



WELCOME



**TO THE MEDICATION TRAINING  
WORKSHOP**

# INTRODUCTION



The purpose of this workshop is to review WLACL medication policies and procedures for Home Share providers

The goal of this workshop is to help providers understand their role in monitoring medications for individuals in care

# PHYSICIAN'S ROLE



- Every individual that receives residential care from the WLACL must visit the doctor at least annually.
- All medications must be prescribed by a physician.
- It is illegal for a provider to administer over the counter drugs, even for occasional discomfort, without a physician's order.
- Medication changes (increased/decreased dosage, etc) cannot be made without a physician's order.

# STAFF MEMBER'S ROLE



All  
providers  
are  
responsible  
for:

# PROVIDER'S ROLE



- Knowing all medication guidelines
- Knowing the names of the medications prescribed
- Knowing the purpose and possible side effects of the medications prescribed
- Knowing the ten “R’s” of medication administration
- Properly documenting administration, refusal or medication errors
- Communicating concerns about medications to the WLACL
- Maintaining privacy and confidentiality

# FUNCTIONS OF MEDICATION



- Drugs cause changes in body functions by altering body fluid, altering the cell membrane or through special receptors in the cells.
- The **therapeutic effect** of a drug is the desired or expected response.
- **Side effects** are usually undesirable. Some are short term while others persist as long as the medication is taken. Sometimes another drug is given to remedy the side effects.
- When enough of a drug has been absorbed into the bloodstream and then into the cells to produce a desired effect, then the persons medicated blood level is said to be within **therapeutic range**.
- Dosages may need to be adjusted to maintain the therapeutic range. Doctors monitor therapeutic range by regular blood testing.

# DRUG TOXICITY



Individuals may be at risk from drugs due to:

- Inability to give informed consent
- Changed function of the nervous system
- Poor kidney function
- Dehydration and poor nutrition
- Chronic disease
- Communication impairments



# DRUG TOXICITY



**The people we support need special attention to detect early warning signs of drug-related problems**

**This means that providers should be very aware of the effects a drug may have and possible side effects**



# DRUG TOXICITY



Signs of toxicity may include:

Stomach irritation

Nausea

Dizziness

Hypertension

Palpitations

Blurred vision

Grogginess

**These symptoms may be difficult for individuals to report or for providers to assess**

# ADMINISTERING MEDICATION



***Providers are required to carefully follow all procedures when administering medication.***

***Most mistakes are made when providers are distracted. Do not allow interruptions***

***Review the 10 “R’s” each time a med is dispensed.***

# ADMINISTERING MEDICATION



## Medication Administration Record (MAR)

Persons in care that require medication monitoring must have a MAR. The MAR must include:

- ❑ Person's full name
- ❑ Person's address
- ❑ Person's physician
- ❑ Names of any allergies
- ❑ Name and dosage of all medications administered, including PRN's
- ❑ Original dispensing date for each medication
- ❑ Space for provider's initials – verifying medication was dispensed and by whom

# ADMINISTERING MEDICATION



## The Ten “Rights”

**Right Time** – Medications should be administered on time, however they can be administered one hour on either side of the prescribed time.

**Right Drug** – Compare the MAR with the prescription label. Beware of look-alike & sound-alike medication names.

**Right Dose** – All meds should be blister packed. Compare dose in blister to prescription label.

**Right Route** – Check prescription label to ensure right method of administration.

**Right Person** – Check the name on the blister pack binder.

# ADMINISTERING MEDICATION



## The Ten “Rights”

**Right Documentation** – Make sure to initial the MAR Sheet.

**Right History & Assessment** – Secure a copy of the individual’s history of drug interactions & allergies.

**Drug Approach & Right to Refuse** – Give the individual enough autonomy to refuse the medication after thoroughly explaining the consequences of refusal.

**Right Drug-Drug Interaction and Evaluation** – Review any medications previously given or the diet of the individual that can yield a bad interaction. Check the expiry date of the medication.

**Right Education & Information** – Provide enough knowledge to the individual of the drug being taken and potential side effects.

# PRN MEDICATION

PRN stands for the Latin “pro re nata” which means “as circumstances may require.”

PRN drugs are given when specific symptoms occur: the symptoms are occasional rather than constant and the relief provided by the drug is specific.

PRN medications must be accompanied by a MAR.



# MEDICATION ERRORS



A medication, whether a regular dose or a PRN, is administered in error when it is:

- Wrong time
- Wrong medication
- Wrong dose
- Wrong amount
- Wrong route
- Wrong person
- Not given
- Not signed on the MAR within 24 hours
- Spilled

# MEDICATION ERRORS



If an individual refuses to take a prescribed medication, this is not considered a medication error, however an incident report should be completed.

## **Reporting**

- All med errors must be reported to the WLACL using an incident report.



# UNUSED MEDICATIONS



Only current medications should be kept in the home.

## Procedure for disposing of medications:

1. Keep a container marked "unused medications" in the locked med cabinet.
2. Put all expired, discontinued and contaminated medications in the container **\*\*Do not flush meds\*\***
3. Return all medications in the container to the pharmacy.

Blister packs may be returned as is.

# THANKS



***FOR YOUR PARTICIPATION AND ALL THAT YOU DO  
FOR PEOPLE AFFECTED BY A DEVELOPMENTAL  
DISABILITY!!!***