

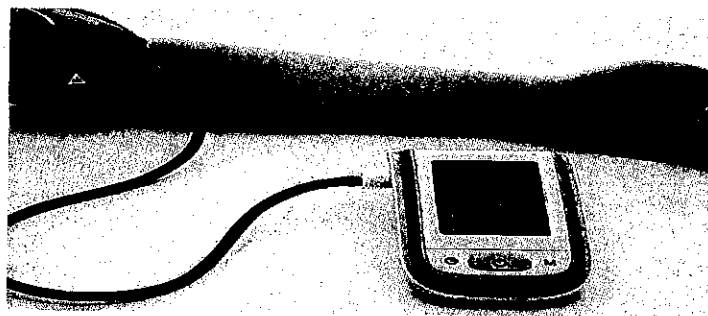
Certification 1 Renewal

Medication Administration



and

Health Related Activities



What it Means to Be a Certified DD Personnel

Classes and skill checks for initial certification or renewal do not equal certification. You are NOT authorized to administer medications or treatments, until your certification has been entered and viewed as current on the DODD website.

Having a certification from the Ohio Department of Developmental Disabilities (DODD) for the administration of medications and performance of health-related activities means you have been authorized to complete certain tasks. People who are not certified do not have this authorization.

This certification **does not** allow you to provide care any way that you would like. The Law requires that you follow the instructions given to you during this certification course. You must follow the instructions provided in the curriculum always, **NO EXCEPTIONS.**

With a valid Medication Administration Certification 1, you may

- Administer topical, oral, and inhaled medications that have been prescribed for a person.
- Perform the 13 health-related activities.
- Apply OTC topical medications for musculoskeletal comfort without a prescription.

YES!

Note: In some settings, you will also need a nurse to authorize and supervise your administration of medications and treatments. That is called nurse delegation.

You must know what you are doing. If you are ever in doubt about what to do, or how to do it, you must contact your supervisor or a healthcare professional for additional directions or training.

You must speak up if you need more training. Do not assume others automatically know what you need.

Your certification **DOES NOT** allow you to:

- ◆ Make independent diagnoses and act on them.
- ◆ Perform activities not addressed in this curriculum even if you know how.
- ◆ Represent yourself as a licensed healthcare provider.
- ◆ Discontinue a medication without a healthcare professional's order.
- ◆ Administer a medication without a prescription (except topical OTC medication for musculoskeletal comfort).
- ◆ Independently adjust the dosage of any medication.
- ◆ Independently change the frequency for administering any medication.
- ◆ Independently perform an activity in a way not specified by this curriculum.
- ◆ Give medications or perform any health-related activities that have not been prescribed.
- ◆ Share health related information with anyone who is not actively on the person's care team.



Medications Certified Personnel Are Not Permitted to Apply/Administer

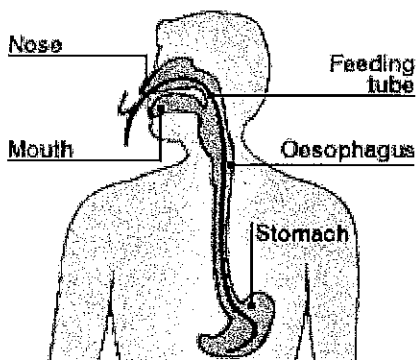
1. Anything through a nasogastric (NG) tube
2. Parenteral or intramuscular injection
3. Intravenous (IV) injection
4. Any debriding agent used in the treatment of a skin condition, burns or minor abrasions
5. Subcutaneous (sub Q) injection

EXCEPTIONS for Injections:

- ◄ **Category 1** certified personnel may inject glucagon after a licensed nurse has delegated the task to the certified personnel and the personnel receives Individual Specific Training from the nurse.
- ◄ Certified personnel may administer insulin and other injections for metabolic glycemc disorders if they hold a current Category 1 and Category 3 certification and are delegated to do so by a licensed nurse.
- ◄ Certified personnel may use an Epinephrine Auto-injector after receiving DODD approved training. **Epinephrine auto-injector is not included in this Category 1 Certification.** See OAC 5123:2-6-05 for information about approved training for the use of an epinephrine auto-injector.

Certified Personnel may NOT Administer

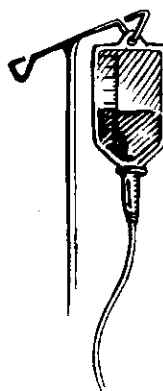
NASAL FEEDING TUBE



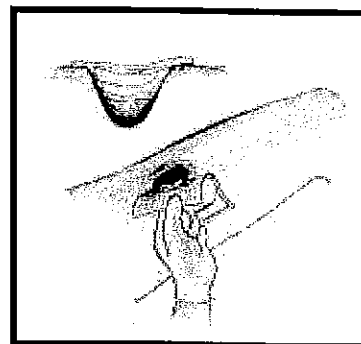
Anything through a
Nasogastric (NG) Tube



Parenteral or
Intramuscular Injections



IV Medications



Any Debriding Agents

Nasogastric Tube: A tube starting in the nose, passing through the throat and into the stomach.

Parenteral: Delivery of medications by injection.

Debriding: Removal of dead tissue from a wound.

The initial Category 1 certification training course for administration of medications and performance of health-related activities must be completed before **obtaining further certifications** to administer medications per G/J tube (Category 2) or administer insulin and injections for treating metabolic glycemc disorders (Category 3).

State of Ohio Certification Registry

1. There is a state registry listing all personnel certified by the Department of Developmental Disabilities (DODD).
2. Law requires public access to view certifications in the registry for confirming the status of current and expired certifications. This can be found on the DODD website: dodd.ohio.gov
3. Certification remains valid when personnel change employers. Medication Administration Certification of DD personnel is registered with DODD (not the employer).



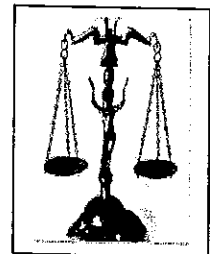
Suspension and Revocation

1. Anyone who finds that certified personnel are not safely performing or will not safely perform their duties shall immediately remove that certified personnel's responsibility to perform medication administration. This includes the employer, delegating nurse, county board nurse, or QA nurse as appropriate.
2. **Suspension of certification is done by DODD pending further investigation. It may be temporary but could lead to permanent revocation depending upon circumstances.**
3. Revocation of certification may occur if certified personnel do not demonstrate compliance with the rules and curriculum, are not performing their duties in a safe manner according to certification training or have shown disregard for the safety and welfare of a person. **Revocation is a permanent removal of certification.**
4. The Certified DD Personnel may appeal DODD's intent to revoke certification per the rule, OAC 5123: 2-6-07.

Liability

You are accountable for your own actions. However, the law, Ohio Revised Code 5123.422, establishes immunity from liability if:

- ◆ All applicable laws and rules were being followed.
- ◆ Certified personnel acted in accordance with the steps in the curriculum and/or the instructions of a delegating nurse. (see OAC 5123:2-6-07).
- ◆ Certified personnel do not act in a manner that constitutes deliberate or reckless misconduct.



Standard and Universal Precautions

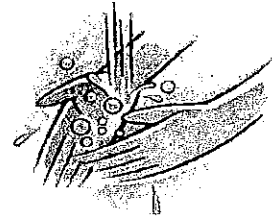
The concept of Universal Precautions presumes that all body fluids are potential carriers of infectious diseases and therefore blood and all body fluids are presumed contaminated. Hand washing is an important part of Universal Precautions and the NUMBER ONE technique for controlling transmission of infections.

Protective measures of personal hygiene are recommended as follows:

1. Keep the body clean.
2. Practice good hand washing (Centers for Disease Control [CDC] advises a minimum of 20 seconds).
3. Don't share used personal items such as medication cups, drinking cups, eating utensils, combs, brushes, etc. without washing them first.
4. Cough or sneeze into arm, sleeve, or disposable tissue.

The Centers for Disease Control (CDC) recommends that hands be washed in certain situations including:

- ◆ Before preparing medications
- ◆ Before and after contact with any person
- ◆ After handling any contaminated equipment
- ◆ Before and after applying topical medications
- ◆ After contact with organic material (i.e. after toileting or assisting with toileting or with hygiene)



The CDC recommends the use of personal protective equipment such as gloves or other items as necessary when there is a possibility of contact with blood or body fluids. Guidelines for using gloves are:

- ✦ Dispose of gloves following approved procedures
- ✦ Change gloves before assisting a different person
- ✦ Always wash hands **before** applying gloves and **after** disposing of them
- ✦ Be aware of, and follow, your agency's general universal precautions policy



Waterless hand washing products are available for use in situations when using soap and water is not possible. Follow instructions with the specific product you are using. Refer to your agency's policy and procedure for other infection control information.

Sources: www.cdc.gov



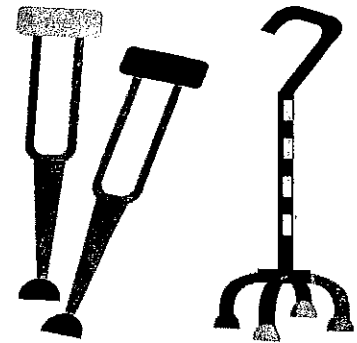
Health Needs



Social Needs



Daily Activity Needs



Training on any equipment

Individual Specific Training (IST)

(OAC 5123:2-6-01)

Individual Specific Training (IST) must be done **after** certification and **before** administration of any medication or performance of any health-related activities. Documentation of IST must be maintained. Agencies must have a policy and procedure in place for documenting and tracking all IST completed. **Remember, if it isn't documented, it wasn't done.**

Individual Specific Training is the INITIAL introduction to the person and their healthcare needs and preferences. IST occurs prior to the first-time personnel administer medication or perform health-related activities to any person. Ongoing training continues to be provided as needed.

As a provider, IST is the information you will need to ensure the safest care is provided to a person. **IST must include:**

- ♣ The person's needs (physical, social, and emotional)
- ♣ A summary of the person's relevant health care information

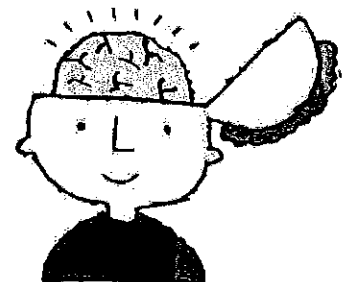
ORC (Ohio Revised Code) 5123.42 makes IST a responsibility shared by the employer and employee. The employer is to ensure personnel receive the training. Certified personnel are not permitted to perform any task presented in Medication Administration Certification training without receiving initial IST for each person.



Daily Schedule/ISP/Agency Policies and Procedures



Paperwork/Documentation



Cognitive abilities
Ability to make decisions
Personal preferences

Signs and Symptoms to Observe and Report

Some situations may not be urgent, but it is important to recognize and report signs and symptoms of disease and/or side effects of medication so that proper treatment can be carried out.

All personnel have the responsibility to recognize and report the first potential signs/symptoms of problems that may be noted through observations during baths/showers, mealtimes and recreation periods. Things to think about when observing a person: facial expression, vocal sounds, body position and behavior. Be alert to changes and notice if there is unusual touching, tapping or otherwise focusing on a certain part of the body.

***** Whenever you see anything that is not typical for the person, arrange for the person to be assessed by a healthcare professional.**

Examples of common signs and symptoms which will require further evaluation and should be called to the attention of a healthcare professional for evaluation are listed below:

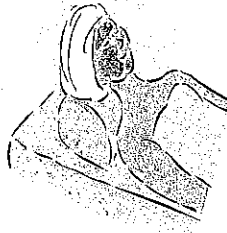
A. General Body Symptoms

- Shaking or chills
- Loss of appetite
- Increased thirst
- Eating problems
- Rapid weight gain
- Persistent low energy
- Weight loss without dieting
- Frequent or severe headache
- Swelling in any part of the body
- Abnormal posture, movement or gait



B. Skin

- Burns
- Too dry/moist
- Yellow color
- Rash, moles, open sores
- Tenderness to touch
- Pale or reddened
- Unusual bruising or bleeding
- Unusual redness and warmth
- Wounds or sores that do not heal



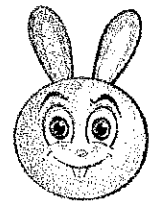
C. Eyes

- Profuse tearing
- Discharge or bleeding
- Suspected decrease in vision
- Redness or swelling of eyes or eyelids
- Twitching, sensitivity to light
- Dullness, dark circles
- Pupils dilated (big) or contracted (small)
- Foreign body in the eye (scratchy feeling in the eye or eye pain)
- Change in color of the white part of the eyes to look red, bluish or yellowish



D. Ears

- Loss of hearing
- Discharge or bleeding
- Pain in ear or back of ear
- Profuse hardened ear wax
- Foreign body in ear (do not attempt to remove)



E. Nose

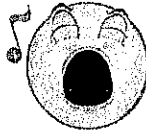
- Sneezing
- Repeated nosebleeds
- Congestion/stuffy nose
- Runny nose



Signs and Symptoms to Observe and Report (continued)

F. Mouth

- Hoarseness
- Tongue: coated, red or pale
- Swollen, cracked, peeling lips
- Teeth: sharp, broken, toothache
- Difficulty in swallowing or talking
- Gums: swelling, bleeding, sores that do not heal
- Rash or blisters in mouth or throat, sore throat
- Coughing or gagging when drinking or eating
- Jaw drooping on one side
- Jaw swelling



G. Neck

- Stiffness or pain in neck
- Swelling or lumps in neck
- Holding the neck at an odd angle



H. Chest

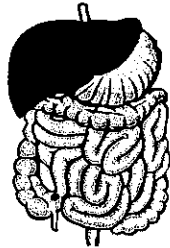
- Blood-tinged mucus
- Lump in breast or under arm
- Persistent or congested cough lasting longer than 1 week



*Women and men should do a self-breast exam monthly. If unable to do a self-breast exam, the plan should include a breast exam by a healthcare professional at least annually or as recommended.

I. Abdomen

- Hard abdomen
- Nausea or vomiting
- Pain in the abdomen
- Any swelling or lumps in abdomen or groin*



***Do NOT press on any lumps or bumps in the abdomen. Notify a healthcare professional if a lump or bump is found.**

J. Arms and Legs

- Varicose veins
- Lumps, bruises
- Swelling or pain
- Limping or change in walking (gait)
- Changes in ability to move limb(s) or any complaints of pain



K. Genitals and Urine

- Itching
- Redness
- Swelling
- Discharge
- Pain or difficulty in urination
- Change in color or odor of urine
- Unable to void; voids frequently
- Incontinence if unusual for this person



L. Rectum

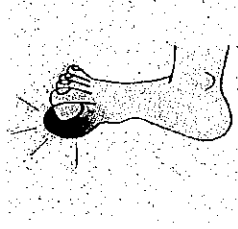
- Hemorrhoids
- Bleeding or drainage from rectum
- Loose or liquid bowel movement (stools)
- Bowel movement (stools) with blood, mucus, or worms
- Black or clay colored stools
- Constipation (dry, hard stool) or no bowel movement in 2 days



Signs and Symptoms to Observe and Report (continued)

M. Feet


- Deformities
- Swelling, pain
- Corns or bunions
- Ingrown toenails
- Peeling, cracked skin
- Thick, discolored nails
- Changes in color (red, pale or blue) or temperature (too hot or too cold)



***If a person is diabetic, sensitivity in their feet may be decreased. Inspect feet daily.**

N. Mental State

- Fatigue
- Agitation
- Sudden change in behavior
- Drowsiness, change in alertness
- Irritability
- Sadness or not enjoying things previously enjoyed
- Withdrawn
- Unusual comfort seeking



O. Pain

How to tell if someone is in pain:

- The person tells you
- Facial grimaces
- Wincing
- Unable to get the person's attention (or not able to focus as usual)
- Stiff or avoiding movement of a body part
- A person's unique expression of pain as identified in the person-centered plan
- Verbalizations such as: Ouch! Don't touch me! Stop! That hurts!
- Bracing
- Unusually resistant
- Self-injurious behavior
- Restlessness
- Aggression
- Rating on a pain scale*
- Rubbing an area
- Groaning, moaning

***If a pain rating scale is used, all personnel should use the same scale for that person.**

PAIN PAIN PAIN PAIN PAIN PAIN



Achy, sharp



Throbbing, hurts

According to the U.S. Department of Health and Human Services pain is

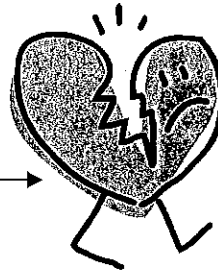
- ◆ An uncomfortable feeling that something may be wrong in your body
- ◆ A way of sending a warning to the brain that something is not right

www.ahrq.gov (Agency for Healthcare Research & Quality)

How people describe pain

- ◆ Dull
- ◆ Aches
- ◆ Sharp
- ◆ Constant
- ◆ Throbbing
- ◆ Stabbing
- ◆ A different feeling
- ◆ Comes and goes
- ◆ Broken heart
- ◆ Sad
- ◆ Nervous/anxious
- ◆ Hurts

A change in the person's behavior can signal pain. A change in appetite or energy level can signal pain or that something is wrong in the body or emotions (i.e. depression)



Broken hearted, sad



Tense, irritable, change in behavior

Causes of Physical Pain

- ◆ Non-visible injuries
- ◆ Chronic medical conditions
- ◆ Untreated dental problems
- ◆ Ill-fitting shoes or clothing that rubs
- ◆ Emotional and interpersonal problems
- ◆ Inactivity
- ◆ Having the body in poor alignment for long periods of time

A Change in Behavior May Signal Pain Especially for:

- ◆ Infants and young children
- ◆ People with cognitive disabilities
- ◆ People with expressive language disorder
- ◆ Anyone with chronic pain



Young child



Person with cognitive or expressive language disorder

“High pain tolerance” is a condition where an injury or illness that would typically be painful for most people is not noticed as painful to a person with high pain tolerance.

