

Training Objectives

As a result of participating in this segment of training, learners will be able to:






1. Recall 5 Rights of Medication (Person, Medication, Dose, Time, Route)
2. Summarize the **PLUS** Individual Rights: (Right to privacy, Right documentation, Right to refuse, Right to know what they are taking and why, Right date)
3. Explain Washington nurse delegation requirements that *may be* required before medication administration
4. Use the 5 Rights to compare the Medication Administration Record (MAR) with medication container prescription label (blister pack, bubble packs, bottles, etc.)
5. Demonstrate assistance with medications checking 5 rights three times
6. Role-play medication assistance to ensure dignity and respect for privacy and the right to refuse
7. Role-play calling the pharmacy or doctor for a medication error or question
8. Identify potential consequences of medication errors including to whom it must be reported:
 - a. Giving meds that are discontinued
 - b. Giving meds that should have been held per pharmacy or doctor directive
 - c. Giving meds that were already given but not signed off
 - d. Not following one or more of the 5 Rights
9. Translate components of and documentation on a Washington state standardized MAR
10. Practice documentation on a Washington state standardized MAR
11. Explain protocol of documentation on the MAR for a medication error of any of the 5 Rights
12. Contrast differences between a PRN (“pro re nata,” or as needed) and a routine medication
13. Recognize appropriate medication storage containers and disposal methods
14. Recite at least 3 resources for gaining information on the purpose and side effects of medications
15. Report health concerns regarding medication side effects to the proper people
16. Select the appropriate definitions for specific medication terminology







Estimated Time








2.75 to 3.5 hours, depending on the number of participants










Supplies








- Tic-Tacs with prescription label
- Tool or tackle box set up as a med box
- Blister packs from pharmacy with prepared labels
- Laptop or computer connected to a projector/monitor
- External speakers for laptop or computer
- Internet access /Slide show
- Chart Paper and markers
- Scratch paper and pens
- Dry erase board with markers
- Wall tape to hold up posters
- Residential Services Curriculum Toolkit (per participant)






Preparation before training		Review Facilitator Guide for this chapter and ensure each participant has their Toolkit available.
Opening: Engaging Activity (10 minutes)		
  <p>Say</p>		<p>Explain to the group that you are going to be learning about medications and how to help people take their medications.</p> <p>Before we start, know that we are going to be facing each other practicing the task of helping each other follow medication assistance so it might be nice to start with fresh breath!</p>
Note		<p>Note to Facilitator: Take a Tic-Tac container out of your pocket and offer one to anybody who wants one. Go around the room with your Tic-Tac container asking if anyone would like a Tic-Tac before you begin. Be sure to keep the medication label covered, so when you go to put it away you notice it is your prescription meds for insomnia.</p> <p>After anybody who wants a Tic-Tac, has one, look at the bottle and uncover the label.</p>
Say		<p>UH OH! My partner put my sleeping pills in this Tic-Tac container. If anybody starts to feel sleepy, have nausea, or feel itchy with an allergic reactions, I am so sorry! (of course, you really just gave them a Tic-Tac)</p>






<p>Ask</p>		<p>When you go to the doctor and you get a prescription, how many people just trust the doctor to get the prescription correct?</p> <p>Ask the group to imagine what could go wrong if someone made a mistake while taking their medicine or if a pharmacy packed the wrong medicine or the wrong dose?</p> <p>Do any people in the group have any medication allergies? What would happen if that person took the medication?</p> <p>Has anyone in the room ever taken the wrong medication for them? What could go wrong? (Experiences??)</p> <p>Have you ever reached into the medicine cabinet at your home because you had a headache and then took the wrong medicine but caught the error when it didn't look right? Or not?? Ended up being allergic to a medication?</p> <p>What were or could be the side effects of taking a medicine you are allergic to?</p>
<p>Say</p>		<p>If you were too sick to get up and take your medications, who would you trust to get them for you?</p> <p>While working as a DSP, you will be responsible for assisting people who are counting on you to do the right thing when it comes to helping them with medication. Could you make a mistake?</p>
<p>Activity</p>  <p><i>Could these people make a mistake?</i></p> <p>Ask</p>	 	<p>Divide the group into smaller groups of 2 to 4 people with the instruction of discussing what a medication error might look like, what could go wrong, and fears they may have about being responsible for assisting others with medication.</p> <p>Then ask if there may be some stories about medication errors, or concerns the staff may be willing to share.</p>
<p>Immerse (5 minutes)</p>		
<p>Say</p>		<p>A long term DSP recalls a time when she was setting up medications for a gentleman who sat patiently in his wheelchair watching her follow the correct process, checking for all the rights of his medications. Another man, his roommate, whom she supported, (who should have been doing something else) kept interrupting her. She would get one medication into a bowl only to be interrupted again and again...and again. The last time</p>



		<p>he interrupted her she had the medication in a spoon of applesauce in her hand, turned, and put it into his mouth. Immediately she realized what she had done, and attempted to get him to spit them out. It was too late. She panicked, called the pharmacist who said if there was going to be an allergic reaction it would happen in the first 15 minutes... Fortunately for her and especially for the man, he was okay. She told her supervisor of her mistake, and called for several hours after her shift ended still worried there would be adverse reactions.</p>
Ask		<p>But what could happen if someone tried to cover up an error like that and there were adverse reactions? Answers may include: medication interaction, allergy, sleepy, death</p>
Say		<p>There are specific guidelines to follow when assisting people with medication administration. If you remember and follow them every time, the chances for medication errors can greatly be reduced.</p> <p>In fact, when the long term DSP replays this scene over in her head she has thought of a few things to do differently, like putting the other person’s medications away and making sure the interrupting man was settled long enough for her to complete the medication process.</p>
Immerse (15 minutes)		
<p>Activity</p> 		<p>Have each person take a pen and on a blank paper trace their hand, distinguishing each finger and thumb. Trainer can draw a big hand on the dry erase board.</p> <p>Then ask the group to get with a partner to make a list of medication rights, or a list of what they would want someone to get right if that person was assisting them with medication. Direct participants to write this list on the back of the paper their hand are drawn on. Do not limit them to 5 rights. They may know more or less than 5.</p>
Toolkit		<p>Invite participants to find the “Hand” in this chapter’s Toolkit. As you review, be sure each person writes in the 5 Rights for future reference.</p>
Note		<p>Note to Facilitator: During this time, place two columns on the dry erase board, one for Rights and one for Plus Rights.</p>
Ask		<p>By a show of fingers, how many rights were you able to come up with in your groups?</p>


