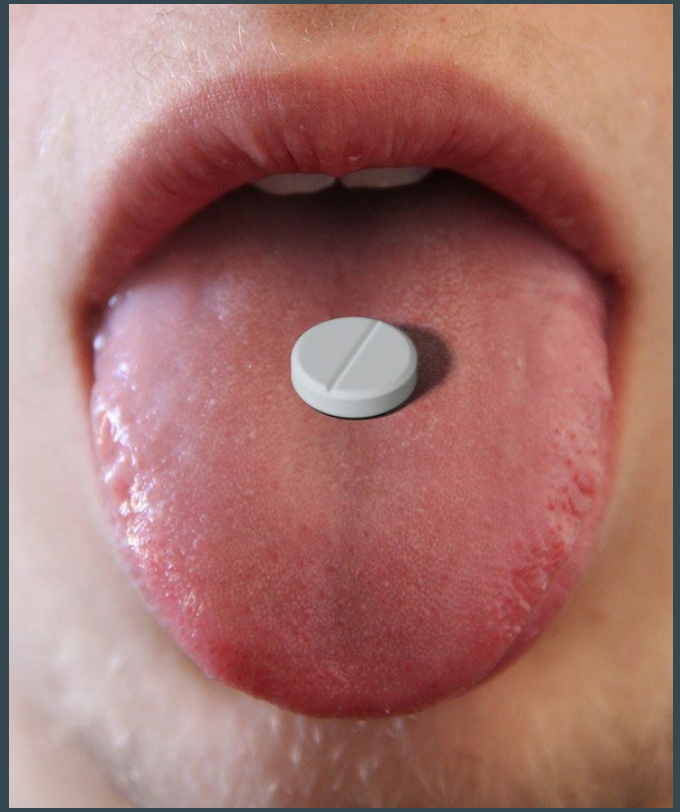
Right Time

- 30 minute grace period.
- Need appropriate amount of time between doses.
- May need to take with/without food.
- May depend on purpose/side effects of medication.
- Standing Orders/ Minor illness Meds
  - P.r.n. (as needed)
  - Give only under certain conditions.
  - Follow instruction specifically.
  - Document on MAR.
    - Include reason for giving.
    - Document effectiveness.



Right Route

- Stated on pharmacy label if different route than p.o.
- Always ask pharmacist or nurse consultant if you have questions about administration method.



The Five Rights

1. Right Person
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3. Right Time
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5. Right Dose

Don’t give the medication, if…..

- You cannot verify all 5 rights!
- Missing required information.
- Change in status
  - Seizures
  - Unconsciousness
  - Difficulty Breathing
  - Low Blood Pressure
  - Bradycardia
- Follow instructions for reporting emergencies, if a change in status happens!

Steps for med administrations

1. Check 5 rights.
2. Good lighting.
3. Work in a clean environment.
4. One task at a time.
5. Know about your medications.
6. Wash hands before beginning.
7. Clean technique.
8. Give only meds you prepared.
9. Give as prescribed and on time.
10. Assess for unusual appearance/color.
11. Red drug allergy label on chart.
12. Refill prescription before running out.
13. Note discrepancy between MAR and pharmacy label,
14. Circle errors on MAR.
15. Use only approved abbreviations.
16. Document IMMEDIATELY after giving medications.
17. Avoid interruptions.
18. Keep all meds locked and in correct temperature.

The Five Rights

1. Right Person
2. Right Medication
3. Right Time
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Medication DON’Ts

- NEVER relabel a pharmacy bottle.
- NEVER force a medication.
- NEVER give medication without an order.
- NEVER give medications set up by another person.
- NEVER change a pharmacy label.
- NEVER mix together medications unless directed to do so by a prescriber.
- NEVER give any medication not prescribed for the person.
- NEVER give one person another person's medications.
- NEVER give a person medication from another person's bottle.
- NEVER pour medication from one bottle into another.
- NEVER return unused medication to the bottle.
- NEVER cut an unscored tablet.
- NEVER leave medications inlucked/unattended.
- NEVER refer to medication as “candy”.
- NEVER take a telephone order for a medication.

