Section 1:
Introduction to Medication Assistance

⇒ Introduction
⇒ Promoting medication safety
⇒ Definition of medications
⇒ Level of assistance
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Introduction

There are many steps involved in delivering medications to a resident, and there are many individuals needed to ensure it is done correctly. The process typically begins with a prescription (order) from a resident’s health care provider for a medication. Once the order is written, it is forwarded to the pharmacy where the medication is filled (referred to as “dispensed”).

After the medication is delivered to the boarding home, it must be stored in a secure location and prepared for the resident at the appropriate time. Finally a staff person brings the medication to the resident for self-administration. These last few steps are often referred to collectively as “passing medications.”

<table>
<thead>
<tr>
<th>STEPS TO MEDICATION DELIVERY</th>
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<tbody>
<tr>
<td>Prescribe</td>
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<tr>
<td>Fill (dispense)</td>
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<tr>
<td>Store</td>
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<tr>
<td>Prepare</td>
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<tr>
<td>Assist</td>
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<td>Document</td>
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While other professionals carry many of these steps out, direct care staff may be responsible for storage, medication pass, and documentation when properly trained. It is important to know what can and cannot be done by a direct care staff member when taking on these responsibilities. Never perform any assistance with medication unless you have completed a training program and unless instructed to do so by your supervisor. On the following page you will identify what you legally can and cannot do when assisting with medications.
DIRECT CARE STAFF DUTIES: 
WHAT CAN & CANNOT BE DONE

Can be done:

Cannot be done:
Promoting Medication Safety

The residents in our boarding home generally take many medications in one day. Medications are powerful substances that are designed to help residents, but they can also cause great harm. Side effects, adverse reactions, allergies, and drug interactions are possible results of medications in addition to their benefits. The caregiver has an exciting opportunity to ensure the resident receives the maximum possible benefit from his medications, while reporting potential adverse reactions of medication therapy.

Since medications are an important aspect of caring for a resident in a boarding home, the following criteria must be met for every resident receiving medications:

- **Prescriptions are required.** Whenever a staff person assists with medications, there must be a prescription. Because the prescriber must have information on the resident’s condition and symptoms in order to prescribe the correct medication, it is important for you to report problems and concerns to your supervisor and/or the prescriber. With accurate reporting, the prescriber can choose the best medication to address the resident’s problem.

- **Medications are delivered as ordered.** All medications must be given following a prescriber’s order. If you are unclear on the directions, review the original orders.

- **The reason for the medication is clear.** All community personnel should know why a resident is receiving a particular medication. The target symptoms (i.e. behaviors, seizures, high blood pressure) are clearly identified and monitored to determine if the medication is effective.
  
  ⇒ A caregiver does not necessarily need to know exactly how a medication works. However, community staff must know why a resident is taking a certain medication. For example, a resident with congestive heart failure (CHF) is taking 20 milligrams of Lasix every morning to prevent swelling, fluid build-up in the lungs, and to reduce blood pressure.
• **The resident is monitored for side effects by all personnel.** Although it is not a requirement for staff to know all of the side effects of a medication, all staff members are responsible for watching residents for changes or symptoms that may relate to a side effect. Additionally, being familiar with common side effects can ensure better monitoring and safer medication therapy.

• **Concerns and questions are immediately reported to the prescriber.** If a side effect is seen that has not caused sudden distress in a resident, the prescriber must be contacted. Side effects may be an indication that the resident is taking too much of a drug, or that the dose of a medication needs to be changed. Informing the prescriber immediately can allow her to make adjustments in the resident’s prescription.

• **Regulations related to medication assistance are strictly followed.** Medications and related issues are one of the most common causes of regulatory violations. There are specific guidelines that must be followed in this community. These guidelines ensure safe handling, assistance with, and documentation of medications.

• **Medication policies and procedures are followed.** In addition to the requirements from state regulations, this community also has policies and procedures specific to medication assistance. It is part of your job to become familiar with these policies and procedures.
What is a Medication?

- Any drug, including over-the-counter, prescription, herbs, and vitamins
- Used to treat, cure, or prevent an illness, symptom, or disease
- Placed in or on the body by:
  - Ingestion (swallowing)
  - Inhaling
  - Topical (on the skin or mucus membranes)
  - Injection
  - Intravenous
  - Rectal
  - Vaginal

*If you are assisting a resident to take his medications, you must have a prescriber’s order for ALL medications, including over-the-counter medications.*
Medication Names

All medications have more than one name. The two most common names you will see are:

**GENERIC NAME**
This is the name given by the manufacturer. It typically includes a bit of the chemical name of the drug. There is only one generic name for each drug. Most generic medications cost less than brand name drugs.