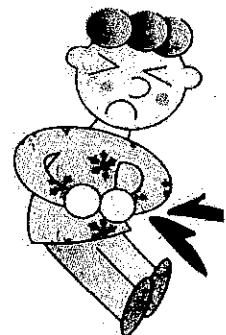
Watch very carefully for any movements, behavior or actions that could be a sign of injury or illness that needs to be reported.

Pain

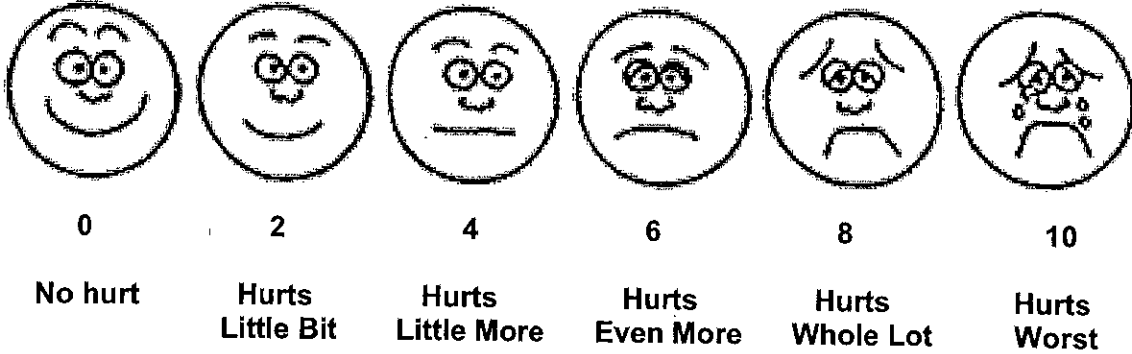
- ♣ Pain signals that something is wrong
- ♣ **Being as pain free as possible is a person's right**
- ♣ Anytime a person verbalizes being in pain, or acts like they may be in pain, provide treatment as ordered or contact the appropriate healthcare professional

♣ Document:

- ◆ Time
- ◆ Date
- ◆ Who you notified
- ◆ What you were instructed to do
- ◆ What you did
- ◆ When you did it



Wong-Baker FACES® Pain Rating Scale



FLACC Scale - A Pain Assessment Tool

Although originally designed to be used with children between ages 2 and 7, this scale can also be used with adults unable to verbally communicate about their pain.

How to use a FLACC scale

In patients who are awake: observe for 1 to 5 minutes or longer. Observe legs and body uncovered. Reposition patient or observe activity. Observe body for tenseness and tone. Initiate consoling interventions if needed.

In patients who are asleep: observe for 5 minutes or longer. Observe body and legs uncovered. If possible, reposition the patient. Touch the body and observe for tenseness and tone.

Face (F)

- 0 - No expression or smile
- 1 - Occasional grimace or frown, withdrawn, disinterested
- 2 - Frequent to constant quivering chin, clenched jaw

Legs (L)

- 0 - Normal position or relaxed
- 1 - Uneasy, restless, tense
- 2 - Kicking, or legs drawn up

Activity (A)

- 0 - Lying quietly, normal position, moves easily
- 1 - Squirming, shifting back and forth, tense
- 2 - Arched, rigid or jerking

Cry (C)

- 0 - No cry (awake or asleep)
- 1 - Moans or whimpers; occasional complaint
- 2 - Crying steadily, screams or sobs, frequent complaints

Consolability (C)

- 0 - Content, relaxed
- 1 - Reassured by occasional touching, hugging, or being talked to, distractible
- 2 - Difficult to console or comfort

Each category is scored on the 0-2 scale and added together for a total score of 0-10.

Total Score Indicates:

- 0: Relaxed and comfortable
- 1-3: Mild discomfort
- 4-6: Moderate pain
- 7-10: Severe discomfort or pain or both

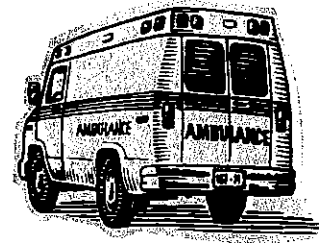
Record score here: _____

When to Seek Assistance:

CALL 911 FIRST, then notify others per your agency policy

Examples of When to Call for an Ambulance or Call 911

- ◆ Poisoning
- ◆ Sudden loss of vision
- ◆ Severe, constant abdominal pain
- ◆ Uncontrolled bleeding; bleeding heavily
- ◆ Choking
- ◆ Fainting, loss of consciousness, or won't wake up
- ◆ Person appears very ill; sweating, skin looks blue or gray
- ◆ Possible stroke; new weakness, loss or change in speech
- ◆ Severe or large area of burned skin
- ◆ Repeated vomiting/diarrhea not responding to treatment
- ◆ Symptoms develop suddenly; the person stops their usual activity or starts to act unusually
- ◆ Hypoglycemia (low blood sugar that does not respond to nutritional intervention)
- ◆ First time seizure
- ◆ Seizure lasting longer than is typical or as specified in the person's plan; or one seizure right after the other
- ◆ The person does not wake up after the seizure; unable to arouse from a seizure within 20 minutes
- ◆ The person does not start breathing normally after the seizure stops
- ◆ Foreign object embedded in any body part
- ◆ Fractures of the long bones of the arms or legs
- ◆ Vomit/diarrhea that is bloody or looks like coffee grounds
- ◆ Crushing injury of the head, chest, or abdomen
- ◆ A hit to the head comparable to being hit with a baseball bat or falling on a concrete floor
- ◆ BP: * Below 90 for upper number
* 220 or higher for upper number
* Below 60 for the lower number
* 120 or higher for lower number
- ◆ Chest pain
- ◆ Cardiac arrest (loss of heartbeat)
- ◆ Pulse rate is less than 40 or more than 140
- ◆ Difficulty breathing and/or loud wheezing
- ◆ Respiratory failure (stops breathing)
- ◆ Severe allergic reaction



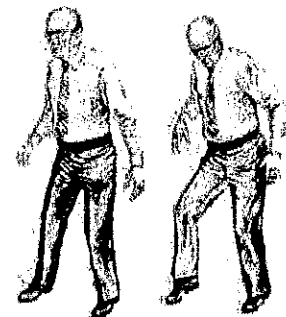
Persistent abdominal pain



Strong blow to the head



Trouble breathing



Change in gait (stroke)

For the following injuries, KEEP THE PERSON WARM, DO NOT MOVE THEM (unless the scene is unsafe). CALL 911

- ◆ A fall with limb deformity (bone sticking out, swelling, unusual position of arm, or leg)
- ◆ A fall with a head injury or with a change in level of consciousness
- ◆ A fall and the person is unable to get up on their own when they normally would be able to do so, or the person is in a lot of pain when lying still or trying to get up

CALL 911 for:

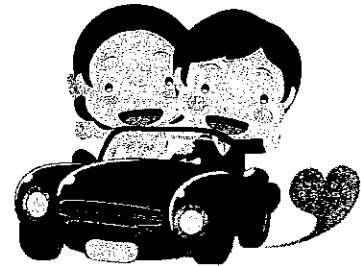
◆ **Severe Allergic Reaction** (sometimes called anaphylactic reaction). Symptoms may appear right away or up to many hours after exposure to allergen. A severe allergic reaction is often characterized by:

- ♣ Massive hives
- ♣ Difficulty breathing
- ♣ Swelling of the throat, tongue, lips or mouth

If the person has an Epinephrine Auto-injector use it immediately then call 911

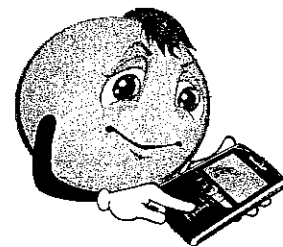
Examples of When to Take a Person to the ER/Urgent Care

- ◆ Eye injury
- ◆ Burn with blisters including sunburn
- ◆ Shaking and chills with or without fever
- ◆ Body temperature of 96 or lower or 103 or higher
- ◆ Repeated vomiting/diarrhea over 12 hours
- ◆ New onset of confusion for no known reason
- ◆ Fall with complaints of pain or cannot walk normally
- ◆ 24 hours of poor appetite and fluid intake and/or decreased urination
- ◆ Moderate bleeding that does not stop after 5 minutes of direct pressure, the laceration may need sutures; continue to **apply pressure while transporting**



Examples of When to Call a Healthcare Professional

- ◆ New rash
- ◆ Fever of 101-102.9 F
- ◆ Earache or sore throat
- ◆ New onset incontinence
- ◆ Increase in seizure numbers, type or duration
- ◆ Burns that are reddened or blistered, including sunburn
- ◆ Repeated vomiting/diarrhea more than 6 hours but less than 12 hours
- ◆ Other times as designated in the person-centered plan



When to Call Poison Control

- ◆ Ingestion of toxic substances
- ◆ Ingestion of the wrong medication and unable to consult with a local healthcare professional
- ◆ Ingestion of the wrong amount of prescribed medication and unable to consult with a healthcare professional
- ◆ The number for poison control is: **1-800-222-1222**



American Association of Poison Control Centers: www.aapcc.org

Examples of Situations to Be Reported to a Healthcare Professional

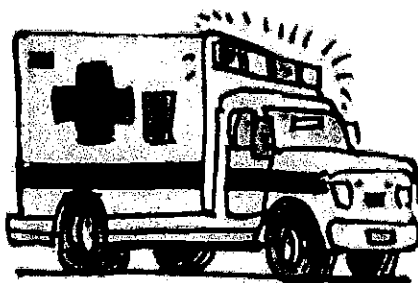
- ◆ Suspected adverse reactions to medications
- ◆ Changes in mental or physical functioning
- ◆ Repeatedly choosing not to take prescribed medications or treatments
- ◆ Any concerns personnel have regarding the person's mental or physical health

If you think there may be a health problem:

- ◆ Call or talk to a healthcare professional
- ◆ **Document:**
 - ▲ Date reported
 - ▲ Time reported
 - ▲ Person to whom you reported symptoms
 - ▲ Symptoms you reported
 - ▲ What you were instructed to do
 - ▲ What you did and when you did it
 - ▲ Who else you notified

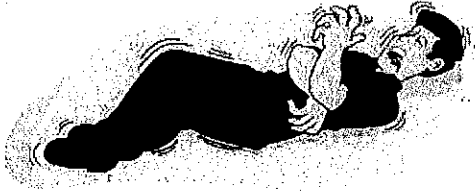


◆ **IF YOU THINK THE PERSON'S LIFE IS IN DANGER, CALL 911 IMMEDIATELY**



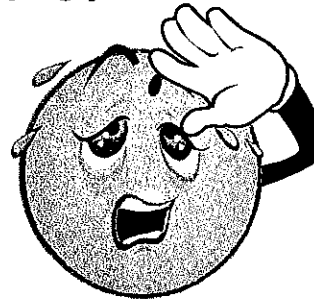
Quick Overview of Selected Emergency Situations:

◀ Status Epilepticus



Prolonged Seizure

◀ Hypoglycemic Reaction



Symptoms of low blood sugar

Condition and Actions to Take:

Condition	Action to Take
<p>Status Epilepticus</p> <p>A seizure that is longer than typical or more than 1 seizure in a specified time period</p>	<ul style="list-style-type: none"> ◆ Give Diastat® or other medication as ordered if a seizure goes beyond the specified time limit ◆ Keep the person's airway open ◆ Protect the person from injury ◆ Stay with the person ◆ Call 911 if Diastat® or other as needed medication does not stop the seizure within 15 minutes ◆ Call 911 if seizure lasts longer than 5 minutes, and no emergency medication is ordered, and if their plan does not specify something different ◆ Call the nurse/doctor as directed in the person's seizure care plan
<p>Hypoglycemic Reaction</p> <p>Low blood sugar</p>	<ul style="list-style-type: none"> ◆ Administer glucagon in any form; as ordered and delegated ◆ Call 911 ◆ Stay with the person ◆ Call the delegating nurse

It is important for you to recognize each of these serious situations and know how to assist the person to recover as quickly as possible, preventing medical complications and possible death. Additional information is presented on the following pages.