<p>Note</p>		<p>Note to Facilitator: Depending on the experience of the participants in the room, some people may have learned of the 5 rights, some have learned of the 6 rights, and others may know of the 5 Rights Plus a whole lot more.</p>		
<p>Say</p>		<p>Okay, let's put them on the board.</p>		
<p>Activity</p>		<p>Ask each group to share just one of the rights to start, and write it on the board under the column for either Rights or +Rights following this guide below. The learners should write them in their toolkit for this chapter.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> <p><u>RIGHTS</u> Person Medication Dose Route Time</p> </td> <td style="text-align: center; vertical-align: top;"> <p><u>+RIGHTS</u> Documentation Refuse Privacy Know What & Why Date And Others</p> </td> </tr> </table>	<p><u>RIGHTS</u> Person Medication Dose Route Time</p>	<p><u>+RIGHTS</u> Documentation Refuse Privacy Know What & Why Date And Others</p>
<p><u>RIGHTS</u> Person Medication Dose Route Time</p>	<p><u>+RIGHTS</u> Documentation Refuse Privacy Know What & Why Date And Others</p>			
<p>Say</p> 		<p>Take out the hand you drew and be prepared to place one right in each of the fingers. I will tell you which right belongs in which finger.</p> <p>(Hold up your thumb.)</p> <p>Although this does not have to be in any particular order, it really does make sense to start with the RIGHT PERSON.</p>		
<p>Note</p>		<p>Note to Facilitator: Write <i>Person</i> in your thumb on the chart paper or dry erase board and ask the learners to also write <i>Person</i> in the thumb of your drawing.</p>		
<p>Say</p> 		<p>It makes sense to start with the right person. All the other rights will logically follow. Thumbs up for the right person! If it helps you to remember the thumb represents the person, take a pen and draw a couple of dots (eyes) for a face on your thumb!</p> <p>(Hold up your pointer finger.)</p> <p>Since the thumb is the person, then the next finger is the pointer, which represents the RIGHT MEDICATION...</p>		
<p>Note</p>		<p>Note to Facilitator: Write <i>Medication</i> on the pointer finger on the chart paper or dry erase board and ask the learners to also write it on the pointer finger of their hand drawing.</p>		

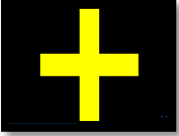





<p>Say</p>  <p>DOSE/AMOUNT</p>		<p>Once you have the right person, the next logical step in the process is the right medication for that person. Medication is packaged in a variety of containers including liquid filled bottles, blister packs, tubes, plastic containers, shakers, patches, and vials with needles. The medication will be labeled with the person’s name and prescription so you aren’t going to be guessing whose medication is whose!</p> <p>(Hold up your thumb) and say, “Person” (and add your pointer) and say, “Medication”.</p> <p>(Now add your middle finger) and say” Now we are adding the RIGHT DOSE, which is the same as the correct amount.”</p>
<p>Note</p>		<p>Note to Facilitator: Write <i>Dose</i> on the middle finger on the chart paper or dry erase board and ask the learners to also write it on the middle finger of their hand drawing.</p>
<p>Say</p>		<p>The Right Dose is prescribed by the doctor, and it will be on the medication label and the Medication Administration Record (MAR).</p> <p>The dose is the correct quantity in the correct strength. Another way to look at it is as an equation: Dose = Quantity +Strength.</p> <p>An example is: The bottle of Advil (brand/trade name) which is Ibuprofen (generic name) directs an adult to take 2 tablets of 200 mg each, for headache, cramps, flu symptoms, fever, etc. every 4-6 hours as needed. The quantity or amount is 2 tablets, and the strength is 400 mg. of Ibuprofen.</p> <p>The dose of a medication can change for many reasons, but that can only be determined by the prescribing physician. If the medication is not filling the need it is prescribed for, then it may be changed, increased, or discontinued.</p>
<p>Ask</p>		<p>What considerations are made when a doctor prescribes a medication? Answers should include: weight and age of the patient, purpose, side effects, therapeutic levels, how long the person will be taking it, other medication interactions, etc.</p>
<p>Say</p>  <p>TIME</p>		<p>Hold up your thumb and say, “<i>Person</i>, hold up your pointer and say, <i>Medication</i>, hold up your middle and say, <i>Dose</i>, and now your ringer means <i>Right Time!</i>”</p>





<p>Note</p>		<p>Write <i>Time</i> on the ring finger on the chart paper or dry erase board and ask the learners to also write it on the ring finger of their hand drawing.</p>
<p>Ask</p>		<p>How do you know what the right time to take your own medications is?</p>
<p>Say</p>		<p>For people who are supported, there are staff coming and going throughout the day. If a medication is prescribed to be taken 3 times a day, it means the pills are spaced evenly throughout the day. For most people, due to sleeping at night, there <u>can</u> be a longer period of time between when a pill is taken late in the day and early in the morning.</p> <p>Sometimes a medicine is carefully calibrated and must be taken at specific intervals. Other times, the doctor may prescribe a medication to take so many times a day. The pharmacist can be consulted to determine a schedule that best suits the person and their lifestyle. If the individual has a late shift job, they also might want to sleep later in the morning rather than having to get up to take a medicine and then going back to bed to finish their rest.</p> <p>Let's review: Thumb: <i>Person</i>, Pointer: <i>Medication</i>, Middle: <i>Dose</i>, Ringer: <i>Time</i>, and NOW, the Pinky which represents <i>ROUTE</i>.</p>
<p>Note</p> 		<p>Write <i>Route</i> on the pinky on the chart paper or dry erase board and ask the learners to also write it on their hand drawing.</p>






<p>Ask</p>		<p>There are plenty of routes for getting medications into a person’s system. How many routes can you list?</p> <p>Write the answers on the dry erase board, and add the routes not mentioned. Explain if necessary.</p> <ul style="list-style-type: none"> • Oral is the most common route, when somebody swallows a pill. • Buccal is inside the cheek, meds are absorbed into the bloodstream through the insides of the cheek. • Sublingual is under the tongue and absorbed into the bloodstream • Creams, patches, powders, ointments, eardrops, eye drops, medicated shampoos are examples of topical routes. • Inhalants or nebulizers are absorbed into the lungs by inhaling the medicine into the lungs. • Suppositories can be rectal or vaginal and must be delegated if a person cannot give self-administer. • Parenteral means injections which are either given by a nurse or can be delegated to a DSP who meets all of the nurse delegation requirements. (Primarily, insulin shots may be delegated.)
<p>Teach & Train (10 minutes)</p>		
<p>Say</p>		<p>As a DSP it will likely become part of your daily routine to assist people to take their meds throughout your shift.</p>
<p>Ask</p> 		<p>What ideas do you have to keep people on track with getting their medications on time?</p> <p>Responses may include</p> <ul style="list-style-type: none"> • Set the kitchen timer to go off when it is close to med administration times. • Ask the person to help to remember. • Tie a string around your finger. • Set your cell phone to remind you. • Use a watch alarm.
<p>Say</p>		<p>The good news is that while you are attempting to make it part of a routine to remember to assist people with their meds on time, you actually have one hour on either side of the prescribed time to assist people to get their medications. If it is more than an hour before or an hour after the prescribed time then you will have to call either the doctor</p>