**BRAND NAME (also called TRADE NAME)**
This is the name given by a specific drug company that makes the drug. There may be many different brand names of one drug, depending on how many different drug companies make that medication. Brand names, like people’s names, are always capitalized.

**Example:**

*Ibuprofen* is the generic name for a popular over-the-counter medication used to treat headaches, mild body aches, and fever. Two brand names for Ibuprofen are *Motrin* and *Advil*.

It is important for you to know whether your assisted living community has the brand name or the generic name (or both) printed on the MAR. Ideally, the drug name on the MAR matches the drug name on the medication label. It’s a good idea to have a medication book nearby when assisting with medications, so you can look up medication names to ensure you are assisting with the correct medication.
Controlled Substances

Some medications that you will be delivering to residents will be controlled substances, also called “scheduled” medications. These medications are listed from 1 to 5, usually in Roman numerals (I, II, III, IV, & V), depending on their level of abuse and/or addiction potential. The more addictive of these medications are stored double-locked, and your community will have a policy and procedure guiding you on how to manage these medications. For example, you may have to count how many are used from shift to shift, and you may have to sign them out as you use them.

SCHEDULE I
These medications have a very high abuse potential and are illegal in the United States. Therefore, you will never assist a resident with a Schedule I medication. Examples include heroin and cocaine.

SCHEDULE II
These medications have a high abuse potential, but are legal in the United States. Many narcotics (strong pain killers) are schedule II medications. Examples include Fentanyl, morphine, oxycodone, and Dilaudid.

SCHEDULE III
These medications have high abuse potential and are legal in the United States. Examples include hydrocodone and Tylenol with codeine.

SCHEDULE IV
Less abuse potential than Schedule III medications. Examples include Ativan, Xanax, and diazepam. Sometimes these medications are not double-locked or counted.

SCHEDULE V
Minimal abuse potential. Examples include Lomotil and some cough syrups containing codeine. These medications typically are not double-locked or counted.
Medication Service Levels: Independent with self-administration

1. The resident can safely and securely store his own medications, or
2. The resident requests that the boarding home store the medications and he comes to get them when he needs them.
3. The resident can fully understand the appropriate use of the medication and can self-administer the medication following the prescriber’s orders (including the correct dose and time).

There is one exception to this rule, and that is when a resident has a physical disability that prevents him from self-administering his medications independently but can accurately direct others to do this. In this instance, a resident is still considered independent with all aspects of his medications, but cannot physically perform the task. This exception only pertains to licensed boarding homes (assisted living communities) and does not apply to other health care settings.

Examples:

John Jones is a resident in the assisted living where you work. He has a heart condition that requires him to wear a nitroglycerin patch on his skin during the day. Mr. Jones has arthritis in his elbows so severe that he cannot reach to put the patch on his back, nor can he remove it. He is able to tell an unlicensed caregiver to place the patch on his back.

Bessie Burton is a resident in the assisted living where you work. She has Parkinson’s disease, and a symptom of this disease causes her hands to shake a lot. She knows that she needs to take eye drops, and when they need to be put into her eyes. Because of her shaky hands, she cannot get the drops into her eyes. She is able to tell an unlicensed caregiver how to put the eye drops in her eyes.
Medication Service Levels:
Self-administration with assistance

1. The resident needs reminding, coaching, or guiding limited to:
   a. Opening the container, handing the container to the resident, using an enabler (a device used to help the resident self-administer, including a medicine cup, glass, cup, spoon, bowl, pre-filled syringes, syringe to measure liquid, straw, piece of cloth, steadying or guiding one’s hand, etc.). Hand-over-hand assistance is not allowed.
   b. Reading the label or prescriber’s order and explaining it to the resident in a way that will assist him to self-administer.
   c. Assist with applying or instilling skin, nose, eye, and ear preparations consistent with Washington State law.
   d. Delivery of a pre-filled insulin syringe to a resident who is able to self-inject the insulin.
   e. As a help to residents who can give their own insulin injection, you can (without delegation): help a resident set up an insulin device (such as dialing or “clicking” a dose of insulin into an insulin pen, reading a dose in an insulin pen when a resident cannot see it, put a cartridge of insulin into an insulin pen and/or attach a needle to an insulin pen, validate the correct insulin dose in a syringe for a sight-impaired resident who draws up and injects his own insulin). “SET UP INSULIN DEVICE” DOES NOT ALLOW A CAREGIVER TO DRAW UP INSULIN INTO AN INSULIN SYRINGE. This may ONLY be done under nurse delegation.

