

Washtenaw County Community Mental Health

MEDICATION ADMINISTRATION



Revised 2017

This comprehensive training will provide the employee with knowledge and practical skills to safely select, prepare and give medication while working with supported individuals. Participants will have an understanding of the legislation involved and the importance of confidentiality and security in all procedures of drug administration. People receiving services have a wide range of needs from staff regarding medications. These needs could range from:

1. Assisting with self-medication
2. Monitoring self-medication
3. Administering medications – providing full support

Outcomes/Competencies:

1. Describe the role of medications within the service delivery and support process.
2. Explain the basics of and know the location of medication policy and procedures.
3. List medication preparation tasks as applicable to setting and individual needs as indicated in the IPOS.
4. Provide positive examples of supporting independence through medication monitoring.
5. Demonstrate proper documentation related to medication monitoring.
6. Describe the role of medications in the support of a healthy, quality of life.
7. Define the differences between medication monitoring and medication administration.
8. Understand and differentiate between desired (therapeutic, expected) effects, possible side effects, possible adverse effects, and contraindications.
9. Identify and recognize the above effects for commonly prescribed medications that individuals supported may be receiving -such as:
 - a. Blood pressure
 - b. Diabetes medications
 - c. Pain medications
 - d. Heart medications
 - e. Seizure medications
10. Know how to use drug references, drug information sheets, and/or healthcare provider resources.
11. Be familiar with basic information of different categories of psychotropic medications, their uses, and common side effects.
12. Promote independence as directed by the IPOS
13. Knowledge of all medications prescribed and administered.
14. Identify key elements of a pharmacy label.
15. Identify common drug routes.
16. Proper storage of medications.
17. Identify staff legal, ethical, and liability implications in monitoring and/or administering medications.
18. Compare a physician's order to the pharmacy label to the transcription to ensure they match.

19. Transcribe medication orders onto the MAR.
20. Checking the most current medications are correctly listed in the MAR and there is a current copy of the prescription.
21. Check the 6 Rights (R's) of medication administration three times prior to giving any medication
22. Knowledge of how to administer all forms medication safely and accurately
 - a. Solid oral medications
 - b. Liquid oral medications
 - c. Topical medications
 - d. Eye, ear, and nose drops
 - e. Eye ointments
 - f. Rectal and vaginal suppositories
 - g. Inhalers
 - h. Transdermal patches
23. Examples of additional training will be required for:
 - a. Subcutaneous injections
 - b. Medications administered through feeding tubes
 - c. Medications administered through pumps (insulin, etc.)
24. Follow proper medication Pre-Administration and Set Up guidelines when sending medications to be administered at another location (LOA)
25. Observe the rules of general documentation
26. Know approved medication-related abbreviations
27. Knowledge of when to document and report to appropriate healthcare professional
28. Knowledge of documentation and procedures for medication errors, refusals etc.
29. Documenting discontinued medications
30. Properly respond to all adverse effects of medications administered
31. Disposal of discontinued, expired and/or contaminated medications per agency policy and procedure and FDA guidelines
32. Knowledge of policy and procedures for psychotropic medications
33. Knowledge of policy and procedures for controlled substances

Special Concerns

Passing medication is a very important part of your job as a direct care staff. You are responsible for passing medication as ordered, correctly documenting and monitoring for effects of medication. If medications are not properly administered a medication error has occurred. Medication errors are a serious matter and must be reported to your supervisor, the physician for further instructions and to the Office of Recipient Rights (ORR) by an Incident Report (IR).

In specialized residential settings you will be required to administer medications a specific number of times with supervision from another medication-administration-trained staff. Be aware of the policies and procedures for your provider concerning how many times you need to be supervised before you can pass medications independently.

Staff should have a general knowledge regarding the medications that are administered and questions should be answered accurately and honestly.

There will be additional training for special procedures as they come up. You will **not** be able to do **injections** or **other procedures not covered** in this module unless additional training is completed, such as:

- Glucometer testing
- Sub Q injections
- Peg tube placement with tube feedings
- Special diet changes
- Simple wound care

Also, the necessity of any new equipment, diet changes, or other special needs will need to be in place at the client's home so the staff can care for the client in the approved manner governed by the state licensing authority.

DEPARTMENT OF COMMUNITY HEALTH (DCH) HAS LAWS THAT GOVERN MEDICATION ADMINISTRATION.

Before Administering Medication:

In order to administer medications independently you must pass the approved medication training and be observed administering medications correctly for the number of times specified by your provider.

Before administering medications, it is necessary for staff to know information about each medication, i.e. purpose, dose, route, time, and side effects/adverse effects. If you have questions regarding administration of any medication, the information can be obtained from the assigned Nurse, Medical Provider, Medication Reference Book, Pharmacist, or Poison Control-1-800-222-1222.

Safety is the primary concern when administering medications. As direct staff you must know relevant **policies** and **procedures**. Most errors in administering medication can be traced to failure to follow these policies and procedures. Information about each medication must be obtained before administering the medication.



Medication Administration-Know the IPOS

People receiving services have a wide range of needs when it comes to medications. Some may be learning how to administer their medication independently or others may need your full support. Always know the clients goals that are written in the IPOS. These needs could be:

1. Assisting with self-medication-you may need to:
 - a. Ask if medications were taken
 - b. Prompt to take medications
 - c. Check if medications were taken
 - d. Know the medication effects and side effects
 - e. Make sure all necessary supplies are available
 - f. Document effects and /or other items identified in the IPOS
2. Monitoring self-medication you may need to:
 - a. Do medication counts to ensure they are taken properly
 - b. Know the medications effects and/or side effects
 - c. Observe for side effects
 - d. Make sure all supplies or equipment are available
 - e. Document effects and/or other items identified in the IPOS
3. Administering medications-providing full support you will need to:
 - a. Know the medications effects and side effects
 - b. Know how to set up medications accurately and safely
 - c. Observe for medication effects
 - d. Ensure all needed supplies are on hand
 - e. Document effects and/or other items identified in the IPOS

If a client should express an interest in learning more about his medications or in independently administering them contact the Supports Coordinator. The Supports Coordinator can make a referral for nursing services to assist the client with their wishes.



Over the Counter and Prescription Medications

You will be learning about two groups of medications: prescription and non-prescription or over the counter.

- **Non-Prescription or over-the-counter medications** are medications that can be purchased over-the-counter; you do not need a prescription to buy these medications. Although, in the specialized residential settings or if support staff is administering medications, there must be an order or prescription on file for all medications including over the counter medications.
- **Prescription medications** include all medications that have been prescribed by a licensed physician, dentist, CNS or psychiatrist and dispensed by pharmacists. Prescription medications are divided into two categories:
 - **Controlled Medications:** These medications have a high potential for abuse. These have special handling procedures for storage and administration. All controlled medications need to be stored in a **double lock system**- locked in a box in a locked cabinet. When administering controlled medications there needs to be an accurate count prior to and after dispensing the controlled medication. This is logged on the Control Medication Count sheet which contains the name of the client and ordering physician, name of medication, dose, and directions, number of pills available, provided and remaining along with signatures of 2 staff confirming the accurate count.

