Tuesday, July 30, 2024

Medication Training 4hrs

Trainer: Kelly Sturgeon

The 5 “R”s

- Right **Resident**: **Start** your medication pour with **checking the name** on the medication bin, name on the pharmacy labels, and name on the MAR sheet. Label the cup you are using to pass the medication with the resident name, date and time. Only pour/pass for one resident at a time then document correctly.
- Right **Medication** and Right **Dose**: Use the MAR sheet for the resident you are passing medications to and follow the MAR to pour the correct medications at the right time, the right **dose**, and the right route. Check the MAR and then the pharmacy label as you pour. Check for the dose: Is it 1 tab? Is it 1/2 (half) tab? Is it 2 tabs? Double check your pour by checking the MAR with your pour before passing the medications.
- Right **Route**: When pouring medication look for the right **route** on the MAR and the pharmacy label. Routes for medications include: 1. By Mouth (PO); 2. Buccal (resident places the tab in their cheek); 3. Sublingual (under the tongue); 4. Spray (like mouth spray for dry mouth or nasal spray for allergies — check for the number of applications: 1 or 2 sprays?); 5. Drops — mouth, nose, ear or eye? (check dose is correct: how many “ml” indicated? Check accuracy if using an oral syringe). Check how many drops — for example: 2 drops of Systane eye drops both eyes OR 1 drop for glaucoma left eye only. 6. Topical: lotions, creams, patches, gels — check for the correct dose. For example 4 grams of diclofenac arthritis gel — use the measuring stick that comes with the medication tube.
- Right Pass and **Documentation**: 1. Check you are passing to the correct resident. Be organized — Have your tray, juice or water ready, Kleenex if needed for eye or nose drops, applesauce/pudding if needed with a spoon. **Assist** the resident with taking their medications but remember we canNOT put a pill in a resident’s mouth (only licensed medical professionals can do that). If a resident has difficulty swallowing or taking their medications, report to the Administrator so that the resident’s doctor and family can be informed. Never leave medications with a resident. Always monitor and assist with the medication pass. 2. Directly after your pass, initial for each medication that the resident completed. If the resident refused, make two more attempts. Refusal may look like spitting medication out, throwing it

away, shaking their head or saying “No”. After three attempts, document with an “R” and circle and write a note with date and time on the back of the MAR sheet. Then report to the Administrator who will inform the resident’s physician and family and may get instructions from the pharmacist for a “make-up” dose.

- Right **Questions**: All questions you may have about medications are going to be RIGHT! Please ask the Administrator or Lead Caregiver if you have a concern, confusion or you notice a problem. It is important to know the medications your residents are taking. Categories include: Heart (atrial fibrillation, heart failure or other condition); Blood Pressure (medications that stabilize or lower blood pressure for people with hypertension— a risk factor for stroke); cholesterol medications (for example Atorvastatin) to help prevent narrowing of the arteries; antidepressants— the correct dose and consistency (same time of day) are important; sleep medications like melatonin need to be given at the resident’s bedtime (not earlier); pain medications like acetaminophen must follow the correct dose and the MAX DOSE IN A 24HR PERIOD).

- Reminders🦋: Crushing medications requires a physician’s written orders AND pharmacist approval. We may only crush medications if the MAR has written instructions to do so specific to the medication. Please report to the Administrator if a resident is spitting out medication, chewing medication or having difficulty swallowing medications. You may cut a pill in half withOUT physician orders. Always be aware of, observe and report for negative side effects of medications: stomach upset, nausea, dizziness, vomiting, diarrhea, constipation, restlessness, headache, rash. PRN medications (given as needed) have special rules — a resident must be able to either clearly communicate their need for a PRN medication or clearly communicate symptoms for a PRN medication. If the resident canNOT do either, we canNOT determine their need for a medication for them. We must first contact their doctor and report symptoms and get physician instructions to give the PRN medication. Report the resident’s symptoms or signs of illness to the Administrator or Lead Caregiver. For example: resident refused breakfast and was groaning.

Name of Participant:

_____ _____

_____ _____

_____ _____

_____ _____