2. The resident must be able to:
   a. Put the medication into his/her mouth or apply the medication onto his/her skin, nose, ear, eye, etc.
   b. Know that he/she is receiving a medication.

3. The resident has the right to refuse the medication.

The community’s responsibility for providing medication assistance includes:
- Store medications in a place that other residents or unnecessary staff do not have access.
- Document the medication name, time, and dosage taken by the resident.
- Document the resident’s refusal or inability to take the medication according to the prescriber’s orders.
- Ensure the resident is offered the correct medication(s) at the prescribed time(s).
Medication Service Levels: Medication administration

1. A resident cannot safely self-administer medication.
2. A resident is physically able to self-administer but cognitively unaware that he is taking a medication (i.e., residents with advanced dementia).
3. A health care practitioner orders medications to be administered by a licensed nurse or other individual authorized to administer medications under Washington State law.

The community’s responsibility for administering medications includes:

- The service is supervised by a registered nurse
- Store medications in a place that other residents or unnecessary staff do not have access.
- Document the medication name, time, and dosage taken by the resident.
- Document the resident’s refusal or inability to take the medication according to the prescriber’s orders.
- Ensure the resident is offered the correct medication(s) at the prescribed time(s).
- Ensure medications are administered by individuals authorized to administer medications under Washington State law. This includes RNs, LPNs, and properly trained NARs and NACs who have successfully completed the DSHS 9-hour core delegation training, additional training (Basic training, such as Revised Fundamentals of Caregiving), and have demonstrated competence. NARs and NACs who draw up insulin into an insulin syringe and/or administer insulin injections via nurse delegation must also successfully complete the DSHS 3-hour self-study class in addition to the above requirements.
Medication Service Levels: Resident abilities and preferences

A resident can be in more than one medication service level depending on his abilities and preferences. Also, some medications are more easily managed than others.

Example:

Alberta Callahan is a resident who lives in the assisted living community where you work. She takes many different kinds of medications. Because she cannot remember when to take her oral medicines, she has caregivers bring the medications to her at the right times. She receives a monthly Vitamin B-12 shot, and a licensed nurse must give her this injection because she is unable to draw up the correct amount in the syringe and she doesn’t like to poke herself. She has a medicated cream that her doctor prescribed for a rash on her face; she keeps that in her apartment and rubs it onto the rash three times a day as the doctor ordered.

What different medication service levels does Mrs. Callahan use? Which medications are in which service levels?
What Kind of Resident Needs Medication Assistance?

- Cannot remember when to take a medication
- Is not safe to self-administer
- Cannot open container
- May have memory problems

Residents who receive assistance with self-administration do not need to know the name of the medication or what the side effects are. They only need to know that they are getting a medication.
What is Medication Assistance?

The act of ensuring a resident receives medications by:

- Reminding
- Coaching
- Handing the medication container to the resident
- Opening the medication container
- Altering a medication (such as crushing)
- Using an enabler (a cup, spoon, or other method)
- Placing the medication in the hand(s) of the resident so the resident can self-administer

- As a help to residents who can give their own insulin injection, you can (without delegation): help a resident set up an insulin device (such as dialing or “clicking” a dose of insulin into an insulin pen, reading a dose in an insulin pen when a resident cannot see it, put a cartridge of insulin into an insulin pen and/or attach a needle to an insulin pen, validate the correct insulin dose in a syringe for a sight-impaired resident who draws up and injects his own insulin). “SET UP INSULIN DEVICE” DOES NOT ALLOW A CAREGIVER TO DRAW UP INSULIN INTO AN INSULIN SYRINGE. This may ONLY be done under nurse delegation.
- Hand-over-hand is not allowed!
Medication Assistance Regulations

The Board of Pharmacy wrote rules on medication assistance (WAC 246-888). Some important items in these rules include:

- A non-practitioner can transfer a medication from the original container into an enabler to prepare an individual dose. This could include pouring a liquid medication into a calibrated spoon or medication cup.
- The resident must be able to put the medication in his/her mouth, or on the skin, or wherever it is supposed to go.
- You cannot assist with intravenous or injectable medications (except diabetic device set-up).
- You can, as part of assistance, deliver a pre-filled insulin syringe to a resident for him/her to self-inject.
- Assistance must occur immediately before the resident swallows the medication or puts it on his/her skin.
  ⇒ *It is not considered best practice to prepare multiple medication cups for multiple residents at one time; errors may occur!*
- The caregiver may alter a medication by crushing, dissolving, mixing, etc., but the resident must be aware that the medication has been altered and/or added to food.
- A pharmacist or other practitioner must first determine that it is safe to alter the medication. This must be documented on the prescription label or in the resident’s record.
- A practitioner includes a physician, dentist, nurse, physician’s assistant, advanced registered nurse practitioner, and pharmacist.
What is Medication Administration?