Examples of controlled medications:

- Lorazepam (Ativan)
- Methylphenidate (Ritalin)
- Chloral hydrate
- Diazepam (Valium)
- **Non-scheduled medications** include all other prescription or non-prescription medications. These medications usually do not have a high potential for abuse.

Control Medication Count Sheet

Client Name: _____

Medication: _____

Directions: _____

Prescriber: _____

Pharmacy: _____

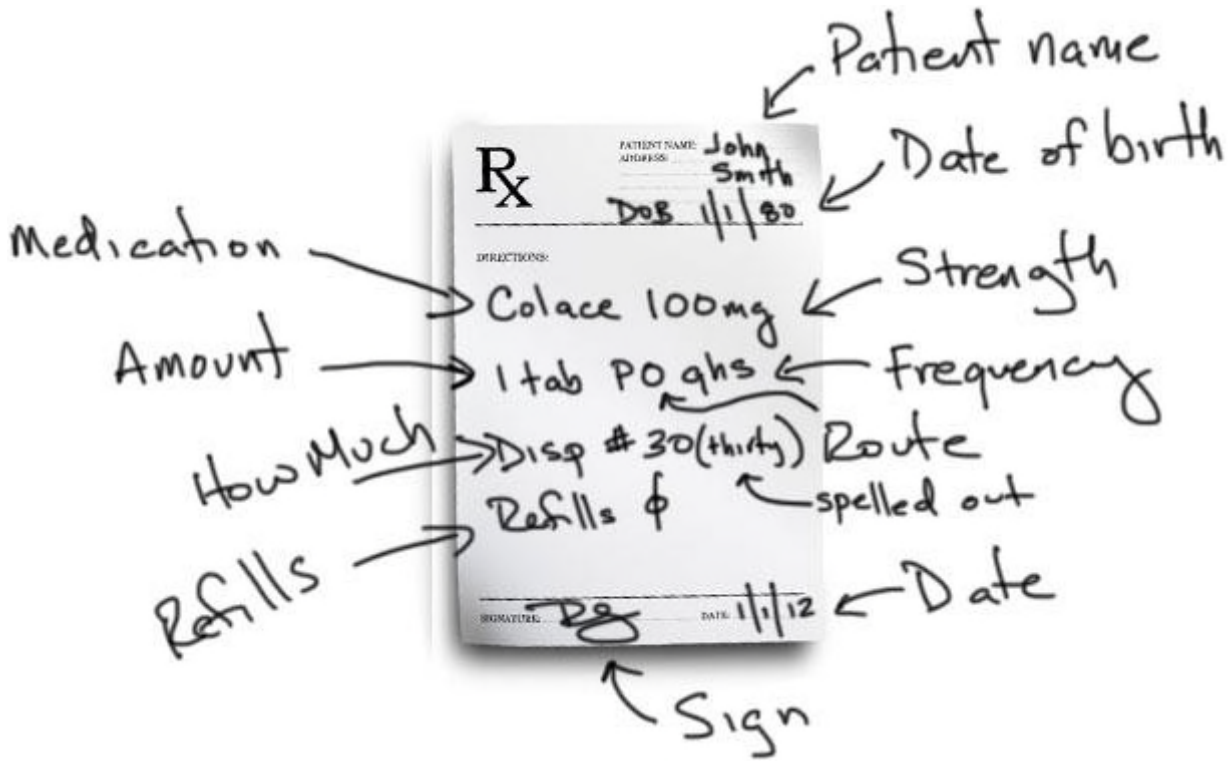
Dose: _____

Original Order Date: _____

RX Number: _____

DATE	AMOUNT AVAILABLE	AMOUNT PROVIDED	AMOUNT REMAINING	SIGNATURE #1	SIGNATURE #2

A COPY OF THE PRESCRIPTION FROM THE MOST RECENT DOCTOR APPOINTMENT, HOSPITAL DISCHARGE OR OTHER APPOINTMENT MUST BE KEPT ON SITE TO REFERENCE WHEN PASSING MEDICATION FOR BOTH PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS



Forms of Medication

The form of a medication is the appearance or how it is manufactured and shaped.

- **Capsules** are small containers made from gelatin. The medicine is placed in the capsule, which readily dissolves in the stomach. Some capsules have tiny beads inside. This is a time-released capsule and should never be opened or crushed.



- **Tablets** are pressed or molded forms of powdered medication. When exposed to liquid they expand and break apart. Tablets may have different coatings.
 - a. *Enteric Coated Tablets* – have a hard covering that should not be crushed or broken. The purpose of the coating is to protect the lining of the stomach or to release the medication slowly. These tablets are usually large; if the client has difficulty swallowing, contact the nurse or primary care physician's office to have another form given. **Do not crush enteric-coated tablets or open any capsules:** this will interfere with the way the medication works. (Only crush medications if the doctor has given orders to do so.)
 - b. *Scored Tablets* – tablets that have a line drawn on them may be broken to give smaller doses. If the tablet does not have a line you cannot break it into smaller doses.
 - c. *Dissolvable tablets*- medications that dissolve in your mouth. If you are giving a tablet that dissolves in the mouth, carefully remove each tablet from the blister pack immediately before giving the dose. Educate the client to allow the tablet to dissolve on the tongue and swallow. You do not need to take the dissolving tablets with water. Discard any dissolving tablets that have been previously exposed to air due to opened/damaged packaging. Do not save the tablets. Examples are Risperdal M-tab and Fazaclo (Clozapine).



- **Ointments and Creams** are intended for external application to the skin and mucus membranes. Examples include antibiotic cream applied to a wound. Ointments can also be placed in the inner eyelid



- **Suppositories** are medications for insertion into the vagina or rectum. The suppository will dissolve or melt at body temperature releasing the medication for absorption through the mucus membranes of the colon or the vagina.



- **Liquids** are suspensions, elixirs, and syrups. *FOLLOW THE DIRECTIONS ON THE BOTTLE CAREFULLY.* Liquids must be measured at eye level with the appropriate measuring device such as graduated measuring cups, liquid measuring syringes or pharmacy approved devices.



- **Injections** are medications given intramuscular (muscle of the arm, leg, hip), subcutaneous (beneath the skin), or intradermal (into the skin). Examples for intramuscular would include the following anti-psychotics; Haldol, Prolixin and Risperdal Consta. **ONLY NURSES** can give IM injections an example of subcutaneous injection would be; Insulin and Heparin. Intradermal injections would be used for allergy or TB testing.



- **Inhalers**- Are used to deliver medication to your lungs. Generally these medications are for the treatment of asthma.



- **Transdermal Patch**-placed on the skin to deliver a specific dose of medication through the skin into the bloodstream. It can provide a controlled release of medication that is embedded in the adhesive.