*****At the beginning of every shift locate the emergency medication, check the expiration date and check the medication against the MAR 3 times: confirm the medication and dosage that will be given if/when the emergency medication is needed.**

Nasal Versed® (midazolam) is authorized by this Category 1 Medication Administration Certification because it is a nasal medication. **Before administering midazolam, certified personnel MUST receive the additional DODD appendix training material AND receive training specific to the person's use of the medication.**

Safety considerations for people with seizure disorders

- ◆ Always be aware of environmental hazards
- ◆ Wear a life jacket while swimming
- ◆ Adjust the water heater to avoid burns if a seizure occurs in the shower
- ◆ Use a shower chair or bench to avoid falling if a seizure occurs in the shower
- ◆ Avoid the risk of drowning by taking showers rather than a tub bath

During a seizure DO NOT

- ◆ Restrain the person
- ◆ Place anything (including your fingers) in the person's mouth
- ◆ Move the person unless they are in danger or near something hazardous
- ◆ Give the person anything by mouth until the seizure has stopped and the person is fully awake and alert
- ◆ Try to make the person stop convulsing; they have no control over their seizures

Individual Specific Training about a person with a seizure disorder should include:

- ◆ Typical duration of the seizure
- ◆ What the seizure looks like
- ◆ Frequency of seizure activity
- ◆ Any emergency medication (Diasat[®]/Ativan[®]/nasal Versed[®]/nasal diazepam)
- ◆ Prescriber's specified parameters for administering emergency medications
- ◆ Any procedures or actions for supporting the person who has seizures
- ◆ Documentation and reporting of seizures

Care during a seizure

Stay with the person and provide for their safety:

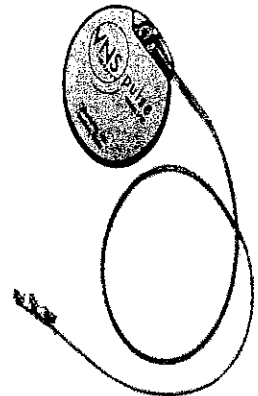
- ◆ Assist the person to the floor if standing
- ◆ Support the person to prevent falling from a chair or bed
- ◆ Position the person on their side if possible to maintain the airway and prevent aspiration if the person vomits
- ◆ Provide a cushion for the person's head
- ◆ Move furniture or other items that could cause injury if arms/legs are moving

Call 911 if:

- ◆ The person stops breathing
- ◆ This is the first seizure the person has ever had
- ◆ The person sustains an injury during the seizure
- ◆ The person remains unconscious more than 20 minutes after the seizure ends
- ◆ The person has a seizure after being seizure free for 12 months or more
- ◆ This is NOT the person's typical seizure (appearance/duration/frequency)
- ◆ The person has multiple seizures one after another

Vagus Nerve Stimulator (VNS)

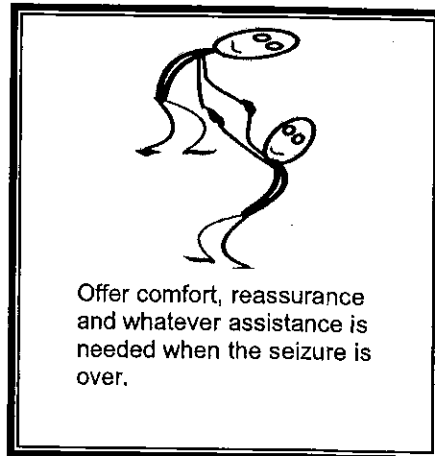
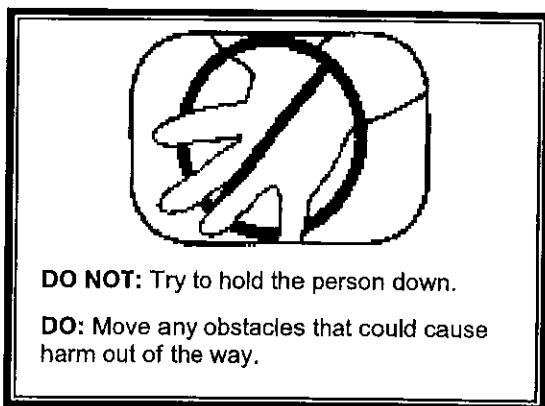
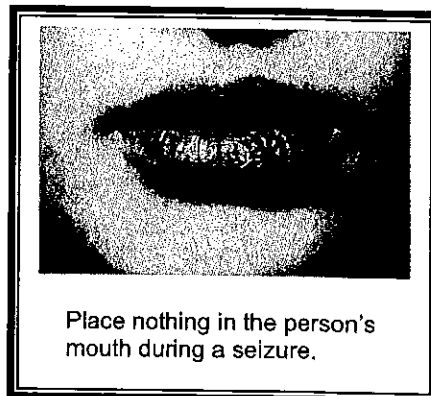
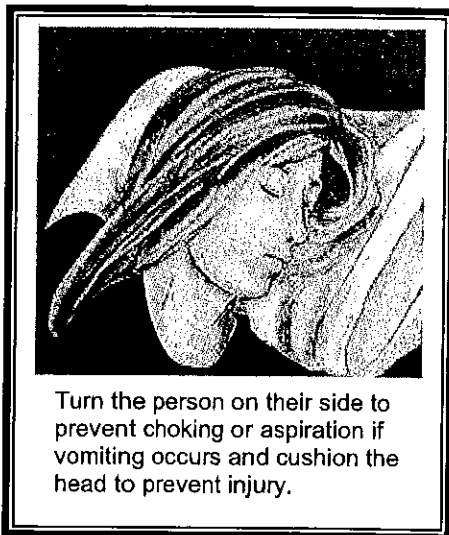
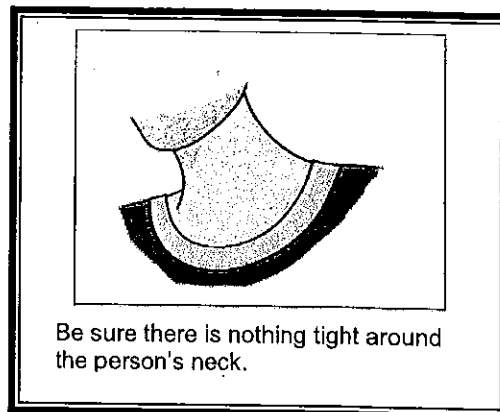
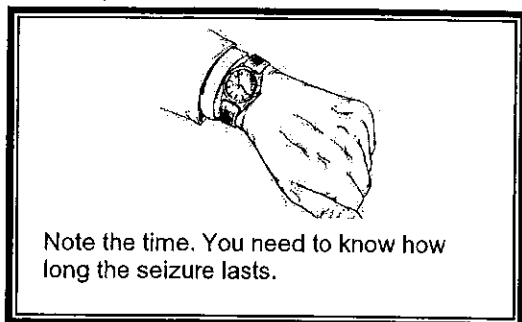
Some people with a seizure disorder may have an implanted VNS. This is a device that can help prevent and stop seizures.



***This category 1 training does NOT authorize use of a VNS magnet:**

If the person you are supporting has a VNS, you need to have the DODD approved training. Online self-directed training is available in My Learning. The written DODD approved curriculum is available for training by a nurse or a MA certified personnel.

First Aid for Seizures: What To Do



Call 911 if:

- The person stops breathing
- This is the first seizure the person has ever had
- The person sustains an injury during the seizure
- The person remains unconscious more than 20 minutes after the seizure ends
- The person has a seizure after being seizure free for 12 months or more
- The seizure is different than the person's typical seizures (appearance/duration/frequency)

Treatment of Repetitive or Prolonged Seizures with Diastat®

Some people with a seizure disorder may have seizures that are repetitive or prolonged. These kinds of seizures may be hard to stop, and emergency treatment may be required to stop the seizure and prevent brain damage. Diastat® is a medication that can be administered rectally while the person is still having a seizure.

Diastat® is a prescribed medication and is only used when ordered for that specific person by a physician or another healthcare professional with prescriptive authority. Prescriptions for Diastat® must be specific about when to use (ex. when seizure lasts more than five minutes).

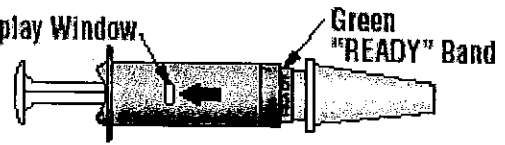
Diastat®

Diastat® is a unique gel formulation of diazepam. It is used for treatment of serial or cluster seizures.

Administering Diastat®

Diastat® is prescribed to be given for repetitive seizures or for seizures that last longer than specified.

Confirm the dose and green ready band are visible.



What to expect after giving Diastat®

Seizures usually stop within 15 minutes. If seizures continue longer than 15 minutes, follow the person's seizure care plan for giving additional Diastat® or calling 911.

Diastat® storage and care

Diastat® is transportable. It can be taken anywhere and given anywhere the person is. It does not need to be refrigerated. It needs to be kept where it does not get too hot or too cold. Do not ever leave it in the trunk or in the glove compartment of a car.

When Diastat® is used, the person still needs to take their other seizure medications

Diastat® is an emergency medication to be used only as directed by the prescriber. It does NOT take the place of other seizure medications. Do NOT stop giving other medications without first asking the person's healthcare professional.

Be respectful of the person's privacy

Ask others to leave the area. Cover the person with a blanket, sheet or other available drape to maintain privacy.

Be safe

If Diastat® is needed in a specific setting or situation that puts the person or you at risk, hold the Diastat® and call 911. Discuss with the prescriber if there are routine situations that may prevent administration, such as during transportation or at public places. The person's seizure first-aid plan should include how to handle those routine situations.

Valtoco® (diazepam nasal spray) is authorized by this Category 1 Medication Administration Certification because it is a nasal medication. Before administering diazepam nasal spray certified personnel MUST receive additional training with the manufacturer's instructions and receive training specific to the person's use of the medication.

Nasal Versed® (midazolam)

Definition of Terms

Epilepsy: A neurological disorder of the brain characterized by loss of consciousness and jerking movements of arms and/or legs; caused by abnormal electrical activity in the brain.

Nasal: Relating to the nose.

Seizure: Abnormal electrical activity in the brain. Seizures can be mild as in episodes of staring off into space or severe as demonstrated by loss of consciousness and uncontrolled movements of the limbs.

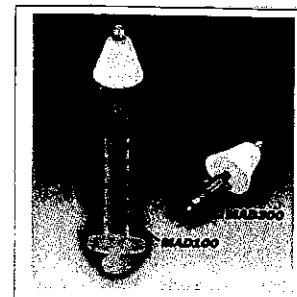
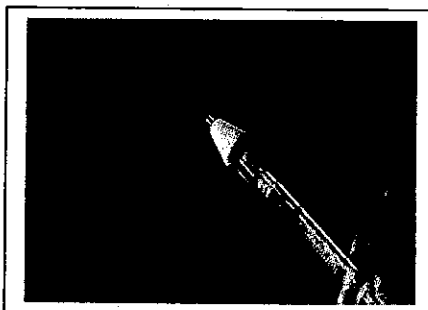
- ◀ **Grand mal seizure:** Characterized by loss of consciousness and severe muscle contractions in the arms and/or legs and sometimes arching of the back.



- ◀ **Petit mal seizure:** A lapse in conscious awareness characterized by staring off into space.



Versed® (midazolam): A strong sedative that can be administered **in the nose** to stop seizure activity.



Nasal Versed® (midazolam)

Versed® is a strong sedative often used to induce sleepiness and relaxation in patients about to undergo surgery. It has also been found to be effective in stopping seizures when given in the nose. Some persons with uncontrolled seizure activity have found relief by using this medication as a part of their seizure first aid plan.

What Nasal Versed® (midazolam) does

It calms the parts of the brain being over stimulated by uncontrolled electrical activity. Once these areas have been calmed, the seizure will stop, but the person will be sleepy.

When to administer Nasal Versed® (midazolam)

- ◀ Nasal Versed® (midazolam) is ordered by a healthcare professional. DDP with DODD Category 1 medication administration certification can administer the Versed® to persons with seizures but only as instructed by the person's healthcare professional. Special training must be provided before DDP can administer the midazolam. Training must also include specifics for each person who will be receiving midazolam.
- ◀ DDP will be given written instructions about how and when to administer nasal Versed® (midazolam).
- ◀ **DDP must understand the instructions clearly and understand how to administer this medication before it is needed. If you do not clearly understand, make sure you get the needed training to know how to give the medication before the medication may be needed.**

DD: Personnel Responsibilities

- ◀ DDP are responsible for following the standard seizure safety protocol as presented during Category 1 certification training. Keep the person safe and administer the nasal Versed® (midazolam) as instructed. Follow the Steps for Administering Nasal Versed® (midazolam).
- ◀ Because nasal Versed® (midazolam) is an emergency medication, the midazolam needs to be available at all times wherever the person is.
- ◀ Locate the nasal Versed® (midazolam) at the beginning of every shift, check the expiration date and do the 3 MAR checks as presented during your certification training. DDP must know exactly where the medication is, so that it is ready to be used if needed. **DO NOT draw up the dose BEFORE it is needed.**
- ◀ Refill the prescription as often as needed to ensure there is always an adequate supply available.
- ◀ If the nasal Versed® (midazolam) is used, the DDP must document its use immediately afterward on the MAR, and inform the appropriate person(s) per agency policy or the person's plan
- ◀ **Call 911 if the seizure does not stop within the time specified by a healthcare professional, or the seizure activity is different from what is usual for that person.**

Guidelines for Administering Nasal Versed® (midazolam)

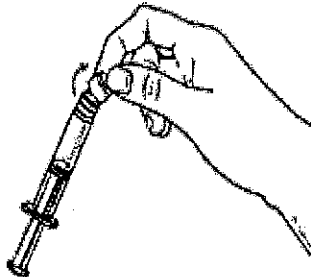
(People will also have steps specific to their needs, indicating when to give the medication and whom to notify)

The training to administer a person's nasal Versed® must occur before certified personnel are alone with a person who has an order for nasal Versed®.

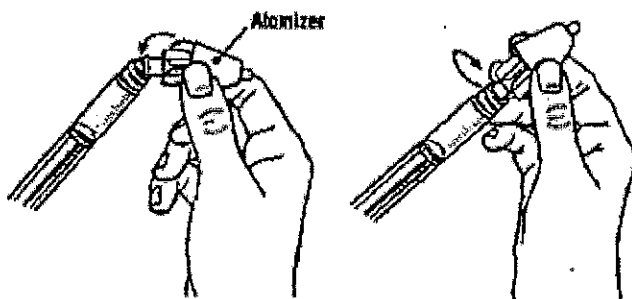
1. When seizure activity begins, follow the steps presented in the Category 1 Medication Administration curriculum manual titled "First Aid for Seizures".
2. Note the time the seizure begins (so you can administer the Versed® at the correct time).
3. If the seizure persists beyond the time specified, administer nasal Versed® per manufacturer's instructions and the person's medication orders.
4. Document the time nasal Versed® was administered. Accurate and timely documentation will assure that any repeat doses will be given if ordered. Also document when it will be safe to give another dose if needed.
5. If repeat doses are prescribed for cluster seizures, follow the prescribed instructions.
6. Note and then record the time the seizure activity stops.
7. Monitor the person during recovery from the seizure. **If you cannot arouse the person 20 minutes after the seizure activity stops, call 911 immediately.**
8. If you called 911, inform the appropriate person(s) per your agency policy when it is safe to do so.
9. Document medication administration on the MAR. Document the person's response to the medication. Complete any other documentation as required by your agency policy.
10. If the person is not being provided with pre-filled syringes, ask the pharmacy if the pre-filled syringes can be made available. If the pre-filled syringe is available, follow the Steps for Administering Nasal Versed® (midazolam) from a Pre-filled Syringe.

SAMPLE
Steps for Administering Nasal Versed® (midazolam)
from a Pre-filled Syringe

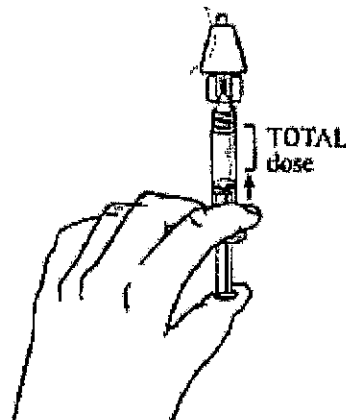
1. Remove the tip cap from the midazolam syringe by twisting off. Discard the cap.



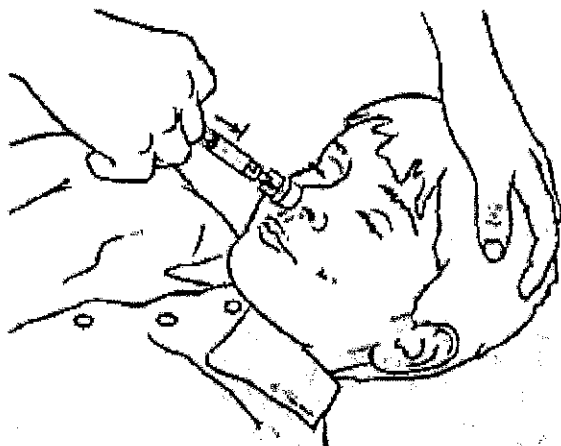
2. Attach the atomizer to the syringe. (Connect tightly with twisting motion.)



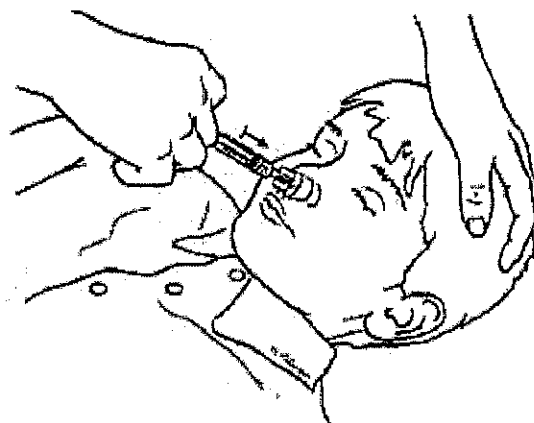
3. If needed, press in the plunger to discard some medication to get to the prescribed TOTAL dose.