The act of ensuring a resident receives medications by:

- Placing a medication in a resident’s mouth
- Squeezing eye drops into a resident’s eye(s)
- Rubbing a topical medication onto a resident’s skin
- Putting ear drops into a resident’s ear(s)
- Pressing the cylinder while a resident inhales a medication
- Placing a suppository in a resident’s rectum or vagina
- Injecting insulin into a resident’s subcutaneous tissue

A caregiver CANNOT give injections except for insulin and only under nurse delegation.—this is reserved for licensed healthcare professionals only.

A caregiver MUST be formally delegated for a specific resident in order to administer medications; this involves being either an NAR or NAC, taking the DSHS 9-hour core delegation class, receiving training from an RN, and possibly other training. A nursing assistant administering insulin via nurse delegation must also successfully complete the DSHS 3-hour self study course.
Is It Assistance or Administration?

DIRECTIONS: Read the following questions and decide if the caregiver is assisting a resident with medications, or administering them through delegation. Write the correct number beneath “Administration” or “Assistance”. Answers are provided on the next page.

1. The caregiver puts a pill in the resident’s mouth.
2. The caregiver pours a liquid medication from its original bottle to a cup, then hands the cup to the resident.
3. The caregiver places a nitroglycerin patch on the resident’s back.
4. The caregiver reminds the resident that it is time to take medication.
5. The caregiver squeezes eye drops into a resident’s eye.
6. The caregiver rubs a medicated cream onto a resident’s legs.
Is It Assistance or Administration?

ANSWERS

1. The caregiver puts a pill in the resident’s mouth.
2. The caregiver pours a liquid medication from its original bottle to a cup, then hands the cup to the resident.
3. The caregiver places a nitroglycerin patch on the resident’s back.
4. The caregiver reminds the resident that it is time to take medication.
5. The caregiver squeezes eye drops into a resident’s eye.
6. The caregiver rubs a medicated cream onto a resident’s legs.

Administration
1, 3, 5, 6

Assistance
2, 4
Storing & Accounting for Medications

Safe and controlled medication storage is very important. While some residents may have the ability to store their medications in their own apartment, many residents in this community cannot safely store their own medications. Talk with your supervisor to find out which residents are able to store their own medications.

REASONS FOR CENTRAL STORAGE

⇒ The resident cannot safely store and administer her own medications (she may be confused, unable to read labels, etc.).
⇒ There are concerns about roommates, family members, or other residents wandering into the resident’s apartment and getting into these medications.
⇒ The medication needs to be stored in a specific way (like in the refrigerator, or mixed before taking) and the resident does not have the capability of storing it or preparing it.
⇒ To allow for close monitoring to ensure the resident is taking the medication, or the medication may have potential serious side effects that need to be monitored.

Locate and become familiar with where in your community the medications are stored. Here you will find centrally stored medications, medication records, and necessary supplies such as cups and gloves.

Requirements for the Central Storage Location:

- It must be locked and accessible only to approved staff
- The staff person responsible for medication delivery should have the keys at all times
- There must be a staff person on the community premises with the keys to the central storage area at all times
- It must be an area free from temperature extremes and moisture
General Requirements for Medication Storage

Always follow your state regulations and community policies and procedures when storing medications.

- All medications, including over-the-counter and herbs, must be in locked storage at all times
- All medications must be stored in accordance with the instructions on the original label (i.e., in the refrigerator, out of direct sunlight, etc.)
- Medications requiring refrigeration are stored separate from food, beverages, and toxic substances.
- All medications obtained through a pharmacy will be clearly labeled with the pharmacist’s label or in the original manufacturer’s container
- All oral medications are stored together for one resident and physically separate from other residents’ medications
- Other medications (topical creams, ointments, eye drops, ear drops, inhalers, etc.) are stored separately from oral medications, preferably each medication in its own Ziploc baggie or other container
- If a resident is allowed to keep his own medications, the community ensures that:
  ⇒ The resident is capable of storing medications in such a way as to prevent access by other residents
  ⇒ Documentation is in the resident’s health file indicating that the resident has been assessed as independent with medication storage
  ⇒ Community protocol is followed for routine re-assessment of the resident’s continued ability to self-store medications
Storing and Accounting for Controlled Substances