5



- **Drops**- Using a dropper medicine is placed directly into the ear, eye or nose. Make sure not to touch the dropper directly onto the individual to reduce contamination or injury.



**Use Universal Precautions whenever administering all medications,
always consider everyone infected with something.**

Wear gloves when necessary and always wash your hands.



Protocol for Administration of Topical Medications

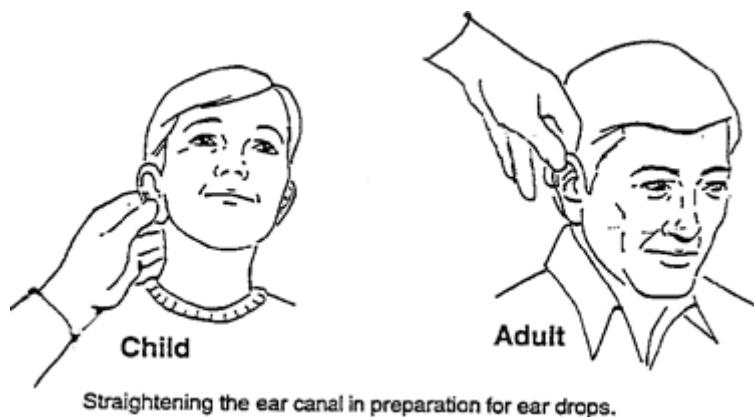
1. **Wash hands. Put on non-sterile gloves.**
2. Remove medication from the jar with tongue blade or cotton tipped applicators. DO NOT USE YOUR FINGERS.
3. Insert applicator or tongue blade into container only once, NEVER RE-INSERT.
4. Use cotton tipped applicators, sterile gauze, or gloved hand to apply topical medications unless otherwise directed.
5. **Remove gloves and wash hands.**

Protocol for Administration of Nose Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chips or cracks.
3. Have client gently blow their nose.
4. Have the client tip their head back while either sitting or lying flat.
5. Draw the medication into the dropper.
6. Avoid touching the dropper against the nose or anything else.
7. Replace dropper and secure.
8. Encourage the client to remain with head tilted back for 3-5 minutes. Provide tissue for nasal drainage.
9. **Remove gloves and wash hands.**

Protocol for Administration of Ear Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chips or cracks.
3. If the drops are a cloudy suspension, shake well for ten seconds.
4. Position the client with the affected ear up.
5. Draw the medicine into the dropper.
6. Avoid touching the dropper against the ear or anything else to reduce chance of contamination or ear injury.
7. To allow the drops to run in, straighten the ear canal on an adult by pulling the ear up and back.
8. Replace dropper and secure.
9. Keep the ear tilted up for 3-5 minutes.
10. **Remove gloves and wash hands.**



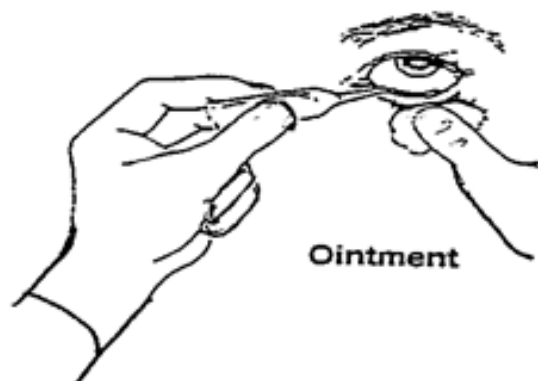
Protocol for Administration of Eye Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chip or cracks.
3. Have the client lie down or tilt head back.
4. With your index finger, pull the lower lid of the eye down to form a pocket.
5. Draw the medicine into the dropper.
6. Hold the dispenser with the opposite hand and place as close to the eye as possible, without touching it.
7. Hold the dropper tip down all the time. This prevents the drops from flowing back into the bulb where they may become contaminated.
8. Brace hand on forehead.
9. Drop the prescribed amount into the pocket made by the lower lid.
10. Avoid touching the eye with the dropper or anything else.
11. Replace dropper and secure.
12. Caution the person not to rub their eyes. Wipe off any excess liquid with a tissue.
13. **Remove gloves and wash hands.**



Protocol for Administration Eye Ointment

1. **Wash hands. Put on non-sterile gloves.**
2. Tilt head back.
3. Hold the tube between your thumb and forefinger and place the tube as near to the eyelid as possible.
4. Avoid touching the top of the tube against the eye or anything else.
5. With your finger on the other hand, pull the lower lid of the eye down to form a pocket.
6. Place the ointment into the pocket made by the lower lid.
7. Have the client blink eye gently.
8. With a tissue, wipe off any excess ointment.
9. **Remove gloves and wash hands.**



Protocol for Administration of Rectal Suppositories

1. **Wash hands.**
2. Remove suppository from storage (Store suppositories in a cool place to avoid melting. Refrigerate them if so labeled.)
3. Explain to the client why the physician ordered the medication and the procedure.
4. Provide privacy.
5. Have the client remove their undergarments and lie on their left side with the lower leg straightened out and the upper leg bent forward toward the stomach. Cover exposed area with a towel or sheet. Do not give in a sitting position.
6. Remove wrapper if present.
7. **Put on disposable gloves.** Lubricate suppository, finger and rectal opening with water-soluble lubricant (e.g. K-Y Jelly).
8. Lift upper buttock to expose rectal area. Encourage the client to take several deep breaths to help relax.
9. Insert suppository with finger until it passes the muscular sphincter of the rectum, about $\frac{1}{2}$ to 1 inch in infants and 1 inch in adults. If not inserted past this sphincter, the suppository may pop back out.
10. Hold buttocks together for a few seconds.
11. Have the client remain lying down for about 15 minutes to avoid having the suppository come back out.
12. **Remove gloves and wash hands.**



Protocol for the Administration of Vaginal Suppositories

1. **Wash hands** and remove suppository from storage. (Store suppository in a cool place to avoid melting. Refrigerate them if so labeled.)
2. Explain to the client why the physician ordered the medication and the procedure.
3. Select a private location with adequate lighting.
4. Have the client lie on back with knees bent.
5. Remove the wrapper if present.
6. Put on gloves.
7. Identify vaginal opening.
8. Insert medication approximately two inches into vaginal canal, following the instructions on the pharmacy label.
9. Ask the client to remain lying down for 15 minutes.
10. **Remove gloves and wash hands.**