		<p>or the pharmacy to get permission to assist with the medication.</p> <p>Sometimes a prescription directs a person to take their medication with a meal. If the person eats breakfast at 7AM Monday through Friday and eats breakfast at 9AM on the weekend, when does she take her prescription? Right, with breakfast, no matter what time she eats it!</p> <p>There may be situations when a person is not home at the time their medication is due to be taken. Like the rest of the community they are out at appointments, work, having fun, on the bus, etc., and do not arrive at home before that window of time is up.</p>
<p>Ask</p>		<p>So, if any of you have dealt with this kind of issue before, what did you do?</p>
<p>Say</p>		<p>For ourselves, we would just take it when we got home. The same is likely true for people who are supported EXCEPT, we have to get a directive from either the prescribing doctor, the pharmacy, or the delegating nurse to assist a person to take their medication later. Otherwise, we are playing doctor, and we don't have the credentials to do that.</p> <p>Take a look on the front of Georgia Jetson's routine MAR. You will see that all of her 8 PM medications are circled and initialed on the 4th of the month.</p> <p>Anytime there is a discrepancy on one of the 5 Rights, we are required to circle the box and explain the discrepancy or error on the back of the MAR. Because there are initials within the circle, Georgia took her meds. When you look on the back, you will see that Georgia got home late due to a blizzard. The pharmacy was called. Pat at the Pharmacy said it was okay to take her meds at 9:15PM when Georgia arrived home. It is really important to get the name of the person who gave the directive and include it in the explanation.</p> <p>Sometimes the discrepancy might be that the person refused to take the medications. In that case the circle might be around an empty box, no initials. On the back of the MAR the staff would document that the person refused. Refusing to take a medication is very different from forgetting to take a medication. We will cover this later and come up with ideas for how to be supportive when somebody does refuse.</p> <p>A DSP could make a medication error if:</p> <ul style="list-style-type: none"> • The wrong person takes the wrong medication.


		<ul style="list-style-type: none"> • The wrong dosage is taken. • Medication is taken at the wrong time. • Medication is taken by the wrong route. • Medication is not taken (other than when the individual refuses). <p>If any of these scenarios occurred, the DSP would then be responsible for the following documentation:</p> <ol style="list-style-type: none"> 1. Circle their initials that corresponded to medication time. 2. Call the pharmacy or the doctor for any specific instructions. <ul style="list-style-type: none"> • Is it an emergency and the person needs to have their stomach pumped? • Does the person skip their next medications? • Should the person do anything out of the ordinary? 3. Document on the back of the MAR in the first three columns of Section I: the date, the time, the medication name(s) and dose(s). 4. In the 4th column, give the Reason (error) or situation description for why the initials are circled on the front of the MAR 5. In Section II, the column labeled “Results or Follow-up,” the DSP documents the healthcare professional’s instructions regarding this medication error or situation. 6. It is also required for the staff to document the time and their initials in the last 2 columns. <p>The DSP also contacts the supervisor about the error.</p> <p>The supervisor is responsible for reporting to DDA about medication or other nurse delegation errors that have or may result in injury or harm to the person who is supported, as assessed by a nursing or medical professional or a pharmacist. These incidents must also be reported to the State Department of Health.</p> <p>There is also documentation required in the Medical Activity Log or On-Going Narrative that tells the whole story: describes the issue, gives the solution and who recommended it, and concludes with any follow-up required.</p>
<p>Say</p>		<p>So, we have just completed learning the 5 Rights of Medication, but what about learning a way to remember the “Plus ” Rights.</p>

<p>Activity</p> 		<p>Divide the group into small groups of 4 to 5 people and have them work on coming up with some sort of method, poster, rhyme, activity, etc., to remember the “Plus” Rights which include your list on the board of:</p> <ul style="list-style-type: none"> • Documentation • Privacy • Refuse • Know what and why • Date • Plus Others <p>Give them chart paper and markers and 15 minutes to design a presentation to help people remember the importance of the plus rights or what could go wrong if they weren’t covered when following the 5 Rights.</p> <p>Remind them that each group will be presenting their Plus Rights ideas after first reviewing the 5 Rights to the large group.</p>
<p>Reflection & Celebration (5 minutes)</p>		
<p>Activity</p> 		<p>Start each Plus Right Presentation with a 5 Finger Review of the 5 Rights.</p> <p>Appreciate and applaud each presentation!</p>
<p>Teach and Train (15 minutes)</p>		
<p>Say</p> 		<p>For some people who are supported, they will be able to get their own medication out of the secured container where it is stored. For others, the DSP will access the medication from a secured storage area.</p> <p>A secured storage area may be a locked medicine cabinet, or a locked medication box. Meds that must be refrigerated are locked in a box, in the refrigerator.</p> <p>In many homes, the medication box might look like a sewing box, a tool kit, or a fishing tackle box. If the box is one that is transported to the doctor’s office or agency office, it can only be identified with the initials of the owner (remember HIPAA.)</p> <p>The key to the lock must be secured. Some individuals will hold their own keys, while most will rely on their staff to unlock medications for them. The point of locking medications is to keep people safe.</p>

<p>Note</p>		<p>Note to Facilitator: Demonstrate a tackle box set up as a medication box (for Georgia Jetson) that looks similar to the medication storage containers in your agency.</p>
<p>Ask</p> 		<p>If you have seen medicine packed by the pharmacy, can you list things that may be included? (Listen and add to the list.)</p> <ul style="list-style-type: none"> • Blister pack or bubble pack- individually packed dose • Combination Blister/Strip packs (where all medications taken at a particular time are in the blister pack for each time of day the medications are scheduled) • Pill bottles • Liquid bottles with measuring devices (measure at eye level) • Tubes or vials with measuring syringe
<p>Say</p>		<p>For any medication packed by the pharmacy, typically the label will include:</p> <ul style="list-style-type: none"> • Pharmacy/pharmacist name and address • Prescription number or other means of identifying the prescriber (used in requesting refills) • Individual’s name • Prescriber’s name (doctor) • Name of medication • Strength (dose) • Directions for how to use the medication • Manufacturer • Quantity (number of pills or other measurement of the amount of the prescription) • Date the prescription was filled • Expiration or discard date • Number of refills remaining • Condition for which prescribed (most pharmacies include this information if it is on the doctor’s order) <p>The only entities who can repackage medications or fill medication organizers are:</p> <ul style="list-style-type: none"> • the pharmacist, • the person him or herself • a Registered Nurse