Controlled substances are kept double-locked, with the keys available only to staff responsible for the medication delivery. Each time a controlled substance is removed from its storage area, its removal is documented in a specific book or binder, one page for each controlled substance. *Be sure to sign out the medication as you use them; don’t wait until the end of your shift to sign them out of the book/binder, as you may forget.*

The following information must be documented on the page, for each medication:

1. Date and time of removal
2. Signature of staff person removing the medication
3. Amount of the medication that was removed
4. The amount of medication remaining, after removal

If a controlled substance is accidentally dropped on the floor, staff must follow the community’s policy on discarding medications. Destruction of a controlled substance must be witnessed by two staff persons. Be sure to sign the controlled substance book/binder that the drug was destroyed.

The assisted living community where you work has policies and procedures on how often controlled substances need to be counted. Usually at the change of shift, two staff persons will count the controlled substances—one staff person that is going off duty, and one staff person that is coming on duty. When the count is correct (the amount of controlled substance in the locked cabinet matches the amount written in the book/binder), both staff members sign the binder to acknowledge that they counted the correct amount.

When the count off, it is important to count again. If it is still off, contact your supervisor immediately. *NEVER* decide to notify a supervisor later; controlled substances are counted because of the high potential for misuse, and it is important to respond immediately to any discrepancies.
Reading a Prescription Label

A complete medication label provides all the necessary information to adhere to the principles of the six rights, as well as other important information, such as expiration date. Look at the labels on the following pages for examples.

<table>
<thead>
<tr>
<th>INFORMATION ON A PRESCRIPTION MEDICATION LABEL</th>
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<tbody>
<tr>
<td>Resident’s name</td>
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<tr>
<td>Drug name</td>
</tr>
<tr>
<td>Strength</td>
</tr>
<tr>
<td>Dose</td>
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<tr>
<td>Instructions</td>
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<tr>
<td>Expiration date</td>
</tr>
<tr>
<td>Name of prescriber</td>
</tr>
<tr>
<td>Number of refills</td>
</tr>
<tr>
<td>Name of pharmacy</td>
</tr>
<tr>
<td>Date filled</td>
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<tr>
<td>Special instructions</td>
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</tbody>
</table>

Depending on the container/package, the label may take different forms. For example, a traditional bottle of pills will have the label affixed directly to it. Inhalers, ointments, and creams will usually come in a box, with the label affixed to the outside of the box. Keep the box and container together.

Over-the-counter medications will not have all of this information unless the pharmacist has dispensed them. An OTC label will at least provide the drug name, strength, expiration date, manufacturer, lot #, and instructions. Keep in mind that these instructions are general and are not specific to the resident.
Prescription Label

Pharmacy name and address
Number used by the drug store to identify this drug for your refills
Person who gets this drug
Instructions about how often and when to take
Name of drug and strength of drug
Number of refills

Doctor's name
Drug store phone number
Today's date

Local Pharmacy
123 MAIN STREET
ANYTOWN, USA 11111
(800) 555-5555

JANE SMITH
456 MAIN ST ANYTOWN, US 11111

TAKING ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

AMOXICILLIN 500MG CAPSULES

NO REFILLS - DR. AUTHORIZATION REQUIRED
USE BEFORE 06/23/06

Don't use this drug past this date
OTC Label

Over the Counter (OTC)

Drug Facts

Active ingredient (in each tablet)  Purpose
Chlorpheniramine maleate 2 mg  Antihistamine

Uses: temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
- sneezing
- runny nose
- itchy, watery eyes
- itchy throat

Warnings
Ask a doctor before use if you have
- glaucoma
- a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
- You may get drowsy — avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

If pregnant or breastfeeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions
Adults and children 12 years and over: take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
Children 6 years to under 12 years: take 1 tablet every 4 to 6 hours; not more than 5 tablets in 24 hours
Children under 6 years: ask a doctor

Other Information
Store at 20-25°C (68-77°F)
- protect from excessive moisture

Inactive ingredients: D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

More information such as storage

Read carefully; how much to take, how to take it, and how long to take it

Things such as colors or flavorings
Six Rights

Medication assistance, the act of pouring the medication from its original container and delivering it to the resident, is typically a straightforward and uncomplicated process. However, without adherence to established principles and techniques, dangerous errors can occur.