Medications Work on the Body in the Following Ways

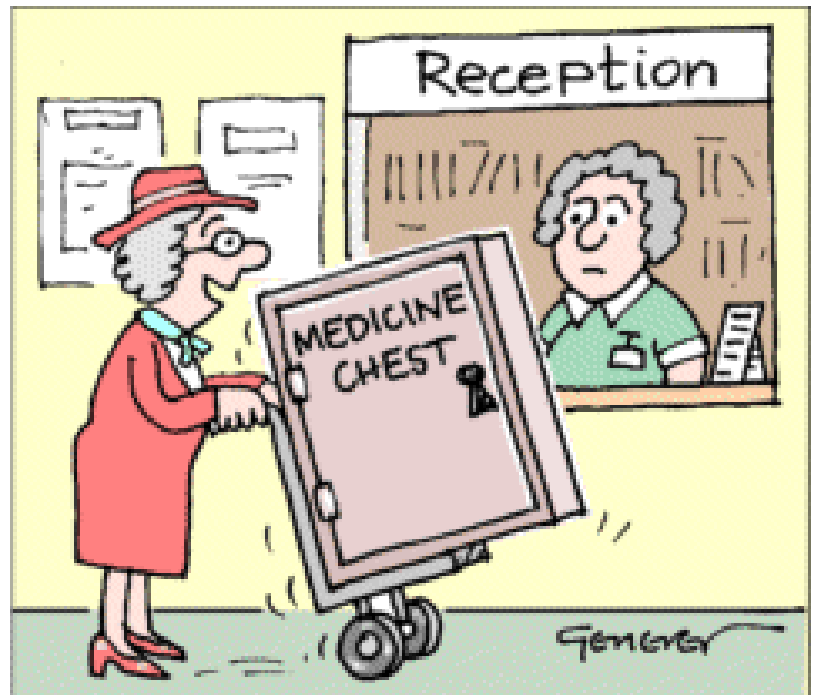
- **Local action** is a result from directly applying a medication to tissue or an organ. Only a limited area is affected. Example: the application of an antibiotic ointment to a cut on your arm.
- **Systemic action** is a result when the medication circulates in the bloodstream and is carried to the cells capable of responding to them. The medication affects the whole body. Example: an antibiotic taken by mouth for a kidney infection will enter the digestive system and then travel in the bloodstream to all the cells, including those in the kidneys.

Medications Affects the Body in Different Ways

- **Therapeutic Effects** means obtaining the desired response of the medication on the body system for which it was prescribed. For example, the therapeutic effect of Tylenol is to relieve pain.
- **Side Effect** means any response to a medication other than which it was prescribed.
 - ❖ Example: Benadryl ordered for allergies to relieve nasal congestion and can cause drowsiness as a side effect.
 - ❖ Report all suspected side effects to the prescribing physician, and supervisor as soon as they are observed.
- **Adverse Effect** means a side effect of the medication that may be harmful. If an adverse effect develops the medication should not be taken again. An adverse effect is a serious allergic response to the medication that can affect the whole body. It may be a rash or could interfere with breathing or anaphylactic shock. If you suspect someone having an allergic reaction to a medication, monitor him closely for an increased irritability, respiratory difficulty or changes in the pulse and skin color. If these symptoms are present call 911 or institute the emergency response system for your facility. This is a medical emergency and could result in death if not treated immediately. If a client experiences anaphylactic shock, he is **allergic to the medication** and should never receive it again. If it is found that a client is allergic to a medication it must be documented in his record.
- **Contraindication** means any reasons or circumstances that would make the use of a medication inadvisable. Medication effects may vary from person to person and even in the same person at different times, (or for examples: pregnancy, medication allergies, interactions with other medications, and food interactions.) For example certain medications are harmful to a fetus; therefore, they are contraindicated (recommended that you do not take the medication) during pregnancy.

Protocol for Storing Medication

1. All medications must be stored in the original containers, with the original pharmacy label from which the medication was dispensed.
2. Medications requiring refrigeration are stored in a **locked box** in the refrigerator.
3. Medication cabinets:
 - Will not be located over heated areas (heat can change the chemical properties of the medication).
 - Will be used only for medication storage. (Keep records or other important papers that need to be locked up in another location).
Only medications are kept in the medication storage area.
 - Will be kept clean and orderly.
 - Will have sufficient storage space and adequate lighting.
 - Will **be kept locked** except when putting in or taking out medication.
4. All **external medication** such as ointments, creams, lotions, powders, medicated shampoo, eye, ear and nose drops must be **stored separately** from oral medication.
5. Key(s) to the locked medication storage cabinets must be kept on the person assigned to medication administration on each shift.
6. Controlled medications need to be stored in a **double-lock system**-behind a locked door in a locked box.



The Six Rights of Medication Administration

Observing “The Six Rights” is the safest way to administer medication, therefore making it less likely to make medication errors.

The Six Rights include:

1. Right **Person**
 2. Right **Medication**
 3. Right **Dose**
 4. Right **Time**
 5. Right **Route**
 6. Right **Documentation**
- **Right Person:** Positively identify the client before administering medication. If you do not know the client you can identify him by picture ID, by asking his name, birth date, show picture ID, or by asking another staff.
 - **Right Medication:** When administering medication it is very important to have the correct medication. To ensure giving the right medication, follow the **Three (3) Rules**. Make sure that the prescription, MAR and the label on the prescription bottle all *match*. If you have any questions **do not** give the medication and contact your supervisor.
 - **Right Dosage:** The dosage of a medication is how much is given. The dose is measured in milligrams (mg), gram (gm), tablespoon (Tabs), teaspoon (tsp), and milliliters (ml).
 - **Right Time:** The right time is when the medication is due to be administered. It is very important that medications are administered as close as possible to the prescribed time. This will ensure a constant therapeutic level of medication in the blood stream; therefore, the client will be receiving the most benefit from the medication.
 - **Right Route:** Medications are manufactured in a variety of ways. The way the medication is administered into the body is called the route. How the medication is given determines the amount of the medication that reaches the bloodstream or other body systems within a specified time.
 - **Right Documentation:** Document immediately after passing medications; initial the MAR. If a medication is not given circle it and fill out an incident report—this is an important part of your job.

By following ALL of the 6 Rights EVERY time you administer medications you will prevent most of the common medication errors.

If a medication error does occur report it immediately to your supervisor, prescribing office and CMH nurse. An IR will need to be completed and submitted.

When in Doubt-Check it out!!!

Important Things to be AWARE of

When Preparing and Administering Medication

1. While preparing or administering medication **concentrate on this task only**, in a clean well-lit area. **Always wash your hands before preparing medications.**
2. Prepare and administer **one person's** medication at a time.
3. Check each person's MAR to see if he is scheduled to receive medication on your shift.
4. Make sure any medication or food allergies are noted on the front of chart in a brightly colored label and on the MAR.
5. If you are unfamiliar with a medication you are going to administer **check** with the pharmacist/or approved resources.
6. **Always** have medication orders for anything that you are administering.
7. Never give a medication prescribed for one client to another.
8. Keep medications in the original containers dispensed from the pharmacy.
9. If preparing a liquid medication, measure **in graduated measuring cup, liquid measuring syringe or measuring spoon at eye level pouring from unlabeled side.**
10. If there is anything unusual about the appearance or the smell of the medication, **DO NOT GIVE IT** until you check with the pharmacist.
11. Go over the **6 Rights - Person, Medication, Dosage, Time, Route and Documentation.**
12. Positively identify the client prior to administering the medication.