		<ul style="list-style-type: none"> • an individual’s family member <p>Just a reminder, DSPs cannot repackage medicine.</p>
Ask		How does the prescription get from the doctor to the pharmacy and eventually end up in the person’s medication box?
Say 		<p>During a psychoactive medication review, annual physical, or any other doctor’s appointment, the prescribing physician may change a prescription or add a new prescription. The prescription can be faxed to the pharmacy from the doctor’s office.</p> <p>Some pharmacies will deliver the filled prescription to either the home or the agency’s office while in other circumstances the agency staff may be responsible for picking up the medications from the pharmacy.</p> <p>If an individual is being released from the ER or hospital with a new prescription, it can be faxed or hand delivered to the pharmacy, then picked up by staff or delivered by the pharmacy.</p> <p>The pharmacist is a wealth of knowledge. Not only does the pharmacy fill the prescriptions, they can also answer questions, give permission to take a medication later or earlier than prescribed, note side effects, direct a staff to withhold a medication, etc. Some pharmacies provide 24-hour consulting services by phone, so if your agency is using a pharmacy with that kind of availability, there will always be someone to call for medication questions or directives.</p>
Immerse (5 minutes)		
Say		<p>There are two types of prescriptions you will be supporting people with:</p> <ul style="list-style-type: none"> • Routine medicine that is taken on a schedule, and • PRN medicine that is taken as needed
Activity		<p>Split the participants into 2 groups. Using your watch or phone as a timer, tell them they will have one minute to make a list of reasons why people take routine medications. When the minute is up the groups will read one at a time to see which group had the longest list.</p> <p>Answers may include: seizures, cholesterol, blood pressure, antidepressants, diabetes, thyroid, antipsychotics, stool softeners, blood pressure, etc.</p>

		<p>Do the same activity, same groups, but the second time they will have a minute to make a list of reasons why people take PRN medications. When the minute is up the groups will read one at a time to see which group had the longest list.</p> <p>Answers may include: headache, cramps, flu symptoms, fever, constipation, ear infection, injury pain, angina, sore throat, etc.</p>
<p>Teach and Train (10 minutes)</p>		
<p>Say</p>		<p>For people receiving services, medications must be prescribed, even over the counter meds. If you and I have a headache, we get ourselves an ibuprofen. People who have communication challenges may just bang their head on the wall, cry, swear, etc. to indicate their head hurts... (You might do that, too! But you can actually say what is wrong!)</p> <p>Even over the counter medications get prescribed and filled by the pharmacy. So for example, a PRN or as needed medication prescription label may say something like, “for a fever of 100 degrees or higher, take 2 Acetaminophen 325 mg. every 6 hours,” or, “For a cough take 2 teaspoons of Robitussin every 4 hours.”</p>
<p>Ask</p>		<p>Does anyone know what PRN stands for?</p> <p>Answer: As Needed, Per Need, or “pro re nata” which is Latin.</p> <p>Once you have established a person does have a need for a PRN, it is so critical that you document the giving of the medication, and then go back an hour or so afterwards to document the results: Does the person still have a fever? Is the person sleeping quietly because the Robitussin helped their cough? Did they stop banging their head, stop crying? Etc.</p> <p>By going back an hour or so later we know if a person has been impacted by the PRN medication. Sometimes you are just documenting that a person has stopped crying, which hopefully means the person is feeling better.</p>
<p>Say</p>		<p>Some of the people who are receiving Supported Living services can take their own medication with a prompt or guidance from a staff. Some people may ask the staff to unlock the secured medications, and then the staff can observe and document as the person takes their medication. Other individuals will need very specific assistance with medications.</p> <p>As part of the new hire training process, new DSPs will be</p>





		<ul style="list-style-type: none"> • training in homes with current DSPs, • getting to know people and their capacities, • learning the IISPs (service plans), • becoming familiar with the routines, • getting First Aid/CPR certification (if not current), • and, receiving blood-borne pathogen training.
<p>Say</p>		<p>DDA Policies and the Board of Pharmacy regulations are very specific regarding the requirements for assisting with medications. You can only help people with medications that have been prescribed for them by a doctor, dentist, or nurse practitioner. This includes over the counter meds, PRNS, and routine medications.</p> <p>Unless you are a licensed healthcare professional, or have been authorized and trained to perform a specifically delegated nursing task, you may only assist the individual to take medications. Assisting with medications includes:</p> <ul style="list-style-type: none"> • Telling the person the prescriber’s order in terms that enable him or her to self-administer the medication properly. “The doctor said to take 2 (200mg) Dellster tablets by mouth once a day.” • Prompting or coaching the person when it is time to take a medication. “The doctor ordered you to take Dellster at 8AM. Do you see what time it is?” • Opening the person’s medication container. “I am going to poke a hole in the back of this blister pack so you can push the tablets out of it.” • Handing the opened container to the person. “Here is your blister pack of Dellster with a hole poked in the back to make it easier for you to get the tablet out for this morning.” • Placing the medication into their hand. “Here is a cup with your Dellster in it so you can get it into your mouth.” • Transferring medication from one container into another for the purpose of an individual dose (e.g., pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices). You can hand the container to them and say, “Here is a cup, or spoon, or syringe with your pills in it.” • Altering a medication by crushing, mixing, etc., as long as the person is aware that the medication is being altered, or added to a





		<p>food or a beverage. You must have permission from a pharmacist that it is safe to alter any medication before altering it. “The doctor said Dellster cannot be crushed, so rather than taking both tablets in one swallow, here is some yogurt you can take one pill in the first bite, and the other pill in a second bite.”</p> <ul style="list-style-type: none"> • Guiding or assisting the person to apply or instill skin, nose, eye, and ear preparations. “The Selenium shampoo is in your hand. I am going to help you put your hand to the top of your head, so you can shampoo it in to your hair.” Or, “I have taken the cap off of your inhaler and shook it up. Here is your inhaler, ready for you to inhale. Once you have a good grip on it, I can help direct your arm to your mouth so you can inhale it.”
--	--	---


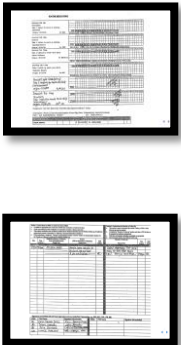


Teach and Train (10 minutes)

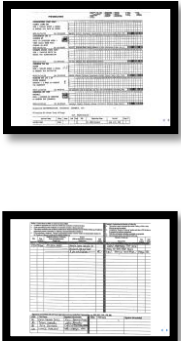




<p>Say</p> 		<p>Nurse Delegation</p> <p>If the DSPs are supporting people who cannot take their own meds without assistance, as I just described, the staff must also complete and pass a course called Nurse Delegation Core Training. The DSP will also be required to get a Washington state-issued license called a Nursing Assistant Registered license or NAR.</p> <p>The NAR includes a specific state background check, which is renewed each year before the DSP’s birthday. In most supported living situations, a registered NAC (Nursing Assistant Certified) license, which includes more training than an NAR, will suffice for being registered with the state. The NAC will still be required to complete and pass the Nurse Delegation Core Training, and maintain their NAC registration in order to be delegated for specific nursing tasks by a Delegating Registered Nurse.</p> <p>Once a DSP has been delegated, the nurses must follow up with the staff at least every 90 days and anytime a medication is added or changed, or if the health status of the person changes. In some agencies the class is taught by RNs working within the agency, while other agencies must send their staff to a training center for the class. (Explain what your agency does to fulfill nurse delegation requirements if you have delegated tasks.)</p> <p>Nurse delegation core training is only taught by registered nurses. The</p>
--	---	--