4. Hold the person's head steady with your free hand. Insert the head of the atomizer into one nostril snugly. Quickly press in the plunger to deliver HALF the dose into that nostril.



5. Insert the head of the atomizer into the other nostril. Press the plunger fully to deliver the other half of the dose.



Diabetes Mellitus

Diabetes Mellitus (DM) is the full name for the disease most commonly called Diabetes. People with DM either cannot produce enough insulin or cannot effectively use the insulin they do produce to control their blood sugar (glucose) level. As the incidence of Diabetes in the United States is increasing rapidly, everyone should be aware of this potentially fatal disease. Complications may be reduced by early detection and treatment.

Risk Factors

- ◆ Family history
- ◆ Inactive lifestyle
- ◆ Obesity
- ◆ Some types of medications

Symptoms of Diabetes

- ◆ Hunger
- ◆ Frequent urination
- ◆ Fatigue
- ◆ Unexplained weight loss
- ◆ Blurry vision
- ◆ Sores that do not heal
- ◆ Extreme thirst
- ◆ Frequent infections

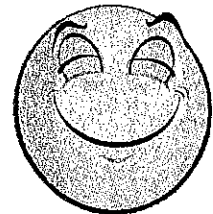
Complications

- ◆ Blindness
- ◆ Nerve damage
- ◆ Kidney disease
- ◆ Amputations
- ◆ Death from heart attack, stroke, or peripheral vascular disease



Prevention of Complications

- ◆ Exercising regularly
- ◆ Eating a healthy diet
- ◆ Maintaining a healthy weight
- ◆ Taking medication as ordered
- ◆ Keeping blood sugar under control
- ◆ Monitoring blood glucose as directed
- ◆ Inspecting skin, especially feet, at least daily
- ◆ Wearing shoes or slippers on feet when walking to prevent cuts and other foot injuries that could lead to infection and possibly amputation



Screening Exams

- ◆ Eye exam to detect eye disease
- ◆ Exam for peripheral neuropathy (nerve problems)
- ◆ Blood pressure screening
- ◆ Blood lipids (fats in the blood that can predispose to heart attack/disease)
- ◆ ECG changes (heart disease)

Recommendations for People with Diabetes

- ◆ Get recommended dental checks
- ◆ Never put lotion between toes
- ◆ Eat meals and snacks as scheduled
- ◆ Always wear shoes or slippers when up
- ◆ Engage in some physical activity daily
- ◆ Wash and examine feet daily and dry thoroughly between the toes
- ◆ Have toenails cut only by a healthcare professional
- ◆ If lesions are found anywhere on the body, contact a healthcare professional for an evaluation
- ◆ Take all medications exactly as prescribed
- ◆ When checking blood sugar use the side of the finger, never the pad, and rotate finger sites to avoid callus formation



Website: www.diabetes.org
Resource website of The American
Diabetes Association

When blood sugar is too high it is called **HYPERGLYCEMIA**. When blood sugar is too low it is called **HYPOGLYCEMIA**. Signs and symptoms for Hyperglycemia and Hypoglycemia are listed in the boxes below. If a person is diagnosed with diabetes, it is important to know what their normal blood sugar levels are, and when to take action for high or low blood sugar levels.



Signs of Hyperglycemia (High blood sugar)

- ◆ Feel weak
- ◆ Drowsy, sleepy
- ◆ Pain in abdomen
- ◆ Nausea, vomiting
- ◆ Dehydration, dry mouth and skin
- ◆ Decreased alertness
- ◆ Skin flushed, red and warm
- ◆ Slow, lethargic movements
- ◆ Rapid respirations

Onset is slow: Call 911

Know the person's normal glucose range. Test blood sugar. If glucose is higher than normal for that person, call 911.

Hyperglycemia is a medical emergency.



The **onset of hypoglycemia is rapid**, and the person can quickly deteriorate (go into a coma). It is essential to recognize these symptoms and act quickly. In the boxes below are listed many of the **physical symptoms** of hypoglycemia as well as **mental** and **emotional symptoms** that are also commonly seen.

Physical Symptoms of Hypoglycemia (low blood sugar) can include:

- ◆ Nausea
- ◆ Headache
- ◆ Fast pulse
- ◆ Feeling hungry
- ◆ Blurred vision
- ◆ Unsteadiness
- ◆ Tingling in hands, feet or face
- ◆ Feel too hot/cold
- ◆ Tremors, shakiness
- ◆ Dizziness/lightheaded
- ◆ Pounding heartbeat
- ◆ Excessive sweating
- ◆ Slurred speech

When a person is having symptoms of high or low blood sugar, but you cannot test to be sure, treat it as low blood sugar and give a sugar source.

Quick action is important to prevent a coma and possibly death.

Mental Symptoms of Hypoglycemia can include:

- ◆ Inability to follow directions
- ◆ Sleepiness or drowsiness
- ◆ General weakness
- ◆ Difficulty concentrating or slow thinking
- ◆ Feeling that something is not quite right
- ◆ Confusion or being disoriented: not knowing where they are, what time it is, or not recognizing the people they usually know

Emotional Symptoms of Hypoglycemia can include:

- ◆ Anger
- ◆ Irritability
- ◆ Looking frantic
- ◆ Changes in typical behavior
- ◆ Inappropriate giggling
- ◆ Sudden crying
- ◆ Feeling anxious

Treatment for Hypoglycemia (low blood sugar)

People diagnosed with Diabetes Mellitus (DM) who take medication to lower blood sugar (glucose) can be at risk for hypoglycemia. It is important to know the specific blood sugar parameters for people who have diabetes and make sure there are written instructions to follow when the person's blood sugar is too high or too low.



Causes of hypoglycemia include:

- * Stress
- * Taking too much medication
- * Increased activity
- * Illness
- * Not eating on a regular schedule

If the person's blood sugar reading on the glucometer is below their specified range, you need to take immediate action to get the blood sugar up to the specified range. In most cases, an episode of hypoglycemia is easily reversible when treated quickly. Follow the person's specific treatment plan.

**** Any time a person becomes sleepy, passes out, or has a seizure while experiencing low blood sugar, CALL 911 IMMEDIATELY.**

If the blood sugar is below 45 call 911 and proceed with their treatment plan

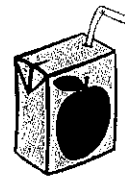
If a person does not have a specific plan for treating low blood sugar, follow these guidelines if their blood sugar level goes below 70.

1. If the glucometer reading is below 70 (69 or less) and the person is **♦ alert ♦ awake & ♦ can follow your instructions:**
 - a) **Note the time.**
 - b) **Do NOT leave the person alone until the blood sugar is back up above 70.**
 - c) **Give the person any one of the sugar sources listed (or one listed in their plan);** each sugar source is a fast-acting carbohydrate and should help to raise the blood sugar within 15 minutes.
2. **15 minutes after eating/drinking one of the sugar sources check the blood sugar again. Note the time.**
 - a) If the reading is the same or rising, but is still below 70, and the person is **still alert, awake, and can follow your instructions, give another sugar source.**
 - b) If the blood sugar is rising but is still below 70, and the person is having **decreased alertness or difficulty speaking or following directions, CALL 911.**
 - c) **If the blood sugar has dropped lower even after eating the first sugar source, and the person is alert, awake, and can follow your instructions, give one more sugar source AND then Call 911.**
3. **15 minutes after eating the 2nd sugar source check the blood sugar again. Call 911 if the reading is still below 70.**
4. When the episode has resolved or after EMS has arrived, notify the appropriate people.

Give only one source at a time

Sugar Sources:

- 1 tablespoon of sugar, honey, or corn syrup (3 tsp = 1 TBSP)
- ½ cup fruit juice
- ½ cup soda pop, NOT DIET POP
- 1 tablespoon jelly, jam, or pancake syrup
- 1 tube glucose gel or instant glucose
- 1 small tube cake decorating gel or frosting
- 4 glucose tablets



***Anything given by mouth must be liquid, gel or melt easily. Choking is always a risk when blood sugar is low.**

After the blood sugar is above 70:

- a. If a meal or snack time is within 1 hour, have the person eat his or her planned meal or snack.
- b. If a snack or mealtime is not going to occur within 1 hour, give the person some food that will provide protein and fat and will be slowly digested such as:
 - a soft protein snack bar
 - a slice of cheese with 6 crackers
 - 1 cup of milk

This will help keep the blood sugar stable until the next meal.

*** Any food given must comply with diet texture orders**

Document the episode of hypoglycemia on an Unusual Incident Report form and take information about all hypoglycemic episodes to the next appointment for review by the person's physician or APRN.

CALL 911 if at any time while experiencing a low blood sugar reaction, the person exhibits any of the following:

- | | |
|------------------------------------|-------------------------|
| ◀ symptoms getting worse | ◀ difficulty swallowing |
| ◀ loss of consciousness/passes out | ◀ becomes less alert |
| ◀ problems with breathing | ◀ has a seizure |

While you wait with the person for EMS to arrive, **DO NOT** give them anything to eat or drink and protect them from falling or hitting their head on anything.



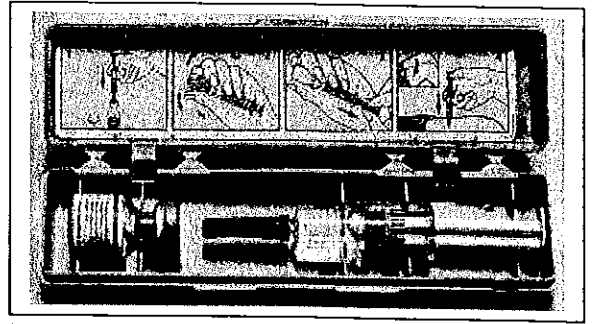
Documentation of a Hypoglycemic Episode Should Include Each of the Following and the Time Each Occurred:

- ◆ Symptoms exhibited by the person (e.g. sweating, irritable, dizzy, etc.)
- ◆ All glucometer readings, along with the time of each reading
- ◆ Treatment provided (food/beverage given, injection of glucagon)
- ◆ Response of the person to the treatment (stated feeling better; became confused and drowsy)
- ◆ Who was notified (nurse, supervisor, emergency services personnel)

Glucagon

Glucagon may be prescribed for the treatment of severe low blood glucose (hypoglycemia) that can result in unconsciousness, seizure, or inability to take food or fluids by mouth.

Remember: glucagon, in any form, MUST be delegated in all settings. If a person has an order for glucagon, personnel must be certified and be delegated by a nurse before being alone to care for that person in an emergency.



If glucagon has been prescribed for the person, inject the glucagon first, then contact emergency medical services and notify the delegating nurse.

The order of treatment steps is:

1. Administer glucagon
2. Call 911
3. Stay with the person until EMS arrives
4. Call the delegating nurse



Information About Glucagon

- ◆ It is a hormone given by nasal spray or injection for hypoglycemic (low blood sugar) emergencies only.
- ◆ It is given only if prescribed by a healthcare professional and is listed on the MAR.
- ◆ It should only be used when the person is **unable to chew, drink, or swallow** food.
- ◆ When injected, it releases glucose stored in the liver into the blood stream and raises the level of glucose (sugar) in the blood quickly.
- ◆ Glucagon comes in a Glucagon Emergency Kit® with all the supplies needed to administer it by injection. The kit contains a vial of glucagon powder and a syringe filled with liquid to dissolve the powder in the vial. The powder and liquid are premeasured so there is no danger of giving too much.
- ◆ **Glucagon cannot be prepared ahead of time. It must be prepared at the time of the emergency.**
- ◆ Follow the delegating nurse and manufacturer's instructions for nasal administration of nasal glucagon powder.

Proper Disposal of Sharps

Acceptable Sharps Containers must be:

- ↳ Closeable
- ↳ Leak proof
- ↳ Puncture resistant
- ↳ Properly labeled or color coded
- ↳ Used only for sharps disposal

Unacceptable Sharps Containers Include:

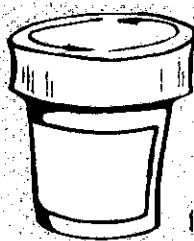
- ↳ Soft plastic soda or water bottles and plastic bags
- ↳ Milk or water containers
- ↳ Any cardboard containers
- ↳ Glass jars



When away from home carry a small puncture-resistant container with you, such as an empty pill bottle for disposal of sharps.

- Sharps are NEVER put in the trash until they are placed in an appropriate sharps container.
- The sharps container should be labeled with the word SHARPS on all sides of the container in big BLOCK letters.
- Contact your waste management district to see if they collect sharps from your house.
- Do not put your home-made sharps container in the recycle bin.

www.epa.state.oh.us



Thick Puncture Resistant Container

** Test to see if product container is really puncture resistant.

Biohazard Container

These can be obtained from a pharmacy.

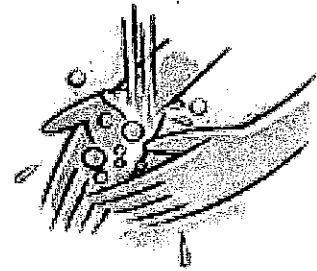
How to Prevent Accidental Puncture Wounds from Sharps

- ◆ Never recap or bend a used needle
- ◆ Never place your hand **INSIDE** or **UNDER** a trash bag for any reason
- ◆ Never put fingers or hands inside a sharps container, always drop the sharp into the container
- ◆ Alert a supervisor if the location has no acceptable sharps container
- ◆ Give full attention to what you are doing when handling a sharp; no multi-tasking
- ◆ Know the location of the sharps disposal container before using sharps
- ◆ Have a replacement container on hand when the one in use is 1/2 full
- ◆ Never fill a sharps container more than 3/4 full
- ◆ Never shake a sharps container

If possible, use safety lancets and safety syringes.

If You Receive a Puncture Wound from a Contaminated Sharp

- ◆ Run warm water over the area immediately.
- ◆ Wash the area thoroughly with soap and warm water or a skin disinfectant.
- ◆ Rinse well, allowing water to flow downward toward your fingertips.
- ◆ Report the incident to your employer immediately. Follow your employer's policy about who to notify and what to do for a workplace exposure incident.
- ◆ Seek immediate medical attention.
- ◆ The person whose body fluid you were exposed to may need to be tested also.
- ◆ Complete an exposure incident report to document the incident. You may need special medical care to protect you from communicable diseases.



For more detailed information about worker safety and exposure incidents go to <https://www.osha.gov>

Medication Administration Self-Administering or Help Needed



Each person has the right, if capable, to self-administer or self-administer with assistance. Prior to restriction of a person's right to self-administer their medication or healthcare task, the DODD approved Self-Administration Assessment must be completed (OAC 5123:2-6-02).

A person is presumed to be able to self-administer unless there is a substantive indication that the person wants or needs supports. The diagnosis of Intellectual or Developmental Disability does not automatically mean a person can be assumed to need help with medication administration. **People who self-administer do not need to document on a MAR.**

5123:2-6-02 Self-administration or assistance with self-administration of prescribed medication.

(A) An individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication has the right to self-administer or receive assistance with self-administration.

(B) Prior to restriction of an individual's right to self-administer prescribed medication, the service and support administrator or qualified intellectual disability professional, as applicable, shall ensure that a department approved self-administration assessment is completed for an individual who requires prescribed medication administration. Based on the outcome of the self-administration assessment, the individual plan, or individual service plan, as applicable, shall document when the individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication. The service and support administrator or qualified intellectual disability professional, as applicable, shall ensure that the self-administration assessment is reviewed annually to confirm continued need for support for medication administration. A new self-administration assessment shall be completed at least once every three years or more often when there is a change that affects the individual's medication routine such as a change in medication route, service setting, service provider, or health status.