<table>
<thead>
<tr>
<th>THE SIX RIGHTS</th>
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<tbody>
<tr>
<td>Right drug</td>
</tr>
<tr>
<td>Right dose</td>
</tr>
<tr>
<td>Right time</td>
</tr>
<tr>
<td>Right route</td>
</tr>
<tr>
<td>Right resident</td>
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<tr>
<td>Right documentation</td>
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The most important principles to follow when passing medications are the Six Rights. All medication passes must adhere to these “rights.” For every medication poured and delivered to a resident, verify that each of these six rights are met. In other words, verify that you have passed the right drug at the right dose, route and time, to the right resident, and once passed complete the right documentation.

RIGHT DRUG
Use the three-check method to ensure you have taken the correct medication package from the storage area. Compare the name and dose on the label with the name and dose on the resident’s MAR. Check this information three times: once when you take it from the storage area, a second time when you pour the medication from its container, and a third time when you put the container back into the storage area.

RIGHT DOSE
As described above, check three times to see that you have taken the right dosage from the medication storage area. Be aware of how many pills must be given to get the correct dose. For example, if the dose calls for 100 milligrams and each tablet contains 50 milligrams, you would give two tablets.
RIGHT TIME
Accurately give medications according to the time the prescriber orders them. Advocate for adjustments in the times of day when necessary. For example, if a prescriber orders a medication to be given in the morning, but the drug makes the resident sleepy, you (or someone in your community) should talk with the prescriber about seeing if the order can be changed to give the medication at bedtime. The timing of medications can be critical in obtaining a therapeutic effect.

RIGHT ROUTE
Medications can be ordered to be given orally, sublingually, topically, inhaled, and other ways. Be sure to give the medication by the route it was ordered.

RIGHT RESIDENT
Obviously a medication should only be given to the resident for whom it was prescribed. However this can be challenging, especially with new caregivers or in large facilities. Having current pictures labeled with resident names can be helpful in avoiding medication errors.

RIGHT DOCUMENTATION
Always document that a medication was given. The rule is, if it wasn’t documented, it wasn’t done. Documentation not only provides a record that you gave a medication, it is also an important part of a resident’s medication history.

You also must document when a resident chooses not to take a prescribed medication. This helps to show trends as well as demonstrates that you offered the medication.
The Process: Three Checks

Check the six rights:

CHECK ONE
As you take the medications from their storage area

CHECK TWO
As you place each medication into an enabler

CHECK THREE
As you put the medications back into their storage area

Medication orders sometimes change without your knowing it. It is important to continue performing the three checks each and every day, during each and every medication service, in order to avoid missing any new or changed medication orders!
Resources to Learn More About Medications

You will likely have questions about medications as you encounter them. Questions like: What is a normal dose? Are there any dangerous side effects with this drug? Is it OK to take this medication with other medications at the same time? Should this drug be taken with food? You should prepare your resources for medication information before the questions arise. There are many available resources; the following are the most accessible and useful.

**MEDICATION HANDBOOK**
These books contain information related to every medication currently approved by the FDA. They usually contain information about how the medication works, normal doses, side effects, drug interactions, and other recommendations. The books are often written to be used by nurses; however, they contain valuable information that can be used by caregivers as well.

**PRESCRIBING HEALTH CARE PRACTITIONER**
The person who prescribed the medication is a good resource for some information as well. He or she can usually tell you when to give the medication, whether or not to give it with food, and why the resident is taking the medication.

**PHARMACIST**
The pharmacist is often the most helpful and useful resource for medication information. Pharmacists devote their study and practice to medications, so obviously they can tell you just about everything about a particular drug. In addition to the information from the medication handbook and prescriber, pharmacists can provide you with printouts that give you information about each drug. If you are ever concerned about a particular medication a resident is taking, the pharmacist can usually answer your questions.

**COMMUNITY NURSE**
Nurses are trained in pharmacological therapy. Most nurses have a thorough working knowledge of general medication information. Information such as side effects and special considerations can often be obtained from a nurse. Because they are working directly with residents and observing for side effects, nurses can be an excellent resource for general medication information.

**THE INTERNET**
The internet is an excellent resource for obtaining information. Be cautious when obtaining information—be sure you are searching on a reputable web site. Be sure to try the website of the drug manufacturer. A helpful site for prescription drugs is [www.rxlist.com](http://www.rxlist.com); this site provides detailed information on the top 100 prescribed medications.