	<p>RN instructor is responsible for documenting test results for each potential NAR or CNA in their course. If a student does not pass the course, there is a take home option to study and retake the tests. The curriculum also includes an optional 3-hour course on supporting people who have diabetes. This course is recommended for DSPs who are supporting people who have diabetes, and therefore could possibly be delegated to give insulin shots or use lancets for glucose monitoring.</p> <p>At the completion of the Nurse Delegation Core Curriculum, the DSP will receive an official certificate. The delegating RN should be made aware of the DSP's status, so if all of the requirements are met, the staff can then be delegated.</p> <p>Just a reminder, delegation only occurs when the person being supported can't give their own medications or treatments to themselves. Sometimes an individual is unable to put on creams, set up a nebulizer and use it independently, or insert a suppository, but can put their oral medications in to their own mouth. The good news is that nurses are responsible for deciding who needs to be delegated and what particular tasks will be delegated.</p> <p>An important rule to remember is that every time a medication changes or is added, as a delegated NAR, you are responsible for letting the delegating RN know so he or she can delegate the new or changed medication.</p> <p>The following are examples of tasks that can only be performed by an NAR who has been delegated by an RN:</p> <ul style="list-style-type: none">• Putting medications into a person's mouth. "I am putting your medicine in your applesauce, now here is a spoon of Dellster in applesauce."• Hand-over-hand administration "I am going to help you push your finger in this blister pack to poke your Dellster tablet out of it and into a bowl of applesauce."• Instilling an eye drop or ear drop, applying a cream "I have your selenium shampoo in my gloved hand and I am going to wash your hair with it."• Glucometer testing "I am going to use this glucometer to check
--	--





		<p>your blood sugars. You will feel a little poke on the tip of your finger by the lancet, then I will capture a drop of blood on the strip in the glucometer.” (If the individual is able to poke themselves with the lancet and capture the blood on the chem strip, then put it in the glucometer, you can <u>read and document the results without being delegated.</u>)</p> <ul style="list-style-type: none"> • Injections—Insulin Only “It is 6PM and you are scheduled to get an insulin injection. I am going to give it to you.”
<p>Ask</p> 		<p>What do you do in your own home when you have expired or unused medications that are no longer needed?</p>
<p>Toolkit</p> 		<p>Invite participants to view <i>Medication Disposal Options</i> in the Toolkit for this chapter. Encourage note-taking as you continue.</p>
<p>Say</p> 		<p>At this time Washington does not have an official state policy on medication disposal. There are some counties where the sheriff or police departments will accept unused medications. There are also some pharmacies that have volunteered to take back unused medications, but there is not a state rule regarding the disposal of meds. YET!</p> <p>You can go online to check for locations in your area where unused pills or expired medications will be taken back. If there is a pharmacy that will take returned medications, you will need to check if that includes narcotics. Some police stations will accept returned narcotics.</p> <p>For the safety of the people receiving services, animals, children, teens, and others who may abuse drugs, unused and expired medication disposal is very important. In the event you are in a location that does not have a medication take-back program, as a last resort, medications should be disposed of in the following manners:</p> <p>For chemotherapy drugs, contact your prescribing medical office as they may accept return of those medicines. For all other drugs:</p>





		<ol style="list-style-type: none"> 1. Do not flush medicines down the toilet or drain. 2. Keep the medication in its original container (that is if it is large enough to follow the next instruction, but be sure to remove labels that would reveal confidentiality of person taking medications.) 3. To discourage consumption of the medicines, add something unappealing, such as kitty litter or coffee grounds. Do not crush the pills. (Some agencies have used a large plastic opaque or cardboard milk container to collect the pills, creams, liquids, etc. and added them together with coffee grounds and kitty litter.) 4. Tape the container lid shut with tape, place in a sealable bag, and then place in a non-transparent container to ensure that the contents cannot be seen. 5. Discard the container in the garbage. Do not place in the recycling bin. Make sure your trash cannot be accessed by children, pets, or others who might be looking in the garbage for drugs. <p>Each agency will have its own policy on med disposal and who is responsible for this task. Be sure to check with your supervisor for details on who does this and how it is done. And if you are wondering why you can't just flush medications down the toilet, it is because ultimately they get into the ground and water table, and can get back into people's systems...not a good thing.</p>
<p>Note</p>		<p>Note to Facilitator: If you are not using Paper MARS in your agency, it would be invaluable for your company to provide tablets, or screen shots from tablets of the MAR screen, with HIPAA information whited out or changed so your participants actually become familiar with what the electronic MAR looks like in your agency.</p>
<p>Say</p>		<p>Prescription Labels must be shredded or blacked out to be HIPAA compliant when disposing of medication packaging.</p>
<p>Activity</p>		<p>It is important to be able to read doctor's orders for clarity. In your Toolkit there is a list of abbreviations and symbols on one side of the page and a list of terms on the other. With a partner or by yourself, take a pen and match the symbol to what you know it is or you can guess. We will go over the answers after you have had a chance to give it your best guess! Feel free to work with a partner.</p>
<p>Toolkit</p>		







		<p>OTC=Over The Counter qd= daily PRN=As needed, as necessary b.i.d. (BID) twice daily h.=hour tsp.=teaspoon (or 5ml) q.i.d.(QID)=four times a day A.M.=morning Tab=tablet GM, gm=grams (1,000 mg) D/C=Discontinue</p> <p>Rx= Prescription Qty=quantity q (Q)=every t.i.d (TID) three times daily h.s.(HS)=Hour of Sleep (bedtime) oz=ounce Cap=capsule P.M.=afternoon/evening mg=milligrams gr=grains Tbsp.= tablespoon (3 tsp or 15 ml)</p>
Teach and Train (10 minutes)		
<p>Toolkit</p>		<p>Look in the Toolkit for this chapter to find two Medication Administration Records (MAR).</p>
<p>Say</p> 		<p>The first one we are going to look at is a routine MAR for a fictitious character named Georgia Jetson. The medication names of Georgia’s medicines are also fictitious but represent a variety of medications you may or may not be assisting with or administering to the people you will work with.</p> <p>As you look at the MAR for Georgia Jetson, notice you see the 5 RIGHTS although not spelled out. Some agencies will be using paper MARs while some agencies will be using electronic tablets or laptops to document on MARs.</p>
<p>Activity</p>		<p>With a partner, look over the MAR and discover as much information about Georgia as you can.</p> <ul style="list-style-type: none"> • all of her current medications • the dose and amount • route • time • diagnoses • side effects of medicines • when the medicine was first prescribed • what the medications are prescribed for • generic names and brand/trade names of medications