(C) Each individual plan or individual service plan shall indicate when the individual is able to safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication including:

- (1) When the individual is able to safely self-administer medication independently;
- (2) When the individual is able to safely self-administer medication with assistance; and
- (3) When the individual is not able to successfully self-administer medication with or without assistance and include a statement of how medication administration will be completed.

(D) When the self-administration assessment indicates an individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication:

- (1) Further assessment shall be conducted to determine exactly what specific steps of self-administration of medication the individual is able to safely complete. The individual shall participate in these steps under the supervision of developmental disabilities personnel who have current certification in health-related activities and prescribed medication administration and have received individual-specific training.
- (2) The details of the individual's specific abilities and the specific necessary support from licensed or certified personnel to complete medication administration shall be noted in the individual plan or individual service plan.

(E) Developmental disabilities personnel who are not specifically authorized by other provisions of the Revised Code to provide assistance in the self-administration of prescribed medication may, under section 5123.651 of the Revised Code and this rule, provide that assistance as part of the services they provide to individuals. To provide assistance with self-administration of prescribed medication, developmental disabilities personnel are not required to be trained or certified in accordance with section 5123.42 of the Revised Code and rules 5123:2-6-05 and 5123:2-6-06 of the Administrative Code.

(F) When assisting in the self-administration of prescribed medication, developmental disabilities personnel shall take only the following actions as needed and identified in the individual plan or individual service plan:

- (1) Remind an individual when to take the medication and observe the individual to ensure that the individual follows the directions on the container;
- (2) Assist an individual by taking the medication in its container from the area where it is stored, handing the container with the medication in it to the individual, and opening the container, if the individual is physically unable to open the container; or
- (3) Assist, on request by or with the consent of, a physically impaired but mentally alert individual, with removal of oral prescribed medication or topical prescribed medication from the container and physically assist with the individual's taking or applying of the medication. If an individual is physically unable to place a dose of oral prescribed medication to the individual's mouth without spilling or dropping it, developmental disabilities personnel may place the dose in another container and place that container to the individual's mouth.

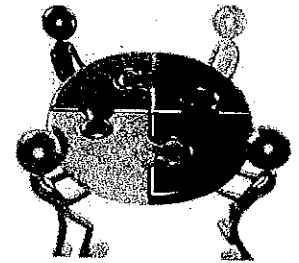
(G) When an individual has been assessed as able to safely self-administer prescribed medication or self-administer prescribed medication with assistance, developmental disabilities personnel are not authorized to verify accuracy of medication being taken by the individual on a routine basis unless specified in the individual plan or individual service plan. When there is reason to question the individual's self-medication skills, a new self-administration assessment shall be completed. 5123:2-6-02

Anyone can:

- ◆ Remind a person when to take medication.
- ◆ Observe to assure directions on container are followed.
- ◆ Remove medication from and return to storage.
- ◆ Open the container if the person unable.
- ◆ Assist the person to remove medication from the container.
- ◆ At the direction of a person who is cognitively able but physically unable, physically assist a person to get medication from the container and to take/apply.

To provide the types of assistance listed above personnel do not need medication administration certification.

Use of Pill “Caddies” or Pill “Minders” (pre-packaging medications in any container)



- A person who can fill and use their own pill caddy has the right to do so.
- Only a **licensed** healthcare professional can fill a pill caddy for a person who cannot fill it for themselves.
- Only the person whose medications are in the pill caddy may take the medication from the caddy, that has been prepared for them.
- **Unlicensed personnel may not ever fill a pill caddy** unless at the direction of a person who is self-administering but needs physical assistance (Self-Administration with physical assistance).
- Unlicensed personnel may not ever administer medications from a pre-filled pill caddy.

If a person is not able to independently self-administer (or self-administer with assistance) they may be able to use a pre-filled medication dispenser (pill caddy/minder) to consume their medications.

The person-centered planning team needs to assess a person’s ability to safely use this technology as part of the chain of supports put in place for medication administration.

When assessing the ability of a person to safely use a pre-filled medication dispenser, or remote monitoring, the team should consider:

- The person’s ability to reliably consume the medication at the correct time or with some type of time reminder, or remote support.
- The person’s ability to recognize the presence or absence of the correct medications in the pill caddy (or access to real or remote assistance to confirm the medications in the caddy are correct before taking them).
- The resources and support of appropriately **licensed** personnel to pre-fill the caddy or to fix the contents of the caddy if it spills or if there are any other problems with it.
- The resources and support of a **licensed** healthcare professional to adjust the contents of the caddy if a person has a prescribed medication added, discontinued or changed.
- The resources and support of a properly **licensed** or **MA certified** personnel to administer medication if medications cannot be taken by the person from the caddy.
- How will as needed medications be administered (with or without being in a caddy).
- How will medications that do not fit in a pill caddy be administered (ex. liquids, inhaled, ear, eye, nose and other topicals).
- How will filling and consuming of medications be documented.
- What steps can be achieved with remote monitoring, how, and by whom.

The use of remote monitoring to support medication administration:

- If a person can independently self-administer medications, remote monitoring would not be necessary for medication administration.
- If a person can self-administer with assistance, the remote monitoring can be used for the time reminder and medication confirmation or unlocking assistance. The person providing this assistance does not need to have medication administration certification.
- When a person needs more than the time reminder and medication confirmation or unlocking assistance, then the person providing remote support **DOES** need to be medication administration certified.
- The MA certified personnel who provide more than self-administration assistance as part of remote supports will need to have a MAR for doing the 3-step check process of medication administration, and to document administration just as if they were with the person.

Medication Administration (MA) and Health-Related Activities By Medication Administration (MA) Certified Personnel

- ◆ MA certified personnel have the responsibility to meet all the requirements set forth in OAC (Ohio Administrative Code) 5123:2-6-06 and comply with procedures as taught in the curriculum for certification.
- ◆ MA certified personnel must acquire individual specific training for each person prior to administering medications, treatments or performing health-related activities.
- ◆ MA certified personnel must have a directive from a Healthcare Professional prior to administration of any medications or treatment (exceptions are for OTC topical medication for musculoskeletal comfort and the taking of vital signs when illness is suspected).
- ◆ **For every medication or treatment to be administered, MA certified personnel have the responsibility to know and understand:**
 - ◀ What medication/treatment they are administering
 - ◀ Why they are administering that medication/treatment
 - ◀ The expected outcome
 - ◀ Any special instructions and precautions associated with the medication or treatment that need to be addressed
 - ◀ Common potential side effects
 - ◀ How to contact or get assistance from a healthcare professional if the person is having problems or the medication or treatment outcome is not as expected

These are crucial elements of Medication Administration and are not exempted by any person, circumstances, employer or delegating nurse. THESE ARE YOUR RESPONSIBILITIES AS PART OF YOUR MEDICATION ADMINISTRATION CERTIFICATION.

IF YOU DO NOT KNOW SOMETHING - ASK

Employer Oversight

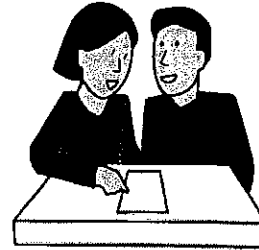
The employer is responsible for:

- ◆ Assuring IST (individual specific training) for each person is provided to personnel after certification and before medication administration or health-related activities occurs.
- ◆ Overseeing medication administration and performance of health-related activities as specified in the Ohio Department of Developmental Disabilities (DODD) law and rule. ORC 5123.42 (D) (4)
- ◆ Assuring annual relevant skills check for certified personnel. ORC 5123.45 (D) (4)
- ◆ Stopping medication administration and health-related activities performance when there is a question about the skill or activity being performed by the certified personnel.
- ◆ Providing ongoing oversight of personnel performing oral and topical medication administration and the 13 health-related activities.
- ◆ Assuring nurse delegation for actions that require delegation.

What You MUST Know About Any Medication Before Administering It

(Every Medication, Every Time it is Administered)


- ❖ What is the purpose of this medication for this person?
- ❖ How much should be taken?
- ❖ When should it be taken?
- ❖ Are there any special instructions?
- ❖ Can it be given late if missed? (if yes, how late is too late?)
- ❖ What should be done if a dose is missed or if an incorrect dose is given?
- ❖ What side effects may occur and who should the suspected side effects be reported to?
- ❖ Can anything be done to prevent side effects?
- ❖ Will it interact with other medications being taken?
- ❖ Should it be taken with food or on an empty stomach?
- ❖ Do blood levels need to be checked with this medication?
- ❖ If blood work is needed; how often?
- ❖ Are there any foods, other medications, supplements, or other things that should not be taken with the medication?



Pharmacist

Information about a specific medication can be obtained from the package insert, a pharmacist, nurse or reputable internet source such as the manufacturer or Drugs.com

Giving or Applying Medication

- A. The person giving or applying a medication should always know and consider the following:
- ◆ Why the medication is being given and the expected result
 - ◆ Potential side effects, precautions to take, and whom to tell about any concerns
- B. **Six rights** of medication administration (**I M DR T D**) (I am Dr. T.D.)
- I** = Right Individual (person)
 - M** = Right Medication including strength
 - D** = Right Dose
 - R** = Right Route
 - T** = Right Time and date (**may be given 1 hour before up to 1 hour after time ordered**)
 - D** = Right Documentation
- 
- C. Stay with the person until the medication has been taken. Be sure medication is taken (swallowed).
- D. **Document that you gave the medication(s) IMMEDIATELY AFTER administering.**
- E. Medications are to be given and documented by the certified personnel who prepared the dose(s).
- ◆ **NEVER** give any medication set up by any other person
 - ◆ **ONLY** give medications **YOU** have set up; this includes medications that you will give to a person who is away from home when you are out with them
 - ◆ **DO NOT SET UP** medications until you are ready to give them; prepare and administer medications at the time they are scheduled to be given
 - ◆ **Do not** give improperly labeled or unlabeled medications
- F. Always keep the original box or bag of the medication that has the label on it. The pharmacy labeling must be able to be read when the medication is being administered.
- G. **Only give medications from containers:**
- ◆ That have an intact pharmacy label if it is a prescription medication
 - ◆ That have a manufacturer's intact label if it is a non-prescription/OTC medication
- H. If giving a medication that the person has never had before, closely observe them for any adverse reactions.
- I. Certified personnel must receive **Individual Specific Training** about each person to whom they will be administering medications or treatments before providing medications or treatments.

If the person is not capable of self-administration or self-administration of medication with assistance, then medication may be administered to them as part of their person-centered plan. Personnel administering medications must have a current DODD Category 1 medication administration certification.

PREPARE AND ADMINISTER MEDICATIONS FOR ONLY ONE PERSON AT A TIME



- A. Give **FULL ATTENTION** to preparing the medications you will be giving.
- B. Make sure the preparation area is clean and well lit.
- C. **Check the MAR (medication administration record) to see when the last dose was given and when the next dose will be due. If a medication that should have been given already has not been given, you need to investigate, and report missed medications as Unusual Incidents.**
- D. If medications are listed on the MAR for administration at different times, but are all within the same window of time (1 hour before and up to 1 hour after the scheduled time on the MAR), check with a healthcare professional to find out if it is safe to give them together. **Medications may need to be given at separate times because they are not safe or effective when given together.**
Ex: Synthroid scheduled at 7 AM and Lisinopril at 9 AM should NOT be given together at 8 AM.
- E. Never place any oral medication (i.e. tablet, capsule, pill) into your own hand.
- F. Multiple oral medications for a given person can go into the same cup, unless otherwise specified.
- G. Put one medication at a time from its container into the cup in the correct amount. Follow the person's specific instructions to know how many medications to put in a single cup.
- H. More than one cup may be needed to safely administer multiple medications. Carefully consider a person's ability to swallow multiple medications at one time.
- I. Never use unlabeled medications.
- J. Never prepare medications before it is time to administer the medications. Never administer medications that have been prepared by someone else; not even if a parent, guardian or nurse has prepared the medications.
- K. If you have any questions regarding the medications, seek assistance. Resources for medication questions include the person's physician, nurse, or pharmacist. **Uncensored personnel, including supervisors, may not make independent judgements about medication administration decisions.**
- L. Check each person's MAR: Every Medication, Every Page, Every Day.

Scored tablets may be split. Unscored tablets should not be split by medication administration certified personnel.



Scored tablet



Unscored tablet

If a medication is specified as not crushable, there must be a physician order to crush the medication, if it needs to be crushed.

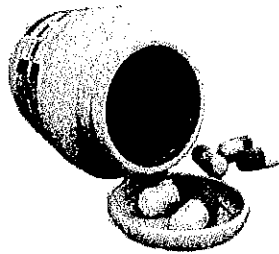
Make sure the medication in the pill bottle or docu-dose matches the description from the pharmacy

NEVER prepare medications early for administration later.
(Except as instructed in this manual for administration on outings).

Getting Medication From the Original Container

Getting Medication from a Bottle or Vial Container to the Dispensing Cup

When administering medications from a bottle or vial, certified personnel must be careful not to touch the capsule or tablet with their fingers. The medication is poured from the container into the lid of the container, then from the lid into the dispensing cup.



Pour pill from container into lid of container

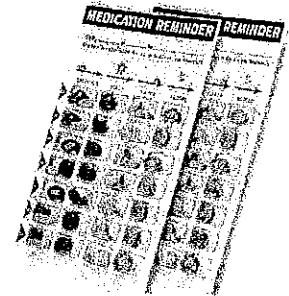
Transfer to dispensing cup

Getting Medications from the Blister (bubble) pack to the Dispensing Cup

The packaging for medications placed in compartments for a given month is called a blister pack or bubble pack. The pills are placed in numbered windows.

Put the cup under the correct pills so that you can push the pills from the appropriate window into the dispensing cup.

Check to be sure the medication is in the cup (not stuck in the back of the blister/bubble pack).



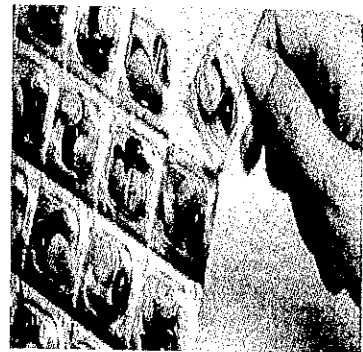
Getting Medications from a Multi-Dose Pack to the Dispensing Cup

Multi-dose packs have all the medications for a specific time together in a single pouch. The pharmacy label and description of each medication must be included on the packaging.

Personnel must identify each pill/capsule and compare it to the label and the MAR.

After performing the 2 checks of the MAR personnel put the medication into the dispensing cup.

Medications should be checked the 3rd time after they are put in the cup and they are clearly visible. Try not to destroy the information about each medication while opening the multi-dose packs.



When the Medication in the Container Does Not Match Either:

- the Medication Description on the Container or
- the Medication Insert from the Pharmacy

Whatever you do, **DO NOT** give any medication until you are certain about what you are giving, and that it matches exactly what is written on the MAR (Medication Administration Record).

It is more important to give a correct medication late than to give a wrong medication on time.



- ◆ Contact a healthcare professional right away about the discrepancy (nurse, doctor, pharmacist)
- ◆ Call the pharmacy and ask to speak with a **pharmacist.**
- ◆ Call poison control. Describe the markings, shape, size, and color and they can identify the medication.
- ◆ The following websites offer descriptions of medications:

www.rxlist.com

www.drugs.com

Steps for Administering Medication by Mouth (Oral)

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of the medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, Medication name - including strength, Dose, Route, Time & date)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, Medication name - including strength, Dose, Route, Time & date)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. Using a medication cup, place the medication in the cup without touching the medication with your fingers.
10. **The third check** (done for each medication after it is placed in the cup):
 - a) Check medication label against the MAR to confirm the 5 rights
 - b) Check the amount of medication in the cup to make sure it matches the label and the MAR
 - c) Use optional "dot system" at this step (see "dot system" instructions on page 35)
11. Using steps 5-10 put the next medication into the cup. Repeat until all scheduled oral medications have been prepared.
12. Secure the medication containers before leaving them to go administer medications that have been prepared to give. Never leave prepared medication unattended.