Giving a medication

~PREPARE ONLY ONES PERSON'S MEDICATIONS AT A TIME~

1. Positively identify patient.
2. Never force a medication.
3. Explain what medication is and how it will be given.
4. Provide privacy.
5. Assist- correct head position, adequate water.
6. Remain with person until medication is swallowed.
7. Give only medications you prepared yourself.
8. Observe and document response- report if unusual.

Documentation

- Always use ink (usually black).
- Never erase or white out.
- Name of person treated must be on all forms.
- All medications (including OTCs) must be documented.
- Must be done by person giving medication.
- Signature, title and initials at bottom of MAR.
- Explain codes at bottom of MAR.
- STAT, p.r.n., and single dose medications must all be documented.

Documentation continued

- Signs and symptoms can be caused by a number of things, including medications.
- It is your responsibility to accurately observe, report, and record any change in physical conditions or behavior.
- It is also your responsibility to give appropriate care to the person in an emergency or potentially life threatening situation.
- Do not dispense or transfer medications from one container for another to give.
- Consumers should NOT transport medications unless proper approval has been given.

Medication Errors

- MUST BE REPORTED IMMEDIATELY!
  - Complete incident report.
  - Notify physician.
  - Nurse consultant.
  - Pharmacist.
  - Follow organization procedure.
- When has one occured?
  - Wrong person or medication?
  - Wrong dose or time?
  - Wrong route?
  - Missed entirely?

Tips to avoid errors!

- Be alert and attentive.
- Observe the 5 rights!
- Know the medications.
- Ask for help.
- Never be afraid to look something up or ask questions.

The Five Rights

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Discontinuation

- If a physician wishes to discontinue medication or change dosage…..
- New prescription required.
- Discard old medication per procedure.
- Document.
- Note on MAR.
- Make other staff aware of change.

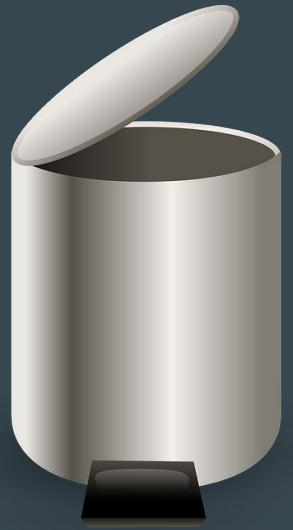
Local Medication Disposal Sites

- All Meijer Grocery stores now dispose of unused/expired medications.
- Also most local police departments have a medication drop box, below are our local drop box locations and hours of operation.

Belding Police Department 120 South Pleasant Street Belding, Michigan 48809 Monday - Friday 8:00 am - 5:00 pm	Ionia County Sheriff's Office 133 East Adams Street Ionia, Michigan 48846 Open 24 hours a day	Portland Police Department 773 E Grand River Avenue Portland, MI 48875 Monday - Friday 8:00 am - 5:00 pm

Disposal of medications

- Must be done by 2 staff members, one acting as witness.
- Follow agency procedure.
- Maintain safety, destroy beyond point of reclamation!
- Never dispose where humans or animals have access to medication.
- If you must dispose of meds in trash, meds must be removed from original containers. Meds must be mixed with KITTY LITTER or COFFEE GROUNDS and placed in an impermeable nondescript container, then throw in the trash.



Flushing Medications

Flushing medications down the toilet is ONLY appropriate if the accompanying patient information specifically instructs it is safe to do so!

Thank you!

Thank you for completing our Basic Health and Medications Course. Please practice taking a pulse and Blood pressure, complete your written test, and schedule an appointment with a nurse in medication services at The Right Door For Hope Recovery and Wellness to receive your certificate of completion!