		<ul style="list-style-type: none"> • doctor’s name • birthday • gender • the kind of diet being followed • she is even taking medicine for something that is not diagnosed or not identified as a diagnosis on her MAR • photo or written description of medication <p>Turn over the MAR and look on the back. There is documentation that will be covered later. Point out that each staff who has signed off on Georgia’s medication on the front has also printed and signed their names on the back of the MAR and posted their initials as well. If there are two or more DSPs with the same initials assisting the same person with medications, it may be helpful to add a middle initial if their initials on paper MARs look too similar.</p> <p>On an electronic MAR, a code will likely separate two staff’s same initials.</p>
<p>Toolkit</p> 		<p>Take a look at the second MAR in the Toolkit.</p>
<p>Say</p>		<p>This is a PRN MAR for Gene Patient. She has some over the counter meds on there that were prescribed by her doctor, but also some prescription drugs.</p>
<p>Ask</p>		<p>Looking at Gene Patient’s PRN sheet, can she take her Temazepam capsule an hour before she goes to bed to ensure she will fall asleep?</p>
<p>Say</p>		<p>The answer is No, not until she indicates she has insomnia or can’t sleep.</p> <p>It would be better to fall asleep using more natural methods. Sleep medicine can be addictive or misused.</p>





<p>Activity</p>		<p>With a partner make a list of other ideas besides taking medicine that might help a person to go to sleep. Then we will share.</p> <p>Here are more ideas: Reading a boring book, a warm cup of herbal tea (no caffeine) or glass of milk, taking a warm bath, listening to music that he or she likes, getting plenty of activity during the day to be sleepy at night, white noise...</p>
<p>Ask</p>		<p>If she took her Lorazepam (Ativan) at noon because she was agitated and she is agitated again at 6PM, can she take it again?</p> <p>Answer: No, not until 8 hours have passed unless there is a new doctor’s order. Remind the group to use the Positive Behavior Support Plans to find ideas that help a person to regain control.</p>
<p>Ask</p> 		<p>What if you have a question about somebody’s medication? Who are you going to call?</p> <p>If they answer: Supervisor. Say, “Possibly, but the supervisor should redirect you.”</p> <p>If they answer: Another staff. Say, “Possibly, but the other staff should redirect you.”</p> <p>Where should they redirect you?</p> <p>If they answer: Doctor, YES! If they answer: Pharmacy, YES!</p> <p>If they answer: Delegating Nurse, YES!</p> <p>Doctors, Nurses, and Pharmacist will have the right answers.</p>
<p>Note</p>		<p>Note to Facilitator: Back to the MAR for Georgia Jetson. If the two medication errors for her have not been discovered yet, you can bring it up now.</p>

<p>Say</p>		<p>There are a couple of errors built into the MAR for Georgia. With a partner, can you discover the errors. (Give them a few minutes to look at it... If they can't find them or guess incorrectly, tell them):</p> <p>One of the errors has to do with allergies. Georgia's new medication (Senosish) is generic for Orcanmin which is the problem. Georgia is allergic to Orcanmin. Will they give it to Georgia or not?</p>
<p>Apply - Demonstrate Learning Application to Real Work (15 minutes)</p>		
<p>Activity</p> 		<p>Act it out.</p> <p>Have the staff pretend to call the pharmacy on their real or imagined cell phone. Remind the participants in the class, they will have to explain the issue to the pharmacist including: (and write this on the board, too)</p> <ol style="list-style-type: none"> 1 . your name and title 2 . where you work, and who you are calling about 3 . why you are calling <p>Ask someone to volunteer to make the call to the pharmacy. If they are unsure of what to say, coach them with this example:</p> <p>“This is (name) Karen Donovan-Cortez, I am a (title) DSP from (agency name) Washington Supported Living, supporting (individual) Georgia Jetson. (Reason for calling) I noticed that Georgia Jetson received a new medication, Senosish, which is the generic form of the drug Orcanmin. According to the MAR, Georgia is allergic to Orcanmin. Should I still give it to her?”</p> <p>(The trainer will answer as the pharmacist on his/her real or imagined cell phone!)</p> <p>The answer from the pharmacist is, “NO!”</p>
<p>Say</p>		<p>The pharmacy has the information, but sometimes when prescriptions are being filled, mistakes happen. Lucky for Georgia her staff are so observant! And by the way, I wasn't working when that prescription was filled!</p> <p>The pharmacy already knows about the medications they have filled for Georgia or Gene so you are not violating HIPAA when mentioning the</p>



		<p>person’s name.</p> <p>You can always check the Releases of Information to confirm there is one that covers information shared between the pharmacy and the doctor, and the pharmacy and the staff.</p>
<p>Say</p> 		<p>Being on board with not giving Georgia the Senosish, you will want to make sure that nobody else gives the Senosish. Remove the drug from the medication box and place it in your agency’s medication disposal policy process (secure space).</p> <p>You will also want to correct the documentation. On the MAR (paper style) this can be done with a black or blue ink pen. Draw a dark, straight line on the left vertical side of the box that you typically would have initialed, and write D/C for Discontinued (though thankfully never started) and a squiggly line out to the end of the month of dates for that month. D/C~~~~~→ (write this on the dry erase board)</p> <p>If you are working with a pharmacy that will take back medications, this would be an excellent time for them to take it back!</p> <p>If you have a police station that will take back medications, the Senosish that can’t be returned to the pharmacy could go there.</p> <p>If you have a medication disposal policy, the medication may go into this process</p>
<p>Note</p>		<p>Note to Facilitator: If you haven’t already explained your agency’s medication disposal policy, this would be a great place to have that conversation.</p>
<p>Teach & Train (5 minutes)</p>		
<p>Ask</p>		<p>If you didn’t notice that Georgia is allergic to the new medication she was prescribed, and you helped her take it as the doctor ordered, what could happen to Georgia?</p> <p>Does anyone in the room know someone who has an allergy to Penicillin? What would happen to that person if he or she was given Penicillin?</p>