If the expiration date is August 10, 2020, the medication may be used up until midnight of August 10, 2020. The medication may not be used on August 11, 2020 or after. If the expiration date is month and year, the medication is good until midnight the last day of the month it expires.

13. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
14. Explain to the person the name and purpose of medication(s) you are giving to them.
15. Be certain the medication is taken (swallowed). Check the person's mouth if uncertain.
16. Leave the person in a safe and comfortable manner.
17. Document that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **Medication(s)**, **Dose**, **Route** and **Time/date**, Documenting that you have given the medication (**I M DR TD**).
18. Document any complaints/concerns and action taken.
If the medication is only used as needed, document the need and the response to the treatment.
19. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
20. Return equipment to the storage area.
21. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.



Example: DOCUMENTATION of a problem/complaint

Sue had trouble swallowing her Potassium as a whole pill. I called Accu-dose Pharmacy. Spoke with Jim Smith, R.Ph. He said I could split the scored tablet in half. I split the potassium tablet and Sue took both halves without difficulty.

✓ **Skills checklist to be signed by trainer and trainee are available on the DODD website**

Steps for Administering Medication MAR Documentation Using the "Dot System" (or method)

Preparing multiple medications for the same administration time requires extra focus and attention to ensure all medications are prepared for administration as ordered.

The "**dot system**" provides a means for tracking medications as they are prepared and assists with documentation after administration. The use of the "dot system" is an **optional** addition to the Steps for Administering Medications.

The use of the dot is an additional step following the 3rd MAR check during preparation of medication. To use the "dot system":

- Upon completion of the 3rd MAR check, a dot is placed in the space on the MAR where you will document the administration of the medication on the MAR after having given it.
- The dot indicates that all 3 MAR checks have been done and that the medication was **prepared** for administration.

Using the "dot system" as part of the 3rd MAR check:

1. **The third check** (is done for each medication after it is placed in the cup): Check medication label and the MAR to make sure they match exactly with what is in the cup:
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Check the amount of medication in the cup to make sure it matches the label and the MAR
2. Then mark a dot in the space on the MAR where you will document the administration of the medication **after** having given it.

5-9-2020 JD Amoxicillin 250 mg 1 tablet twice daily for 10 days beginning May 10 5-9-2020 TH	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
	8a	→										•																
	5p	→																										

The dot is a visual assist in identification of the prepared and administered medication.

3. **Following administration of the medication(s), certified personnel place their initials in the space for the specific Individual's, Medication(s), Dose, Route, and Time/date, Documenting that you have given the medication (I M DR TD).**

5-9-2020 JD Amoxicillin 250 mg 1 tablet twice daily for 10 days beginning May 10 5-9-2020 TH	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
	8a	→										NJ	NJ																
	5p	→																											

If a medication was prepared, but not administered, personnel document by initialing the MAR, circling initials and writing an explanation on the back of the MAR. Write an Unusual Incident Report.

It is **NEVER appropriate** for certified personnel to place their initials on the MAR before administering a medication. Documentation of medication administration before a medication is given compromises the safety of the person.

Documentation of medication administration before the medication is administered is falsification of a legal document. Falsification of a legal document is a prosecutable offense.

The use of the "dot system" is an **optional** addition to the Steps for Administering Medications.

Storage and Care of Medications

Only the medications and the related equipment are to be stored in the designated secured area that is to be used consistently for this purpose.

Medication Storage and Preparation Areas

Storage and preparation areas must be functional and provide:

1. Adequate space for storage.
2. Accessible hot and cold running water.
3. Adequate lighting so that labels can be clearly seen.
4. A clean and orderly space for preparation and storage.
5. Cupboards/containers that are secure.
6. Adequate, uncluttered countertop or table space to prepare medications.
7. Ability to separate oral medications from medications given by other routes. Each route must have its own clearly labeled storage (bins, bags, shelves, drawer, etc.).



Medications Stored in the Refrigerator

If possible, a separate refrigerator used only for medications is ideal. If this is not possible, medications stored in the refrigerator must have a dedicated space in the refrigerator for their storage. Place refrigerated medications inside a plastic container with a lid to protect them and keep them from getting misplaced or contaminated by food/beverages. Remember, medications stored in the refrigerator must also be appropriately secured.

Maintaining potency (effectiveness) of medications

- ◆ Follow the instructions provided by the pharmacy.
- ◆ Keep away from direct light sources (windowsill, beneath a light).
- ◆ Keep away from heat sources (stove, top of refrigerator, window ledge, microwave).
- ◆ Keep away from sources of humidity (near the sink, in the bathroom, near the stove).

If you are uncertain about the proper storage of a medication, contact the pharmacist.

Do NOT use medications that:



- ◆ Are discontinued
- ◆ Have missing labels
- ◆ Have unreadable labels
- ◆ Are missing the original dispensing label
- ◆ Are expired (past expiration date)

If the expiration date is August 10, 2020, the medication may be used up until midnight of August 10, 2020. The medication may NOT be used on August 11, 2020 or after. If expiration date is a Month/Year, the medication can be used until midnight the last day of the specified month.

Disposal of Medications

- ✓ Before destroying any medication, document the amount of medication(s) to be destroyed (name, strength and amount)

Medications that are expired, contaminated, declined, or discontinued must be disposed of safely. Medications may be returned to the person's pharmacy for disposal if that is an option. Contact your local department of health or police for other disposal options.

US FDA (US Food & Drug Administration) guidelines for the disposal of medications include:

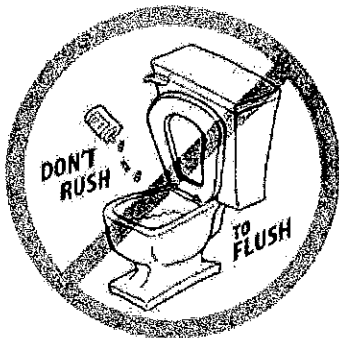
- ◆ Mixing medication with something that will hide it or make it unappealing, such as kitty litter or used coffee grounds, then placing the mixture in a container such as a sealed plastic bag and throwing the container into the household trash.

To protect the person's identity and protect their privacy, be sure to remove and destroy the label from the original container before throwing the container in the trash.

Additional information can be found at:

<https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>

MEDICATIONS SHOULD NOT BE FLUSHED



Do Not Flush Medications



Mix medication with Kitty Litter. Seal in a container and put in the trash.



Mix medications with used coffee grounds. Seal in a container, and put in the trash.

Disposal of Medications

Medications that are being disposed of need to be documented. Document the medication name, strength, amount of medication and method used for disposal. Have a witness document that the medication was disposed.

Remember: When a person dies; DO NOT dispose of their prescription medication(s) until a law enforcement officer, the coroner, or the investigative agent from the ICF or County Board of DD indicates that it is okay to do so. Prior to disposing of any medication, it must be counted to ensure the correct count at the time of death. Schedule II, III, IV drugs must be counted by two different people at the same time.

NOTE: Specialty products such as Deterra® can also be obtained and used for safe medication disposal.

Repackaging Pharmacy Dispensed Medication for Leave Away from Home

Adapted from Ohio Board of Nursing's article in Momentum (Winter, 2011), 9:1, Pg. 10-11

....."re-packaging" dispensed medication is regulated by the Board of Pharmacy. Pharmacy Board staff recently informed the [Nursing] Board that the Pharmacy Board reaffirmed its policy concerning nurses re-packaging residents' medications while the resident is away from a long-term care or residential care setting. Excerpts of the Pharmacy Board's September 2010 meeting related to the Pharmacy Board's action are provided below:

Excerpts from the Minutes of the September 13-15, 2010 Meeting of the Ohio State Board of Pharmacy Monday, September 13, 2010

R-2011-071 Reaffirmation of an existing policy created January 22, 1985, concerning mental health and pick-up stations. The Board discussed circumstances in which residents in nursing homes or small group homes for the mentally disabled need to take medication while on a temporary leave or when absent during the day from the facility where they reside.

The Board noted that in each of these instances, the medications had been dispensed by a pharmacist for administration by the patient themselves, or by personnel of the facility where the patient resides.

The Board further noted that the facility where the patient resides maintains custody of the drugs for the patient and in providing nursing or custodial care of the patient, is responsible for administration of the medicine as prescribed.

The problem faced by these facilities is the repackaging of the medication for administration at a site other than the facility where they reside and by individuals who are not employees or agents of the facility. The repackaging of the medication in smaller amounts for self-administration, or administration by someone other than an employee of the facility is not considered to be dispensing.

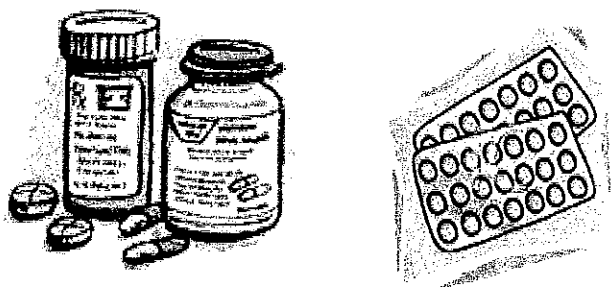
If the medication has already been dispensed by a pharmacist in accordance with state and federal laws and delivered to the facility responsible for the care of the patient, any competent employee of the facility could legally prepare the medication for administration by another competent individual who has temporary custody and is responsible for the patient's well-being during his/her absence from the facility.

In order to ensure the medication is administered as prescribed, an amount necessary to cover only the duration of drug therapy should be repackaged and labeled with:

- ◆ The facility's full name and address;
- ◆ The patient's full name;
- ◆ Directions for use;
- ◆ Any cautionary statements required for the safe and effective use of the drug;
- ◆ Full name of the drug; and the
- ◆ Date the drug was packaged for administration

In order to avoid confusion and prevent errors in administration, each package should contain only one medication to be administered. A record of the person responsible for repackaging the drug should be maintained in the facility, as well as the date and amount removed from the patient's prescription container for administration at a location other than the facility where he/she resides.

In some instances, if not all, it may also be in the best interest of the patient and the facility if an administration record form accompanied the package of medication that is to be administered when the patient is absent from the facility. This form could be maintained with the patient's records in the facility and provide a continuous record of drug therapy and the person's responsible for the patient's care during such therapy.



Place each medication in a separate labeled envelope to administer at the appropriate time

Preventing or Reducing Occurrences of Medication Theft

Medications must be secure. Whether medications are locked or not will depend on the person and the situation. Medication should be secured as directed in the person's plan or as directed by the delegating nurse, or agency policy. In some instances, medications may need to be kept in locked storage, in other situations medications may be safely kept in a dedicated place that is secure. Note: the need to have medications locked for security does not prevent self-administration.

Misappropriation (theft) is a Major Unusual Incident (MUI).

Adverse consequences of stolen medications:

- ◆ Not receiving medications as prescribed
- ◆ Prolonged illness or delay in progress
- ◆ Unnecessary pain/discomfort
- ◆ Drug withdrawal or disease relapse
- ◆ Financial hardship

Stealing, borrowing, or other misappropriation of medications can result in serious outcomes for personnel such as:

- ◆ Criminal charges
- ◆ Revocation of certification
- ◆ Termination of employment
- ◆ Listing on the DODD Abuser Registry

Helpful hints to assist with proactively preventing medication thefts:

- ◆ Document security procedures and practices
- ◆ Track who administers medications
- ◆ Establish an effective accounting system for all medications
- ◆ Provide for a safe/secure storage area with limited access
- ◆ Report and address medication errors immediately
- ◆ Store only those medications necessary to have on-hand (avoid overstocking)
- ◆ Train all personnel on the importance of proper medication administration and storage
- ◆ Conduct an inventory of medications routinely so that problems can be quickly identified and investigated
- ◆ Monitor the administration of medication routinely
- ◆ It is important to have a tracking system to look for problems over time. Resolve any identified problems as soon as possible



Safe Practices:

- ◆ Secure medications
- ◆ Provide adequate oversight of all medication administration
- ◆ Place each person's medications in a separate bin or storage unit
- ◆ Account for medications regularly to assure medication administration procedures are being followed
- ◆ Keep on hand only the amount of medications needed: do NOT overstock for the sake of convenience
- ◆ Be alert for signs of drug abuse and report suspicions to the appropriate personnel immediately
- ◆ Stay alert to signs that a person may not be getting their medications and report this immediately
- ◆ Even people who live alone need to keep medications secure from children and any other visitors

***** Observe for signs of medication effectiveness. If medication is not effective, the person may not be receiving the medication as ordered. Report signs of ineffectiveness immediately to an appropriate healthcare professional. Request tests for blood level of medications that do not seem to be working.

Scheduled Drugs

The FDA classifies drugs on a Schedule of 1-5 (I, II, III, IV, V).

Schedule II and III drugs are highly restricted due to their potential for abuse or addiction.

Schedule I drugs have no legally established medical use.



Schedule II, III & IV Drugs:

- Schedule II and III drugs require special precautions due to the potential for addiction and abuse.
- All schedule II, III & IV drugs are highly regulated and must be carefully tracked. If a schedule II, III & IV drug is being administered, you will need to keep careful records to account for each dose. Follow your agency's procedure for securing and tracking these drugs.
- Schedule II & III drugs will have an additional warning on the label that reads:
CAUTION: Federal Law prohibits the transfer of this drug to any other person than the patient for whom it was prescribed.

Schedule II, III, & IV drugs include:

Narcotics (Used to treat severe pain)

Examples: Morphine
Demerol®

Can be broken down into two groups:

- ♦ Opiates (opium, heroin, morphine, and codeine)
- ♦ Non-opiate synthetics (Demerol® and methadone)
- ♦ Narcotics are physically addicting and used mostly for management of pain

Stimulants (Used to treat hyperactivity)

Examples: Adderall®
Ritalin®

- ♦ Includes amphetamines
- ♦ May be used to treat depression and narcolepsy

Depressants (Used to induce sleep, sedation and combat anxiety).

Examples: Barbital®
Nembutal® Seconal®
Ambien® Lunesta®

- ♦ Includes barbiturates and tranquilizers such as Valium® and Librium®
- ♦ These medications are addicting and if combined with alcohol can lead to death

Food and Drug Administration (FDA) Scheduled Drugs

Additional documentation may be required for medications that have the potential for addiction or abuse. It is recommended that agencies have a policy and procedure regarding **safeguarding ALL medications** and should include counting or monitoring medications that are schedule 2, 3 or 4 (II, III, IV). Such procedures are important to ensure that a person receives the prescribed amount of a medication and to ensure that the medication is not being stolen and used by others.

Licensed facilities must follow Ohio Board of Pharmacy laws and rules related to medications and dangerous drugs.

Rules for As Needed Medications

(often referred to as PRN medications)

As needed medications are used for the relief of symptoms such as headache, vomiting, itching, or upset stomach. Unlicensed personnel are only authorized to administer medications that are prescribed. Over-the-counter as needed medications that can be purchased without a prescription require **written orders from a healthcare professional to be administered by unlicensed personnel.**

NOTE: A person may be able to self-administer as needed medications even if they are unable to self-administer all routine medications.

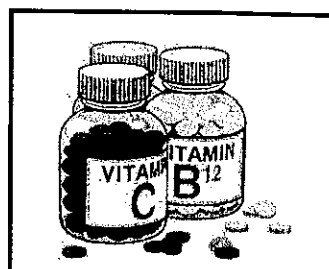
Any prescribed as needed medication must be transcribed onto the MAR before personnel can administer it.



Prescription medications must be written on the MAR before they can be given



A HCP must write an order for any oral OTC medication certified personnel administer



Vitamins, minerals and other supplements require a written order from a HCP before personnel can give them

Rules for As Needed Orders

Personnel are **NOT** ever permitted to use independent judgement to decide how or when to use as needed medications.