You must have at least TWO identifying methods:

- a. Ask the client for their date of birth
- b. Knowledge of the client by name.
- c. Have another person identify the client.
- d. Have a photo of the client in chart.
- e. Ask for identification with picture. (e.g. Michigan ID or license)

13. Compare the label of the medication container with the medication record three times to ensure accuracy as follows:
 - a. As the container is taken from the storage area.
 - b. As you compare the MAR to the orders and the label on the prescription bottle. **If they do not match do not give.**
 - c. As you return the container to the med box.
14. Follow special instructions written on the pharmacy label or attached to the container (e.g. shake, take with food).
15. If you are using a bottle of capsules or tablets, pour them into the lid then pour it into the medicine cup. Once the medication is in the medicine cup it **cannot** be placed back into the original bottle. You must then dispose of the medication according to policy.
16. Be knowledgeable of what each medication is for, offer privacy, encourage a FULL glass of water to make sure the medication enters the stomach. Remain with the client until you are sure the medication has been swallowed.
17. Immediately **Document administration on the MAR.** Wash hands.
18. Observe for effectiveness and/or any unusual changes.
19. Medication should be given no sooner than one hour prior and no later than one hour after the designated time. If the prescribing primary care physician or psychiatrist completes a “Missed Medication Procedure Form” then the medications should be administered accordingly.



Missed Medication Form

CLIENT: _____ Case# _____ DOB: _____

MD SIGNATURE: _____

Physician, please indicate below (circle one) what directions are to be followed when a medication is not given at the scheduled tie. Please sign and date above.

Medication Strength, Dose, Time given	Directions
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____

IT IS YOUR RESPONSIBILITY

To make sure there is enough medication to be administered.

- Contact the designated staff responsible for reordering medications when you have **one week** left in the bottle. If there is not a designated staff, check to see if there is a current prescription on file and call the pharmacy for a refill. If the prescription does not have any refills or a valid current prescription, contact the prescribing office to make an appointment and/or ask for refills.
- After receiving a new prescription it is to be filled and administered **as soon as possible** after you receive the prescription.
- If there is not enough medication to administer the proper dose:
 - a. Contact the pharmacy immediately.
 - b. Contact your supervisor.
 - c. Complete an Incident Report.
 - d. Obtain the medication as soon as possible.
 - e. Contact the prescribing office.



REFUSAL

Never force a client to take medication. If the client refuses his medication:

- Counsel the client on the importance of taking medication as prescribed.
- Explore reasons the client may be refusing the medication. It may be as simple as the pill is difficult to swallow. Contact the assigned nurse with the information the client has shared with you.
- If the client does not wish to discuss the reasons he is refusing the medication, wait 15 minutes and offer the medication again.
- If the client still refuses, have another staff approach him about taking his medications.
- If the client continues to refuse approach the client in another 15 minutes until the designated time to administer medication has passed.
- If the designated time has passed, complete an incident report (IR) and contact your supervisor, assigned nurse or primary care physician.



DO NOT GIVE the medication if:

A client exhibits a dramatic change in status. If the client is showing signs of seizures, unconsciousness, difficulty breathing or other change, which appears to be life threatening, do not administer the medication. Follow the instructions given for reporting an emergency or life-threatening situation.

Verbal Orders

Staff cannot take verbal orders for new medications

OR to change a dosage

If a physician calls to ask you to start a new or change a current dose of medication:

- Explain that you **CANNOT** take any medication orders.
- Have the prescriber send the prescription to the pharmacy and home provider



Staff can take verbal orders to HOLD or DISCONTINUE a medication over the phone

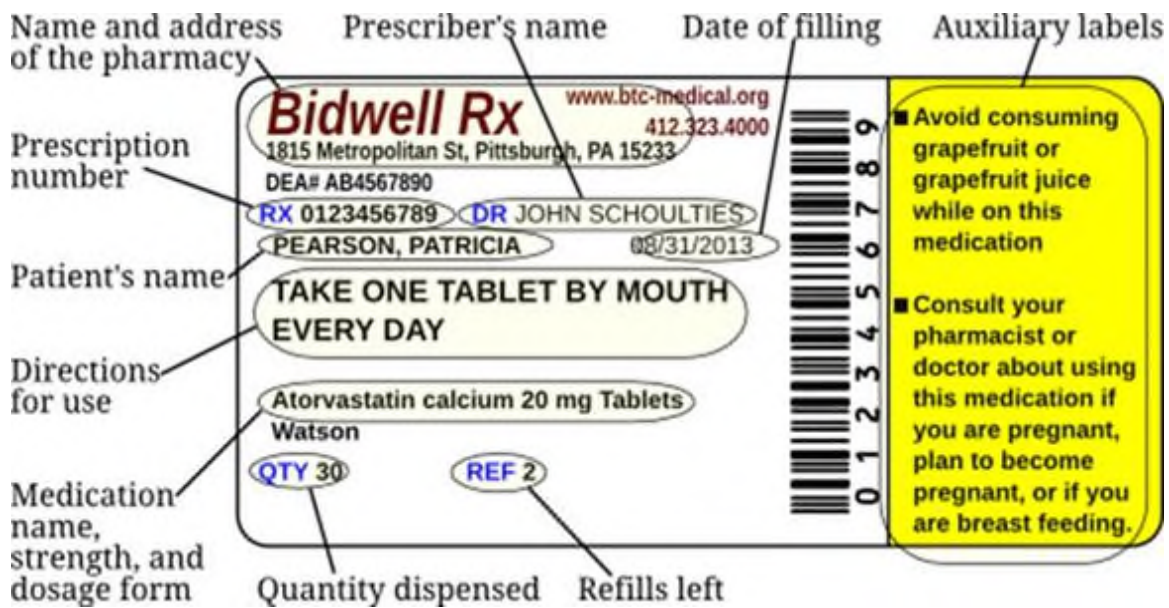
If a physician calls and gives you orders to **Hold** or **Discontinue** a medication or a treatment order:

- You **can** take this order.
- When taking a Discontinue , Hold or treatment order follow these steps:
 1. Repeat the order back to the physician for confirmation. “Hold Depakote 500 mg tonight only” or ”check vital signs every 4 hours x 24 hours””
 2. Be sure you understand what you are instructed to do. Ask any necessary questions.
 3. Immediately write it down in the client’s record. Write down the name of the physician you talked to, date, time, order (what was said) and your signature.
 4. Inform all staff of the changes by communication book or verbal report.
 5. Notify your supervisor and assigned Nurse.
 6. Documentation needs to be obtained for these orders.

Pharmacy Label

All containers in which prescription medication is dispensed must have a label, with the following information:

- **LABELS MUST BE LEGIBLE**
- Pharmacy name and address
- Prescription number
- Client's name
- Date the prescription was most recently dispensed
- Physician's name
- Directions for use
- The name of the medication
- Amount dispensed
- Strength of medication
- Dosage of medication



Generic and Brand Name Medication

The medications you will be administering have two types of names: Generic and Brand name.