<p>Say</p>		<p>Anaphylactic shock is the result of a severe allergy exposure. Ask the participants to come up with a list of allergic reactions. It should include the following:</p> <ul style="list-style-type: none"> • Wheezing or difficulty breathing • Swelling around the lips, tongue, or face • Skin rash, itching, feeling of warmth, or hives <p>If someone or yourself suddenly has these reactions to a medication,</p> <p style="text-align: center;"><u>Call 911, immediately.</u></p> <p>These reactions could result from allergies to medicine, nuts and peanut butter, shellfish and shrimp, and bee stings, sometimes as a result of first time exposure, and other times as a result of repeated exposure.</p>
<p>Apply - Demonstrate Learning Application to Real Work (10 minutes)</p>		
<p>Say</p>		<p>There is still another error on Georgia Jetson’s routine MAR...</p>
<p>Activity</p>		<p>Continue to look for the error during which time, you can tell the participants to question anything on the MAR until they find it or give up.</p>
<p>Say</p>		<p>This time the error has to do with the other new medication, which is Procizet Liquid 10ml (60mg), take 2 tsp. by mouth once daily. Georgia is supposed to start taking it today.</p> <p>The problem is she already has a Procizet tablet that she takes at the same time, which is a 40 mg. tablet. Both are prescribed as antidepressants. The question becomes, does Georgia take both of the medicines?</p>
<p>Activity</p>		<p>Ask for another volunteer to call the pharmacist. Ask the group to remember what should be told to the pharmacist: Who is calling, from what agency, for which person, and the reason for the call.</p>
<p>Note</p>		<p>Note to Facilitator: As the pharmacist here is your answer: When Georgia went to her annual physical, the doctor asked questions about Georgia’s depression. Georgia complained of being frequently sad, so the doctor decided to increase her antidepressant medicine and give her the faster-acting liquid form of it. Because the fast-acting antidepressant</p>


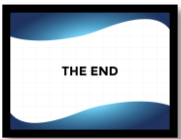




		<p>medicine in liquid form is new on the market, the pharmacy was out of it and had to wait until the next shipment arrived. The DSP documented on the medical activity log that her dose was being increased but did not put it on the MAR. Due to a lack of effective communication and documentation, Georgia’s medicine arrived a couple days later and the staff working did not check out the Medical activity log, just added it to the MAR and didn’t Discontinue the tablet. Rather than a 20mg increase the meds will be increased by 60mg if the staff doesn’t change the MAR. The pharmacist will say to discontinue the 40 mg tablet immediately and start the 60 ml. liquid tonight as written.</p> <p>Make sure the participants do the correct documentation on their MAR in the toolkit and place the discarded tablet form of Procizet in the medication disposal policy process for your agency.</p>
<p>Say</p>		<p>You might note that Georgia is taking medicine for diabetes and medicine for depression but neither of those are included in her diagnoses on her pharmacy provided MAR.</p> <p>This is a quick fix. If you let your pharmacy know, they are quick to add them to the next month’s MAR.</p> <p>Some pharmacies will also add a photo of the person to their MAR, as well as a color photo of what the medication looks like.</p>
<p>Say</p> 		<p>Another fact you might have noticed on both the routine and the PRN MARs for Georgia Jetson and Gene Patient is that the side effects for each preprinted medication are noted on the MARs. Some pharmacists are willing and able to add that detail to the preprinted MAR.</p> <p>A list of side effects should arrive with every medication a person is prescribed or takes over the counter. They can be on a medication packet insert, on a specific drug fact sheet, or they can be found in a book that specifically contains all the meds known to man called a Physician Desk Reference (PDR), or in a handy pill book that is updated frequently as new medications are being created frequently. You can also find side effects from specific medications by finding the medicine online under either the trade name or the generic name of the drug.</p> <p>If the pharmacy you are working with can place the most common side</p>

		<p>effects on the MAR, it is very convenient for staff to see.</p> <p>There is a list of common side effects from medications listed in your toolkit, but it is important to know side effects vary between different medications.</p> <p>When you are supporting people to take their routine or prn medications it is important that you are aware of what the intended and unintended side effects are. You don't have to know them by heart, but you do have to be able to find them.</p>
Ask		<p>If you are noticing side effects, who needs to know?</p> <p>The prescribing doctor needs to know. The doctor may direct the person to continue with the medicine (sometimes side effects go away), change to a different drug (for which you will still want to watch for side effects), or perhaps discontinue the medicine.</p> <p>As long as the person is getting all of their medications from the same pharmacy, there is a good chance the pharmacist will be watching for medication interactions. They can raise a red flag to let the person, doctor, or even staff know when a medication can't be taken at the same time as another medicine because of interactions. An example would be Penicillin, which shouldn't be taken with an antacid. The antacid prevents the antibiotic Penicillin from being absorbed in the stomach.</p>
Teach & Train (10 minutes)		
Say and Show		<p>Lead and demonstrate checking the 5 rights against the MAR.</p> <p>As the facilitator, you are going to take the participants through the process of medication assistance for one of Georgia Jetson's medications.</p>
Toolkit		<p>Before watching this demonstration, please turn to the page in your Toolkit which has a small chart for "5 Rights of Medication" to be filled in and a plus box which you may use for any of the plus rights you catch the trainer doing!</p>
Activity		<p>Ask for a volunteer or assign someone to play Georgia.</p> <p>Although you should never touch anybody else's medications, it is really</p>

	<p>important you start the process with clean hands. If you need to instill eye drops or put on creams and you are nurse delegated, you will want to have gloves. For this demonstration, I will emulate washing my hands to start and, respectfully ask Georgia to please wash her hands as well.</p> <p>I open the notebook or the electronic tablet to the MAR for Georgia Jetson. (Explain each step/check out loud.) I know I have the correct book/tablet because Georgia Jetson's initials are on the cover. Her name and photo are inside the box, and inside the notebook. Her name is also inside the book on the MAR, and on every page of the MAR.</p> <p>(Demonstrate respectful interactions with Georgia. Use her name, say please, ask if she is knows what time it is to prompt her for medication time, and listen to answers.)</p> <p>I am looking at (volunteer) "Georgia" and pretending she/he looks like Georgia. I ask her to tell me who she/he is if they can answer, hope the response is Georgia Jetson. If Georgia does not answer with "Georgia" then ask a yes/no question , Are you Georgia? (The learners should have a lot of check marks on the Right Person.)</p> <p>I look at the MAR for a medication to demonstrate. (Suggest you use the discontinued Procizet as if the liquid has not arrived.)</p> <p>The MAR says "Georgia Jetson", the MAR says "Procizet 40 mg. tablet by mouth." Unlock the medication box and take out the blister pack that says Procizet tablet. It also has Georgia Jetson on it. It says "40 mg tablet, take one, by mouth." Trainer compares the name of the medication on the blister pack to the name of the medication on the MAR, and they match. (Plenty of checks for Right Medication)</p> <p>The dose on the MAR says "one 40 mg tablet by mouth." The dose on the blister pack says "one 40 mg tablet by mouth." I compare the label to the MAR one more time. (Plenty of checks for the Right Dose/Amount)</p> <p>The route on the MAR says "by mouth" as I have noted twice already, but will compare the blister pack and the MAR one more time. If there</p>
--	--