The prescribed order directs what medication to use and when to use it. The order must include clear, objective observable parameters.

As needed orders must be written specifically so that certified personnel know exactly how much to administer and when to administer without using personal judgement.

- ◆ Order must specify medication, strength and dose (ex. Acetaminophen 500mg 1 tablet; Acetaminophen liquid 500mg per 15 ml - give 15 ml)

The order cannot read: "Acetaminophen give 1-2 tablets" or; "give Albuterol 2-3 puffs"

- ◆ Order must specify dosing interval (ex. every 6 hours)

The order cannot read: "give Acetaminophen 500mg 1 tablet every 4-6 hours"

- ◆ Order must specify the reason for giving the medication; the reason for an as needed medication must be stated in the order. The reason must be clear, objective and observable. (ex. as needed for a temperature above 100° F; as needed for cough lasting more than 15 minutes)

The order cannot read: "for a fever" or; "for a cold"

- ◆ Orders for two as needed medications must clearly state which medication should be used for what specific symptom. (ex. Acetaminophen 500mg 1 tablet for complaint of headache; if headache not relieved within 2 hours, administer Ibuprofen 600mg 1 tablet)

The order cannot read: "Ibuprofen 600mg 1 tablet for complaint of headache" and another order stating, "Acetaminophen 500mg 1 tablet for complaint of headache"

*If you discover that the person has more than one as needed medication ordered for a specific symptom contact a healthcare professional for clarification.

Rules for As Needed Medications (continued)

As needed medications are given for specific symptoms at designated intervals. The window of time for administration of routinely scheduled medications/treatments (1 hour before or 1 hour after the scheduled time) does not apply to as needed medications.

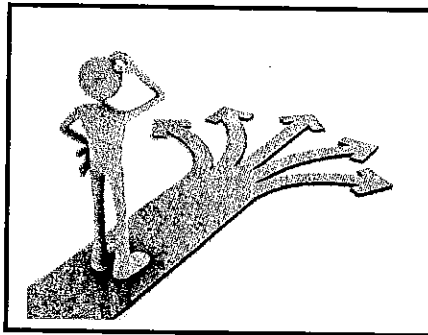
Example: "every 4 hours for complaint of headache" means the medication can be administered again no sooner than four hours after the last dose and if there is a complaint of headache.

Following the Administration of an As Needed Medication:

- ◆ The observed indication of need, medication, strength, dose, route, date, time, and initials of the person giving the medication must be documented on the MAR when an as needed medication is given.
- ◆ The effectiveness of the medication must be documented on the MAR after the medication has had time to help. Thirty (30) minutes after administration of any as needed medication the effectiveness of the medication should be observed, and the outcome documented on the MAR if it was effective. If the medication is not effective yet, wait another 30 minutes then document outcome and take action if still not effective.
- ◆ If an as needed medication does not relieve the symptom it is used for, call a healthcare professional.
- ◆ If symptoms worsen, call a healthcare professional.
- ◆ If symptoms go away then continue to return over a 72-hour time period, notify a healthcare professional.

Certified Personnel CANNOT EVER:

Make judgments about what as needed medication to give without orders that adhere to the rules for administering as needed medication. When in doubt call a healthcare professional for guidance.



NOTE: As needed medications need to be specific for each person. As needed medications paid for from one person's funds or insurance, cannot be used for another person who has the same symptom, even though the other person may have an identical as needed order, but is currently out of that medication. Agencies may pay for a stock of medication that multiple people may use. People may choose to share the cost of having stock of as needed medications if they want to.

Documentation of As Needed Medications:

If a medication is given on an as needed basis:

1. Initial on the MAR/TAR indicating the date and time it was given.
2. Document the reason it was given, and the effectiveness/outcome of the medication/treatment.

Examples of Correctly Written Orders for As Needed Medications

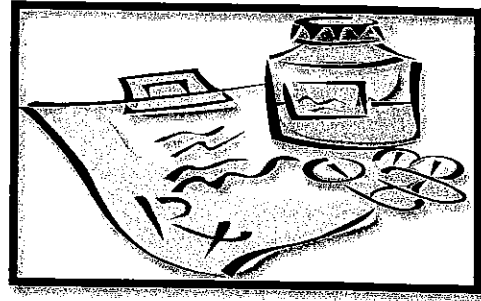
Example #1

Acetaminophen 325mg, give 1 tablet by mouth every 4 hours as needed for complaint of headache, or temperature of 100°F or above.

The medication would need to be provided for the person in this strength (325mg). Personnel cannot use tablets of a different strength to get to 325mg. For example, personnel cannot substitute four 81mg tablets for a 325mg tablet.

This order allows any brand of Acetaminophen to be given for a headache or a temperature of one hundred degrees Fahrenheit or above.

Generic substitutions may be given by unlicensed personnel ONLY with the written authorization of an appropriate healthcare professional.



Example #2

Loperamide 2mg, give 2 tablets by mouth as needed after the first loose stool; give 1 tablet by mouth after each subsequent loose stool. Do not exceed 4 tablets in 24 hours.

Example #3

Acetaminophen 500mg, give 1 tablet by mouth every 6 hours as needed for complaint of headache or symptom of headache as evidenced by hitting head with heel of hand. If headache is not resolved within 2 hours, use Ibuprofen 600mg, give 1 tablet by mouth.

If headache returns after 6 hours after the initial Acetaminophen administration, the medication order begins again with Acetaminophen.

In this example an alternate medication is available if the first medication is not effective. No judgement is needed.

Example #4

Pepto-Bismol® 262mg, give 2 tablets by mouth every hour as needed for complaint of stomach upset, not to exceed 16 tablets in 24 hours.

Example #5

Lorazepam 1mg, give 1 tablet by mouth every 6 hours as needed for symptoms of anxiety due to Autism as evidenced by head banging or skin picking or crying or rocking in a fetal position.

An order for "increased agitation" is not specific enough.

Medication used for treatment of specific symptoms associated with a diagnosed (DSM) condition may be considered medical treatment not a chemical restraint.

Medication used strictly for control of behavior is considered a chemical restraint.

The definition of, and specification for use of a Chemical Restraint are addressed in OAC 5123:2-2-06 and 5123-17-02.

Example #6:

Ambien® 5mg, give 1 tablet by mouth at bedtime, as needed for insomnia, as evidenced by being awake 40 minutes after going to bed.

Example #7

Give Tylenol® 500 mg, 1 tablet by mouth as needed for temperature of 101 degrees Fahrenheit or above. Recheck temperature in 2 hours. If temperature is still 101 degrees Fahrenheit or above, give Ibuprofen 200 mg, 1 tablet by mouth as needed. Alternate Tylenol® and Ibuprofen every 2 hours as needed until temperature is below 100. Do not give more than 6 Tylenol® tablets and 6 Ibuprofen tablets in a 24-hour period. Contact a healthcare professional if fever lasts more than 24 hours.

Note: Alternating medications to treat the same symptom is a complete order. It is not an order for 2 medications for the exact same symptom, it is a single order that alternates medications for a single symptom.

Example #8

Use the FLACC scale* to determine the pain level and treat as ordered.

Give Ibuprofen 800 mg 1 tablet by mouth every 6 hours as needed for fracture related pain level between 3-5.

OR

Give Percocet® 5/325, 1 tablet by mouth every 6 hours as needed for fracture related pain level between 6-10.

Assess pain 30 minutes after giving Ibuprofen and every hour thereafter. If at any time during the 6 hours after giving Ibuprofen the pain level is 6 or above, give Percocet® as ordered.

If Percocet® was given first, assess pain level 30 minutes after giving Percocet® and every hour thereafter. If pain is between 3-5 administer Ibuprofen as ordered. If pain is still between 6-10 thirty minutes after giving Percocet®, contact the healthcare professional.

Note: the remedy given depends on the person's determined pain level. One remedy (Ibuprofen) works sufficiently for lower levels of pain, the other (Percocet®) may be needed to control higher levels of pain.

If the pain is not controlled by the prescribed dosage of the stronger medication, a healthcare professional should be contacted to adjust the prescription for optimal pain control.

It is more difficult to get pain under control than to keep it under control. By treating pain promptly, it can often be managed more effectively.

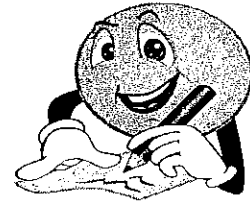
If you do not understand how to follow the orders as written, contact the healthcare professional for clarification.

*see samples of pain scales on page 106

Documentation of Medications Administered and Health-Related Activities Performed

Certified personnel must document all medications administered as well as all health-related activities and tasks completed. **Remember, if it is not documented on the MAR/TAR, it was not done.**

Documentation of medication administration shall be done according to the rules for medication administration (Ohio Administrative Code 5123:2-6-07). Electronic MAR/TAR and other healthcare documentation must follow these same rules. Personnel will need to be trained how to use electronic records to complete required documentation.



A. A medication administration record (MAR) or treatment administration record (TAR) for each person must include:

1. Individual's Name
2. Medication Name (including strength)
3. Dose of medication to be given
4. Route of medication
5. Time to administer the medication
6. Month and Year
7. Allergies
8. Special Instructions:
(ex. take pulse before giving; give with food; etc.)

Identification of personnel initialing entries in the record may be on the MAR or a Master Signature Log.

B. After the medication is given or health-related activity is performed, the certified personnel who gave the medication or performed the health-related activity will initial the appropriate date and time space on the MAR or the TAR or as instructed when using an electronic MAR.

- C.** If a medication is given on an as needed basis:
1. Initial on MAR/TAR indicating the date and time it was given
 2. Document the reason it was given, and
 3. The effectiveness/outcome of the medication/treatment

If a medication or treatment is not given or is not taken:

- ◆ Initial the appropriate time space on the MAR
- ◆ Then circle the initials and
- ◆ On the back of the MAR/TAR document the reason for the circled initials
- ◆ When using an electronic MAR/TAR document per system instructions

If a documentation error is made:

- ◆ Draw a single line through the word (so original words can still be read)
- ◆ Write the word "void" or "error" above the wrong words
- ◆ Place your initials and date above the wrong words
- ◆ Write the correct entry

Never document for anyone else. All MARs including electronic MARs are legal documents. Documenting for others is falsifying a legal record.

Never leave a blank space for late entries. If there is a blank on a MAR/TAR it should be circled and an explanation written on the back of the MAR/TAR. An undocumented medication is a medication error (OAC 5123:2-6-01); a UIR must be written.

An Unusual Incident Report (UIR) must be written for any late, missed or declined (refused), or undocumented medications/treatments. There will be variations of employer procedures for processing Unusual Incident reporting; such as communicating about UIRs to appropriate persons and for identification of patterns and trends.

NOTE: If medications, or health-related activities are administered away from where they are usually given, there must be documentation on the MAR/TAR to explain where they were administered (such as on vacation, or at work).

Rules for Documenting

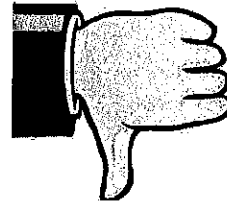
DO:

- ◆ Write legibly
- ◆ Avoid spelling errors
- ◆ Keep documentation current
- ◆ Correct documentation errors immediately
- ◆ Spell out words or use only approved abbreviations listed in the key or legend of abbreviations
- ◆ Write new documentation for each day/event (even if the information is the same as a previous entry)
- ◆ Document with non-erasable dark blue or black ink
- ◆ Begin each entry with the date and time and end with your signature
- ◆ Line through any blank areas before your signature or initials
- ◆ Make sure your signature is legible



DO NOT:

- ◆ Use pencil
- ◆ Use correction fluid (white-out)
- ◆ Leave blank spaces in your documentation
- ◆ "Scratch out," erase or otherwise make a mistaken entry unreadable
- ◆ Document before a task has been completed or before an event has occurred
- ◆ Use a person's health records as a place to air grievances or criticize other caregivers or administrators
- ◆ Use abbreviations unless there is a legend or key present (for narrative documentation only; no abbreviations are to be used on MAR/TAR)
- ◆ Document for another person
- ◆ Guess or provide opinions



Remember: you are painting a word picture with what you write down. Describe, describe, describe. No opinions. No conclusions. Simply objectively describe what you have observed.

Procedure for Receiving Verbal Orders

Remember, **you may only receive verbal orders for:**

1. Change in frequency or dose of an already prescribed medication
2. Performance of or change in frequency of a health-related activity
3. Over-the-counter (OTC) medications that need prescriptions to be administered (i.e. all OTC oral medications, and topical treatments for conditions that must be diagnosed by a healthcare professional before treating)



- A. If possible, have second certified personnel listen to the verbal order along with you.
- B. **Write all the information** down. Do not use abbreviations.
- C. Tell the person giving you the order who you are (name and title) and ask for their name and title. Have them spell their name and write it down.
- D. Ask the healthcare professional with prescriptive authority to:
 1. State the health-related activity (HRA) or spell the name of the medication and specify the strength
 2. State the dose of the medication to be given
 3. State the time the medication or health-related activity is to start
 4. State the frequency for the medication or health-related activity (ex. every 4 hours up to 6 doses in 24 hours)
 5. State the route for giving the medication (ex. by mouth, apply to specific skin location, etc.)
 6. State the length of time the medication is to be given or the HRA is to be done (specify the number times or doses; or specify continue until the order is changed)
 7. State the reason for giving the medication or doing the treatment
 8. State the specific, observable symptoms or behaviors that indicate when the as needed medication or HRA is to be administered
 9. Tell you what reading to expect as the range of an HRA, and what to do if the result is outside the expected range (ex. if blood glucose, O₂ saturation, BP, pulse or respirations are higher or lower than the specified range)
 10. Tell you about any side effects of the medication/HRA and state what to do if side effects are observed
- E. Read back what you wrote down to assure accuracy of the order you wrote and to confirm that you wrote it correctly.
- F. Tell the person giving you the verbal order that you need a hard/written copy of the verbal order within 7 days. **A written copy of all verbal orders must be kept.**
- G. Transcribe the order information on to the MAR or TAR. After transcribing, verify the accuracy of the transcription. Check what you transcribed on the MAR with the order you received.
- H. Have another certified personnel check what you copied onto the MAR/TAR from the order you were given, as soon as possible.
- I. Do not use abbreviations for medication orders on the MAR or the TAR.
- J. Call the healthcare professional back if you have any questions or concerns about the order you transcribe.
- K. Plan to get a signed written order within 7 days. If you do not have a written order within 7 days, contact the prescriber for direction of what to do next.



Receipt and Transcription of Medication Orders:



- A. Only personnel certified to administer Oral/Topical Medications and perform Health-Related Activities may receive and transcribe orders onto the Medication Administration Record (MAR) or the Treatment Administration Record (TAR). MA certified personnel = personnel with current category 1 medication administration certification.
- B. Information about medications may be transcribed only from the pharmacy label onto the MAR. MA certified personnel may **NOT** add any **NEW** medication to the MAR from a written or verbal order. There are 3 exceptions to this rule:
1. **Changes in dose, frequency, or a time of administration of a medication already prescribed** and dispensed by a pharmacist.
 2. A medication that can be **purchased without a prescription** that has been **prescribed** for MA certified personnel to administer (i.e. a prescribed medication purchased over-the-counter).
 3. Performance of any of the 13 legally authorized Health-Related Activities taught as part of category 1 certification (or changes to previously ordered health-related activities).
- C. If the pharmacy supplies a self-stick label with information, certified personnel can attach that label to the MAR as the transcribed order.
- D. MA certified personnel must transcribe medication instructions onto the MAR as soon as possible after receiving the dispensing container from the pharmacy.
- E. The transcribed entry must be dated and initialed by the MA certified personnel. Accuracy of transcribed orders must be checked by the next available certified personnel, ideally at the time of transcription. This accuracy check must be initialed and dated by the MA certified personnel performing the check.
- F. When orders are transcribed onto a new MAR for the next month, the transcription must be checked against the label and confirmed by a second MA certified personnel when transcribed. Orders need must be confirmed against the previous MAR again, before using the new MAR at the start of the month.
- G. In settings that require delegation of the Category 1 activities, the delegating nurse(s) must indicate if MA certified personnel may transcribe onto the MAR.