Generic Medications. Are “copies” of the brand name medications that have exactly the same dose, intended use, effects, side effects, route of administration, risks, safety and strength as the original medication. Generic medications are less costly. In the state of Michigan a pharmacist is required to substitute generic name medication for brand name medication unless “DAW” (dispense as written) is on the prescription.

Examples of Brand and Generic Names

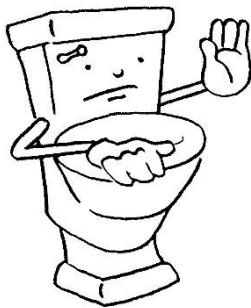
Brand Name	Generic Equivalent
Motrin IB	Ibuprofen
Depakote	Valproic Acid
Haldol	Haloperidol
Zyprexa	Olanzapine



Protocol for Disposing of Discontinued, Contaminated or Expired Medications

There are several acceptable ways to dispose of medications. It is your responsibility to know the required method for your work site.

- A **physician's order authorizing discontinuation** should be on file in the person's record for discontinued medications.
- A medication that has been **contaminated or expired does not require an order** to dispose of them. These medications do need to be replaced as necessary.
- Write **Discontinued** in bold letters on the MAR starting where the next dose would have been recorded.
- Make other staff aware of the discontinuation of the medication.
- Separate expired, discontinued or contaminated medication in a separate lock box away from the current medications until able to dispose of them. This includes controlled medications. Remember, all controlled medications need to be **double signed** on the controlled medication form and the form **must** be kept with the remaining discontinued controlled medications until they are disposed. The form will be kept on site with the date of disposal marked clearly on it.
- This is especially true after a doctor's appointment or hospital discharge. Remember to update the MAR.



- Consult www.dontflushdrugs.com

Psychotropic Medications

Psychotropic Medication includes: Anti-Anxiety, Anti-Depressants, Anti-Psychotics, Mood stabilizing medications, medications for side effects of anti-psychotic medications or those needed to sedate for medical and dental procedures.

There are specific guidelines that must be followed before giving psychotropic medications. In order to administer these medications a **Consent to Treatment with Psychotropic Medication** must be obtained and signed by the guardian or client.



WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
CONSUMER MEDICATION CONSENT

Consumer Name _____

Consumer ID _____

I understand that my doctor/nurse practitioner recommends the use of medication as part of my Person-Centered Plan. I understand that all medication may produce side effects, and that some side effects may be serious or permanent. I understand the importance of reporting side effects or unusual reactions to my prescriber. I have read and understood the written material explaining the medication I will be taking. I have had an opportunity to ask questions and have received full and complete answers.

Medication(s)	Dose range	Reason for Medication (place number(s) next to the proper symptom)		
1. _____	_____	___ Depression	___ Mania	___ Stabilize Mood
2. _____	_____	___ Anxiety	___ Attention or Cognition Problems	___ Insomnia
3. _____	_____	___ Paranoia	___ Hallucinations	___ Disorganized Thoughts
4. _____	_____	___ Stiffness or Restlessness	___ Agitation	___ Other: _____

An information sheet was provided to the consumer:
 See Prescriber note for more information:

Y / N Declined _____
 Initial _____

 I understand that medications like these have been used successfully in the treatment of conditions similar to mine but that no guarantee can be made that the medication will be equally effective for me. I am aware of the risks of not taking medications. I understand that my Doctor/Nurse Practitioner will inform me if my medication dosages increase beyond recommended levels. I have informed staff about my medical problems, current medications, and history of reactions to medications.

I understand that there are risks to taking these medications during pregnancy, and I should consult my obstetrician and my mental health prescriber about whether to stop or continue medications while pregnant. I agree to notify my prescriber immediately if I do become pregnant.

I understand that simple blood tests, cardiograms or other tests may be necessary to monitor my condition.

I understand that I will be informed if the dose of my medication is outside the recommend dose range.

_____ I have considered the benefits and consequences of the medication and freely consent to its use in my treatment. I also understand I can withdraw my consent for the use of this medication at any time and that it would be desirable to first speak to my doctor/nurse practitioner before doing so.

_____ I have/am at risk for tardive dyskinesia, and I will be monitored at least every three months.

_____ I have/am at risk for metabolic syndrome, a precursor of diabetes, and I will be assessed once or twice per year for the presence of high sugar levels and high cholesterol in my blood.

_____ I understand that I have been court ordered to take this medication. I acknowledge receiving this notice

Consumer Signature

Parent/Guardian Signature

Date

_____ Consumer Refuses to Sign

_____ Prescriber Name

_____ Prescriber Signature

_____ Date

I am revoking my consent for the following medication(s).

_____ Medication Name

_____ Consumer Signature

_____ Date

_____ Medication Name

_____ Consumer Signature

_____ Date

Medication Side Effects and Special Concerns

You may notice some of the following side effects while working with your clients.
Please report any concerns to your nurse or prescribing physician.

Anti-Psychotic Medication Side Effects

Example: (Haldol, Prolixin, Risperdal, Zyprexa, Geodon, Abilify, and Seroquel) may have mild side effects, and many go away after the first few weeks of treatment. Side effects may include: drowsiness, constipation, rapid heartbeat, dizziness, decrease in sexual interest or ability, weight gain, restlessness, pacing, shuffling walk.

There are, however, a **few serious side effects** that are possible, especially with long-term use of anti-psychotic medications. These side effects include:

- **Tardive dyskinesia (TD):** This is a movement disorder that results in unusual and uncontrollable movements, usually of the tongue and face (such as sticking out the tongue and smacking the lips), and sometimes jerking and twisting movements of other parts of the body. Generally caused after long term use of anti-psychotics.
- **Neuroleptic malignant syndrome (NMS):** This is a potentially fatal disorder characterized by severe muscle rigidity (stiffening), fever, sweating, high blood pressure, delirium and sometimes coma. These symptoms can last for as short as 8 hours to 40 days. Typically develops within the first 2 weeks of therapy. **Call 911 if you suspect NMS.**
- **Agranulocytosis:** This is a condition marked by a decrease in the number of white blood cells which can leave the person prone to infection. Commonly linked to Clozaril (Clozapine) so people taking Clozaril must have regular blood tests. Support staff will be responsible for taking clients to their lab draws and obtaining their medication.

NO BLOOD NO DRUG

Anti-Depressant Medication Side Effects

Example: (Paxil, Wellbutrin, Zoloft, Celexa) may cause nausea, dizziness, dry mouth, high blood pressure, weight gain.

Anti-Anxiety (controlled) Medication Side Effects

Example: (Valium, Klonopin, Ativan) These drugs do carry a risk of addiction so they are not as desirable for long term use. Other possible side effects include drowsiness, poor concentration and irritability.

Mood-Stabilizer Medication Side Effects

Example: (Lithium, Depakote, Tegretol) may cause increased thirst, urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory.

Notify the client's prescribing physician if the client reports developing diarrhea, vomiting, fever, unsteady walking, fainting, confusion, slurred speech, or rapid heart rate.