		<p>are specific instructions with a particular medication, it will be written out clearly. (Checked the route at least 3 times)</p> <p>Finally, it says the time for the medication is “bedtime or 8PM” on the MAR. On the blister pack it says at “bedtime.” I ask Georgia if she is headed to bed soon, (nod at your actor Georgia to cue her to answer yes) and the answer is yes, so it is okay to give it to her now because (pretend) it is 8: 30PM. Georgia ritually goes early to bed and is early to rise. I checked at least three times for the right time. I also look at my watch or phone and confirm the time with the wall clock.)</p> <p>I ask Georgia, “Do you know why you are taking this medication?”</p> <p>If she answers “Yes,” then I will ask her to tell me why.</p> <p>If she answers, “No,” then I will remind her it is for depression.</p> <p>If she answers, “I’m not depressed,” then I will say, See, it’s working!</p> <p>And if Georgia implies she is still kind of sad, then I will tell her she has a doctor appointment scheduled to discuss this.</p> <p>I ask Georgia if she is willing to take her Procizet tablet, because it is almost 9 PM? If her answer is yes and she takes it, then I will initial it and put the medication blister pack back in to the med box. Trainer will sign on the MAR with their initials signifying Georgia took the medication. I close the book, turn off the tablet, put blister pack back into the box and put everything away.</p>
<p>Ask</p>		<p>Georgia was compliant and willing to take her meds as directed by the prescribing doctor. But what if she wasn’t?</p> <p>What can you do when a person refuses to take their medication?</p>
<p>Activity</p>		<p>Have people brainstorm with a partner or small group for a couple of minutes before asking them to share one idea with the large group. Share these ideas if they weren’t already mentioned.</p> <ol style="list-style-type: none"> 1. Say, “Okay,” and try again later before the window of time passes.

		<ol style="list-style-type: none"> 2. Ask the person to let you know when he or she is ready to take the medication. 3. Ask another staff to approach the person and attempt to assist. 4. Ask them to tell you why they don't want to take it today. 5. Remind them of an activity they will be doing when the medication process is complete. If the person takes the med sooner instead of later, they will be doing activity sooner. DO NOT deny a person an activity if they refuse their medication. Naturally there will be extra time for documentation, but when done, still go do planned activities. 6. Tell the person the reason for the medication and any possible effects of not taking it. 7. Start early in the window of time if you are supporting someone that routinely takes their meds later rather than sooner! 8. If it is okay to take the medicine with food or water, is there another choice he or she would rather have with the medication? (Answers may include: pudding, yogurt, applesauce, ice cream, juice, milk, etc.?) 9. Respect the choice the person is making. If it becomes routine to refuse then follow up with their doctor. 10. Talk to the prescribing doctor for ideas or possible changes that could be made to help the person be more successful with taking this medication(s) he or she is refusing.
<p>Apply - Demonstrate Learning Application to Real Work (10 minutes)</p>		
<p>Activity</p>		<p>Have the staff choose a partner. Be sure to have Toolkit open to routine MAR and take turns practicing giving Georgia just one of her routine medications. Be sure to use the check box from the Toolkit to make sure your partner is checking each right at least 3 times. Staff can trade off with medications so they are not just assisting with the same medication.</p>
<p>Ask</p>		<p>What was challenging about the process?</p>

<p>Say</p>		<p>Remind the group You will be checking 3 times for every medication right. It might seem like overkill, but if that were true, there would be no errors. Unfortunately, in spite of people saying they are checking the 5 rights three times, there are still mistakes that occur. Even in hospitals with well-trained medical personnel, mistakes happen. We are human and therefore we are capable of making errors, even doctors and nurses and pharmacists.</p>
<p>Reflection & Celebration (15 - 20 minutes)</p>		
<p>Say</p> 		<p>As we come to the end of Medication training, it is good to know, you will have more training and practice on medication assistance with the people you support and possibly with Nurse Delegation. You will receive hands on training from a person who knows the ins and outs of medication assistance in the home where you work.</p>
<p>Activity</p>		<p>Based on what you have learned during this training, please get into small groups of 2 to 5 people and using this big piece of chart paper, come up with a list, picture, poem, etc. of how to avoid making medication mistakes. (Allow 10 -15 minutes to prepare.)</p> <p>Give each group no more than a minute to do their presentation in front of the whole group.</p>
<p>Activity</p>		<p>Please administer the assessment at the end of this chapter.</p>
<p>Note</p>		<p>Note to Facilitator: Please review the objectives in the Toolkit on the first page with participants. Ask participants to circle the objectives for this chapter in which they believe they need more clarity. Allow for question and answer dialogue to ensure that all of the objectives have been met.</p> <p>Hand out the assessment for this chapter to each participant. End of chapter assessments should take approximately 10 minutes.</p> <p>As a learning tool, it will be important for each participant to leave the training with the correct answers. Please review the answers and ensure that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty</p>

		<p>and review that section again with the whole group or determine where you will address this in the next chapter. Ensure that you reteach/retrain topics where learning gaps were identified.</p> <p>Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.</p>
--	--	--

Georgia Jetson

Dialonin Tablet 5mg
 GLUCOPHASE
 Take 1 tablet by mouth at bedtime
 (diabetes)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em

Georgia Jetson

Procizet Liquid 10ml 60 mg.
 PROZICK
 Take 2 teaspoons by mouth at bedtime
 (Antidepressant)
 Origin (today) Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, we drug 'em.

Georgia Jetson

Procizet Tablet 40 mg.
 PROZICK
 Take 1 tablet by mouth at bedtime
 (Antidepressant)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

Georgia Jetson

Senosish Tablet 5 mg.
 ORCANMIN
 Take 1 tablet by mouth at bedtime
 (seizures)
 Origin (TODAY) Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

Georgia Jetson

Dellster Tablet 250 mg.
 DOCUSAID
 Take 2 tablets by mouth in morning with
 water
 (Stool Softener)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em

Georgia Jetson

Senosish Tablet 5 mg.
 ORCANMIN
 Take 1 tablet by mouth in morning
 (seizures)
 Origin (TODAY) Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

Georgia Jetson

Estronop Tab .5mg
 Orthonomen
 Take 1 tablet by mouth in morning
 (Regulate Menses)
 Origin 7/13/2006 Dr. Norma Lee
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

Georgia Jetson

Advil Tablet 200mg PRN
 IBUPROFEN
 Take 2 tabs every 4 hours for fever of 100 or
 higher
 (fever reducer)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 2/28/20

KD's Farmacia: You hug 'em, We drug 'em

Georgia Jetson

Dellster Tablet 250 mg.
 DOCUSAID
 Take 2 tablets by mouth in morning with
 water
 (Stool Softener)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

Georgia Jetson

Dellster Tablet 250 mg.
 DOCUSAID
 Take 2 tablet by mouth in morning with
 water
 (Stool Softener)
 Origin 5/20/06 Dr. Susan Seuss
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.