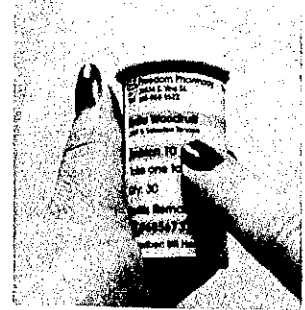
(H. through O. continued on the next page)

- H. **MA certified personnel** cannot receive or transcribe orders for medication or food to be administered via gastrostomy or jejunostomy tube or for the administration of insulin or injectable treatments for metabolic glyceimic disorders. Only the **delegating nurse** may receive and transcribe physician's orders for food and/or prescribed medication administered by gastrostomy/jejunostomy tube. Orders for administration of **insulin** or injectable treatments for metabolic glyceimic disorders **must be transcribed by a nurse**.
- I. **MA certified personnel are prohibited** from receiving and **transcribing** orders for medications which require them to calculate dosage based on body weight.
- J. The prescribing healthcare professional must give an **EXACT dosage** for MA certified personnel to be able to receive and transcribe orders. The order should never give a range (ex: "1-2 tablets" this is not an exact dosage).
- K. MA certified personnel may accept verbal orders only as taught in this curriculum and **only when it is impractical for the orders to be given in a written manner**.
- L. A dated and signed hard copy of any verbal order must be obtained within seven (7) days.
- M. Any questions regarding a verbal order or written order must be referred to the prescribing healthcare professional.
- N. The only times when orders that are different from the pharmacy label can be transcribed on to the MAR are when:
- There are **changes to the dose, frequency, or a time of administration of a medication already prescribed** and dispensed by a pharmacist.
 - A medication that can be **purchased without a prescription** that has been **prescribed** for MA certified personnel to administer (i.e. a prescribed medication that has been purchased over-the-counter).
 - There is an order for any of the 13 legally authorized Health-Related Activities taught as part of category 1 certification (or changes to previously ordered health-related activities).
- O. Agency specific procedures for receiving and transcribing written and verbal orders must be included in personnel training.

Procedure for Transcribing Orders from a Dispensing Container

A. Check the pharmacy dispensed medication package or typed information provided by the pharmacy for the following:

1. Date of the dispensing (ex. 3-18-2XXX)
2. Individual's name (ex. John Doe)
3. Medication name and strength of medication (ex. Topiramate 250 mg)
4. Dosage of medication (ex. 1 tablet)
5. Route the medication needs to be given (ex. by mouth, on the skin, in the eye, etc.)
6. Description of what the medication looks like
7. Times the medication needs to be given (ex. once a day, three times a day, at bedtime, etc.)
8. Special instructions (ex. give one hour before eating; mix with "X"; do not mix with "X"; do not eat grapefruit; give with/without food; do not crush, etc.)
9. Length of treatment (ex. 10 days)



B. You need to find out **the reason for the medication (ex. to control seizures). This may be listed somewhere other than pharmacy label (ex. on the appointment report).**

C. Transcribe the required information onto the MAR as directed:

- ✓ Transcribe the name of the Individual, the Medication including strength, the Dose, the Route, and the Times and dates to be given
- ✓ Transcribe special instructions and any specific start/stop times and dates

D. Transcribe in **black or dark blue ink only. Be sure your **transcribed information, initials and signature are readable**.**

E. Check the pharmacy label against the MAR three times. Confirm **I. M. D. R. T. (Individual, Medication including strength, Dose, Route and Time/date) with each check.**

F. As soon as possible, have another MA certified personnel check the transcribed medication order with the pharmacy label to confirm the transcription is correct.

G. Do NOT use abbreviations when transcribing orders.

H. If there is a question or concern regarding the order, contact a healthcare professional.

NOTE: Assure that the description of the pill on the outside of the medication package or attached information sheet matches the pill inside the package.

Pill Identification website: www.drugs.com



Medication Errors

If you make or discover a medication error, report it and follow-up immediately.
**** Get medical care if a person is showing any symptoms from the medication error or any time a person takes medications that were not prescribed for them.**

Per OAC (Ohio Administrative Code) 5123-17-02(C) (25), a medication error must be reported as an Unusual Incident.

Types of Medication Errors Include (OAC 5123:2-6-01 (Z)):

- Giving medication to the wrong Individual
- Giving the wrong Medication
- Giving the incorrect Dose of the medication
- Giving medication by the wrong Route
- Giving medication at the wrong Time
- Not Documenting medication administration directly following the administration
- Administering medication or treatment without nurse delegation when delegation is required
- Giving expired (outdated) medication
- Giving medication without a physician order
- Omitting a medication
- Giving contaminated medication
- Giving medication when not currently certified
- Giving medication that was improperly stored (potency may have been affected)

Why Medication Errors Happen

1. Not checking the label against the MAR 3 times during preparation
2. Reading the label or MAR incorrectly
3. Preparing medications for more than one person at a time
4. Not waiting for the person to swallow the medication
5. Not documenting immediately that a medication was given
6. Error in transcription onto the MAR
7. Not having transcription verified by a second person
8. Incorrect documentation of medication given
9. Multi-tasking while setting up medication: not giving the task your full attention
10. Environmental distractions (ex. noise, talking to other people while setting up medications, cluttered work area)

Do NOT multi-task when preparing and administering medications.



Documentation

- ◆ If a medication is not given or not taken or, a health-related activity is not completed, initial the appropriate time space on the MAR/TAR, then circle the initials and note the reason on the back of the MAR/TAR
- ◆ If you accidentally document in the wrong space, correct your error immediately
- ◆ Do not ever correct someone else's documentation error
- ◆ A missed medication requires a UIR to be written, no matter what the reason
- ◆ Failure to document medication administration is a medication error and requires a UIR

Preventative Measures to Reduce Medication Errors:

- ◆ Consistent supervision and oversight of medication administration
- ◆ On-going training/education of personnel certified to give medications
- ◆ Evaluation of employer's policies and procedures
- ◆ Identify and evaluate system issues that may contribute to medication errors

Missed Medications

1. When a medication is held, missed, not taken, or not given on time find out what to do from the package insert or by following the instructions of a pharmacist, nurse, or physician.
2. Document missed medications on the MAR by
 - ◆ Initialing in the space for the dose/time
 - ◆ Circling your initials and
 - ◆ Writing an explanation on the back of the MAR; the explanation should be brief and refer to the Unusual Incident Report

If using an electronic MAR, document missed medications as directed.

3. A missed, late or incorrect medication is always documented on an Unusual Incident Report. Include details on the UIR about:
 - ◆ Who was consulted
 - ◆ What was reported
 - ◆ What directions were given
 - ◆ What actions were taken

Incident reports should result in action to understand the cause and develop preventative measures.

4. For missed medications/treatments that are delegated, notify the delegating nurse.

Common Reasons Medications are Not Given or Taken:

- ◆ The person declines to take the medication
- ◆ The person responsible for giving the medication forgot
- ◆ The medication has an unpleasant taste or consistency
- ◆ The person does not like the way the medication makes them feel
- ◆ The medication is not transcribed onto the MAR
- ◆ There is confusion about how or when to give the medication
- ◆ The prescription or refill was not called in, filled, or picked up in a timely manner

If a person repeatedly or routinely declines to take prescribed medications or treatments, the person-centered planning process must try to determine why and mitigate the cause. If the person (or guardian) declines a prescribed medication or treatment entirely, the prescriber needs to be notified and alternate treatments pursued.

Optional Training Materials and Sample Forms

These and other resources can be found on the DODD website:
dodd.ohio.gov

1. Nasal Versed®
2. General Documentation Examples
3. How to Document Use of As Needed Medications
4. Extrapyrimal Side Effects (EPSE) Associated with Psychotropic Medications
5. Psychotropic Medication Side Effects
6. Recommendations for Managing Diabetes
7. Suggestions to Follow When Calling a Pharmacy
8. Watching for Adverse Drug Reactions
9. Individual Specific Training Form (sample form)
10. Intake Record (sample form)
11. Intake and Output Record (sample form)
12. Medication/Treatment Administration Record (MAR/TAR) (sample form)
13. Nursing Statement of Delegation (sample form)
14. Verbal Order Form (sample form)
15. Steps for Administering Medications by Mouth (Oral)
from a Blister/Bubble Pack

Ohio

Department of Developmental Disabilities
Medication Administration

Summary

- ◆ This course is for DODD Category 1 Medication Administration Certification.
- ◆ The certification is issued by the Ohio Department of Developmental Disabilities to DD Personnel who meet the qualifications.
- ◆ Attending class, demonstrating skills and passing the test are required but those actions DO NOT EQUAL Certification. Certification is only current and valid when qualifications have been submitted and approved by DODD. Certification registration must be visible on the DODD public registry of Medication Administration Certifications dodd.ohio.gov.
- ◆ The certification is registered to the MA certified personnel, not the employer.
- ◆ Personnel MUST confirm current certification dates on the DODD website or mobile page BEFORE administering medication.
- ◆ Employers and delegating nurses must also verify each personnel's current certification on the DODD website BEFORE assigning any personnel to administer medications.
- ◆ Certification is valid for 1 year. MA certified personnel may not administer medications after the date the certification is expired.
- ◆ Personnel may renew certification beginning 180 days prior to expiration.
- ◆ Personnel whose certification has expired have an additional 60 days to renew certification after expiration. Personnel may not administer medications, treatments or health-related activities during the time when the certification is expired.
- ◆ When the certification has been expired more than 60 days, personnel must repeat the entire Initial Certification Course to become certified.
- ◆ After certification and before administering medications, treatments and/or health-related activities to anyone, the MA certified personnel must receive initial Individual Specific Training for every person to whom they will administer medications, treatments and/or health-related activities. After the initial Individual Specific Training, personnel should routinely be kept up to date on the person-centered plan and healthcare needs.
- ◆ MA certified personnel are only authorized to administer medications and treatments in the way that they are taught in this manual and only for the routes of administration taught in this manual. Short cuts or failure to follow the step-by-step methods specified in this course can put people's lives at risk and can lead to revocation of certification and/or listing personnel on the DODD Abuser Registry.

- ◆ MA certified personnel are never authorized to make medical judgements. Questions and clarifications must be directed to a healthcare professional; never to another unlicensed person.
- ◆ With this certification the only over-the-counter medications that can be administered without a prescription are topical medications for musculoskeletal comfort.
- ◆ Additional DODD approved stand-alone training must be obtained for personnel to administer over-the-counter topical medications for comfort, cleansing, and protection of intact skin, nails, hair, teeth and oral surfaces (see Ohio Administrative Code 5123:2-6-03 and 5123:2-6-05).
- ◆ Additional DODD approved stand-alone training must be obtained for personnel to administer an epinephrine auto-injector.
- ◆ Additional DODD approved stand-alone training must be obtained for personnel to use a VNS magnet.
- ◆ If MA certified DD personnel do not have the necessary knowledge, skill or ability to act safely and accurately they must obtain additional training before attempting to provide prescribed medications, treatments and/or health-related activities.
- ◆ MA certified personnel are responsible to know the purpose, expected outcome, and potential problems for every medication and treatment administered to every person, every time it is administered.
- ◆ If a task or setting requires MA certified personnel to have nurse delegation to authorize medications, treatments and/or health-related activities, the personnel may only provide that care at the direction of the delegating nurse. The delegating nurse must provide step-by-step instructions, individual specific training, and be available to address questions or concerns while the task is being completed.

Medications are hazardous substances. MA certified personnel are administering these medications only to people who do not have the necessary knowledge, skill or ability to administer for themselves. This means MA certified personnel have the responsibility to protect the person receiving the medication from potential harm caused by inaccurate administration. That is done by following the instructions in this manual and directing all questions and concerns to healthcare professionals.



Department of Developmental Disabilities
Medication Administration

Health and Welfare Alert

Ohio Administrative Code 5123:2-17-02 requires all developmental disabilities employees to review Health and Welfare Alerts released by the department as part of annual training. All previous alerts are listed on the department's website.

Medication Administration #55-3-17

This alert is designed to highlight the importance of safe and effective medication administration practices in order to prevent outcomes resulting in risks to health and welfare. Medication passes are one of the most important support services that are provided to Ohioans with developmental disabilities.



Alex Myers

Alex Myers, a 20-year-old from Hamilton County, enjoyed theater, camp, meeting people, singing in the choir, and spending time with his family. In October 2013, Alex died as a result of a lethal medication error at a group home for people with developmental disabilities.

"[You Are Your Brother's Keeper](#)," produced by Alex's family, explains the risks associated with administering medications.



'Rights' of Medication Administration

Administering medications safely involves constant awareness of the risks, creating a system to avoid those risks, and committing to monitoring and maintaining safety standards. People administering medications must be aware of *The 6 Rights* of medication administration.

Right Person - Check the name on the medication order with the person's. Use two ways to identify the person.

Right Medication - Compare the medication label with the Medication Administration Record (MAR) three times.

Right Dose - Compare MAR with medication label three times to assure proper dosage and strength.

Right Route - Confirm patient can take or receive medication by ordered route (e.g., by mouth, eardrops).

Right Time - Confirm when last dose was given. Know how early or how late a medication can be given. Set an alarm.

Right Documentation - Chart the time, route and other information immediately after the medication pass before preparing another person's medication.

Common Medication Errors

- Giving someone the wrong medication
- Giving someone another person's medication
- Giving the wrong dosage of medication
- Giving medication at the wrong time or missing a dose entirely
- Giving medication no longer ordered

Other common issues

- Someone does not have enough support to self-administer medications
- Special instructions are not met for administering medication, such as taking it with or without food, using the proper route, etc.
- System of giving, getting, and documenting medications is flawed
- Prescriptions are not re-filled or new ones are not ordered

Causes and Contributing Factors

Failure to identify medications with significant risk

- Although any medication can cause serious side effects, medications identified with the strictest warning from the U.S. Food and Drug Administration, or "black box warning," can be lethal if given to the wrong person.
- Review safe medication administration practices to ensure appropriate precautions are in place.

One person is confused for another

- This can happen when multiple people live in the same home, or when staff do not realize that incoming or outgoing staff already administered medications.

Medications are prepared for more than one person at a time

- This practice is forbidden by rule. When medications are placed in cups and prepared for multiple people prior to administration, the risk of error increases exponentially.
- Medications must be prepared for one person at a time while using the Right Documentation.

Distraction or multi-tasking during medication administration


- Medication administration is not a time for completing more than one task. Complete focus must be given to providing the appropriate medication to the Right Person at the Right Time.
- When many people are seeking attention and the environment is hectic, mistakes can be made. It is always best to have a quiet and calm environment when preparing and administering medications.

Tips and Things to Remember

The medication administration system should be clear, consistent, and easily understood

- Have a system that prevents distraction to the person administering the medications.
- Mentor new staff in medication administration in the same environment and conditions that they will actually conduct the administration.
- Remind everyone of the importance of correctly administering medication. Conduct audits and medication monitoring safety checks, noting both positive results as well as opportunities for improvement.
- If for some reason there needs to be a change to the process, make sure that all are aware and the system is detailed well.

Monitor medication administration and step in if there are concerns

- If the person is not acting like himself or herself following a medication pass, take it seriously.
- Be alert to changes in the routine of a person or a group. See the [Transitions Health and Welfare Alert for more information](#).
- Know signs and symptoms of adverse reactions.
- If there is ever doubt, contact 911 immediately. 

Over time, a person's support needs, abilities, and medications may change, which can make administration of medication more difficult.

- Dosages and medications may change.
- The person may have relied on a spouse or another for help with medication but now lives on their own.
- Direct support provider schedules and service change.

Other supports that people with developmental disabilities rely on to help them correctly take their medication may not be readily apparent. Assuring appropriate supports are available is key to successful medication administration.