Medication Side Effects and Special Concerns

Clients may also have medical conditions or diseases that need treatment with medication. Common problems are: heart conditions, seizures, pain, and Diabetes. Many of these medications have special precautions and dietary restrictions. Be sure to check the prescription bottles for any special indications.

Cardiovascular (Heart) Medications

- **Diuretics (water pill)**-Hydrochlorothiazide(HCTZ),Furosemide(lasix)- Common Side effects-Extra urination, for this reason to be given in the morning, low blood pressure.
- **Beta Blockers**-metoprolol (Lopressor, Toprol XL)-Common side effects-cold hands and feet, headaches, GI upset, dizziness, low blood pressure
- **ACE inhibitors**-lisinopril (Zestoril, Prinivil)-Common side effects-Dry persistent cough, dizziness skin rash.
- **Channel Blocker's**-amlodipine(Norvasc), diltiazem(Cardizem)Adalat(procardia)-Common side effects-Constipation, dizziness, low blood pressure, headache.
- **Nitroglycerin** is used to prevent chest pain. Common Side effects-feeling faint, dizzy, lightheadedness, feeling of warmth or heat, flushing or redness of the skin, headache.

Administration-one tablet should be dissolved under the tongue at the first sign of severe chest pain. The dose may be repeated approximately every five minutes, until relief is obtained for a total of 3 tablets in a 15-minute period.

CALL 911-if no relief after the 3rd pill.

Storage-keep in dry, cool, and dark place; keep in prescribed bottle.

- **Anti-Coagulants**- Lovenox, Heparin, Warfarin (Coumadin®)-decrease the clotting ability of the blood. Sometimes called blood thinners. Frequent lab work must be done in order to obtain a therapeutic level of drug and dosing changes. Dietary restrictions may apply.

Common Anti-Seizure Medications

Example: gabapentin (Neurontin), phenytoin (Dilantin), carbamazepine (Tegretol), valproic acid (Depakote). Common side effects- fatigue, dizziness, weight gain, speech problems

It is especially important to give seizure medications at the same time every day because a missed dose **can result in a seizure.**

Common over the counter (OTC) Pain Medications

NSAIDS-(Non-steroidal anti-inflammatory drug)-Naproxen (Aleve), Ibuprofen (Motrin, Advil) Common side effects-Stomach upset, bleeding-usually after long term use, constipation.

Acetaminophen (Tylenol)-Liver damage usually after long term use or high doses.

The brand name Tylenol has a different maximum daily dose than the generic form. Make sure that the daily total dose is not exceeding the recommended maximum dose. Also note that acetaminophen can be found in many over the counter (OTC) and prescription pain relievers, cold medicines and sleep aids. Be sure to check the labels to know what is included in these medications.

Diabetes Medications

This medicine can be in the form of oral tablets or by injection.

Oral medications

- Metformin (glucophage) - diarrhea, upset stomach, gas, low blood sugar.
- Glucotrol (glipizide) - low of blood sugar, nausea.
- Actos (pioglitazone) - Weight gain and swelling

Injection: Insulin is given by direct care staff only after the staff has gone through insulin training.

All diabetes medications can produce too low of blood sugar which can be a medical emergency This can happen if the client didn't eat the food he/she was supposed to eat, at the time he or she was supposed to eat it, if they are sick with fever, or if they do more physical activity than usual.

Goal blood glucose—60-120 or individualized to the client. This is determined by a finger stick blood glucose check, which requires a physician order. Blood sugars should be checked before and after meals, or before administration of diabetes medicines or if low or high blood sugar is suspected.

Hypoglycemia (low blood sugar)-Signs or Symptoms include:

- DROWSINESS
- Faintness
- Headache
- increased heart rate
- Confusion and/or change in behavior
- Double vision
- Pale
- Chills or sweating

How to treat Hypoglycemia (low blood sugar)

- Check blood sugar level if possible. Treat if less than 70
- Drink ½ cup of fruit juice or regular soda(do not give diet soda for low blood sugar)
- Or Drink 1 cup of milk

If blood sugar less than 50- DOUBLE these amounts

- Wait 15 minutes and retest blood sugar
- If blood sugar is still less than 70 treat again
- If 70 or above follow with the next meal or have a snack.

**REPORT FREQUENT OR SEVERE (LESS THAN 45)
LOW BLOOD SUGAR REACTIONS TO THE PRESCRIBING PHYSICIAN.**

Making the Most of a Medical Appointment

This is a guide to help staff make the most of medical appointments, both in getting and providing necessary information, and to allow clients to communicate and to be a part of the appointment.



What to Bring

- The client's medical book.
- A consultation form with client information included.
- A current MAR, including information on PRN use.
- List of allergies-on MAR.
- Information on the reason for the appointment; chief complaint, signs/symptoms etc.

KNOW WHY YOU ARE THERE.

- Seizure record if applicable i.e. Neurology or Annual physical
- Menses record for Annual physical or GYN exam
- Any other tracking logs (sleep, behavioral)

After the Appointment:

- Pick up any new medications from the pharmacy with a "hard copy" of the prescription
- Make all necessary changes on the MAR
- Notify staff of any medication changes or orders.

Leave of absence (LOA)

Any time the client is not on site for medication administration it is considered a leave of absence (LOA).

You will need to explain to the pharmacist that the client will be off site and taking their prescribed medications in 2 different locations. The client will therefore need 2 pharmacy labeled medication containers, one for each site. The second site will also require copies of all the prescriptions for the medications they will be administering.

Medication Administration Record (MAR)

Medications must be documented on the appropriate MAR. There may be variations to this form but all contain basically the same information:

The MAR must have the client's **name, identification number, date of birth (DOB), allergies, site or house name, initials and signatures of staff.**

- The medication prescription, bottle and MAR must be the same. If there are any discrepancies you must call your supervisor, designated person or pharmacist for clarification).
- Enter in the designated column the following:
 1. Name and strength of the Medication
 2. Dose of the Medication
 3. Route of the Medication – by mouth, orally, topically, etc.
 4. Frequency of administration of the medication – Use daily, three times a day, two times a day, four times a day, etc.
 5. Enter any precautions or special instructions – “take with food”, “take on an empty stomach”, “shake well”, “do not drink alcohol”, etc.
 6. The MAR is to be checked within 3 business days of any medication changes by the med coordinator or house manager.

NOTE
THERE ARE POTENTIAL LEGAL CONSEQUENCES IF NOT
DOCUMENTED PROPERLY



Documenting on the MAR

- Do not use white out on the MAR. If you make an error, draw one line through the error, initial and rewrite correctly.
- Use only **blue or black ink pens**.
- **Write clearly and legibly**, there should be no room for guessing. If you cannot read the entry, contact your supervisor clarification.
- All medications must be documented including over the counter medications.
- The person administering the medication must be the one to document.
- The first time you document the administration of a medication on the MAR; sign your name, title and initials at the top of the page.
- PRN-(As needed) must be recorded on the MAR.
- Any codes used must be explained at the bottom of the MAR –LOA- leave of absence.
- If a **medication is not given, circle and explain** on the back why it was not given, inform your supervisor complete an Incident Report if necessary.

**Document
IMMEDIATELY AFTER
administering the medication**





Form # MP2301L (Rev. 06/10)



Reorder From: **MED-PASS** 800-438-8884

BH 031705

	HOUR	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	27	28	29	30	31	
Depakote 500 mg -take 1 tablet by mouth twice daily	AM																																
	PM																																
	SIDE EFFECTS: N/V, dizziness, somnolence																																
Cogentin 0.5 mg -take 1 tablet by mouth three times daily	AM																																
	PM																																
	HS																																
SIDE EFFECTS: dry mouth, constipation																																	
Multivitamin -Take 1 tablet by mouth daily	AM																																
SIDE EFFECTS:																																	
Tegretol XR 200 mg -Take 2 tablets by mouth twice daily	AM																																
	PM																																
SIDE EFFECTS: dizziness, drowsiness, n/v																																	
Zyprexa 10 mg -Take 1 tablet by mouth in the AM - Take 2 tablets by mouth in the PM	AM																																
	PM																																
SIDE EFFECTS:																																	
SIDE EFFECTS:																																	

Add Page Set

SITE CODES: 1. LUOQ = Left Upper Outer Quadrant (Gluteus)
 2. RUOQ = Right Upper Outer Quadrant (Gluteus) 3. LD = Left Deltoid
 4. RD = Right Deltoid 5. LT = Left Thigh 6. RT = Right Thigh

ROUTINE MEDICATIONS:
 1. Initial hour medication is given.
 2. Circle refused and omitted doses (explain on reverse).

3. Initial hour injection is given and (using additional box below) note site of injection in code.

DIAGNOSIS										ALLERGIES No known allergies										DATE 11/30/2015	
PATIENT MOUSE, MICKEY					PATIENT NO. 123482		STA	ROOM	BED	SEX m	PHYSICIAN Dr. Who					PHYS PHONE 222-3333		PAGE 1-1			
MOUSE, MICKEY											ALT PHYSICIAN					ALT PHONE 222-3333					

INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE

NURSE'S NOTES

DATE	HOUR	INIT.	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT.

MONTH & YEAR: _____ ClientName: _____ DOB _____

Initials	Signature	Initials	Signature	Initials	Signature

Medications:	Allergies:																																		
	Time	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	27	28	29	30	31			

Checked By: _____ Date checked: _____



Aspirin 81 mg		Take 1 tablet by mouth every morning	
HOUR	1-31		
8am	N	N	N
SIDE EFFECTS:			

Serenoquel 200 mg		Take two tablets by mouth at bedtime	
8pm	N	N	N
SIDE EFFECTS:			

Metformin 500 mg		Take 1 tablet by mouth twice a day	
8pm	N	N	N
SIDE EFFECTS:			

Risperidone 4 mg		Take 1 tablet by mouth every evening	
8pm	N	N	N
SIDE EFFECTS:			

Trazodone 100 mg		Take 1 tablet by mouth at bedtime	
8pm	N	N	N
SIDE EFFECTS:			

Colace 100mg		Take 1 capsule daily as needed for constipation	
PRN	N	N	N
SIDE EFFECTS:			

Digoxin 0.25 mg		Take two tablets by mouth daily (Check pulse and hold if less than 60)	
8am	N	N	N
SIDE EFFECTS:			

SITE CODES: 1. LUQD = Left Upper Outer Quadrant (Gallbladder)
 2. RUQD = Right Upper Outer Quadrant (Gallbladder) 3. LD = Left Deltoid
 4. RD = Right Deltoid 5. LT = Left Thigh 6. RT = Right Thigh

DIAGNOSIS
 DMII, A-Fib, Depression

PATIENT: Brandie Havens DOB 3/27/71
 PATIENT NO. STA. ROOM BED SEX
 PHYSICIAN: Daniel J Washington
 ALT PHYSICIAN: NKDA
 PHYSICIAN PHONE: ALT PHONE: PAGE:

ROUTINE MEDICATIONS:
 1. Initial hour medication is given.
 2. Circle refused and circled doses (explain on reverse).
 3. Initial hour injection is given and (using additional box below) note site of injection in code.

ALLERGIES: NKDA
 DATE: 01/01/2016

INIT	NURSES SIGNATURE	INIT	NURSES SIGNATURE	INIT	NURSES SIGNATURE	INIT	NURSES SIGNATURE
NL	Diana Ellis						
CM	Cherie Warren						
CM	Catherine Miller						
SB	Janet Best						

NURSE'S NOTES

DATE	HOUR	INIT	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT
1-1	8a	NL	Digoxin	Pulse under 60	Med Held per parameter	8a	NL
1-3	8a	CM	CaRae	Client Constipated	Client Passed BM at 10a	10a	CM
1-5	8P	CM	Seroquel	Client LOA with Family	Med given by family	8P	CM
1-5	8P	CM	Taradone	Client LOA with Family	Med given by family	8P	CM
1-5	8P	CM	Risperdone	Client LOA with Family	Med given by family	8P	CM
1-5	8P	CM	Metformin	Client LOA with Family	Med given by family	8P	CM

Abbreviations and Symbols

When you are transcribing a prescription onto the MAR **write clearly** and **avoid using any abbreviations**.

All sites must have a list of abbreviations posted for you to refer to when transcribing onto the MAR. This is to be used as a reference, but abbreviations should never be used to transcribe or document in any record.

Right documentation is also important when giving medication; failure to document is also a medication error.

Official “DO NOT USE” list*

DO NOT USE	POTENTIAL PROBLEM	USE INSTEAD
U,u-“unit”	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
Iu (international unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “international unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D. ,QOD, q.o.d., qod (every other day)	Peroid after the q mistaken for “I”	Write “every other day”
Trailing zero (x.0 mg)** Lack of leading zero (.x)	Decimal point is missed	Write x mg Write o.x mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused with one another	Write “morphine sulfate” Write “magnesium sulfate”

Note:

* The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication related documentation can be either hand written or electronic.

** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication related documentation.

Abbreviations and symbols

q	every	BID	twice a day
qd	every day	TID	three times a day
qod	every other day	QID	four times a day
c	with	s	without
PO	by mouth	PRN	as needed
ac	before meals	pc	after meals
HS	bedtime	gr	grain
mg	milligram	gtt	drop
T or Tbs	tablespoon	t or tsp	teaspoon
mcg	micrograms		
ml or cc	milliliter or cubic centimeter		

A COPY OF ABBREVIATIONS AND SYMBOLS SHOULD BE KEPT IN THE MEDICATION BOOK OR AVAILABLE FOR STAFF TO REFERENCE WHEN PASSING MEDICATIONS.

**DO NOT USE ABBREVIATIONS ON THE MAR WHEN
TRANSCRIBING MEDICATIONS**

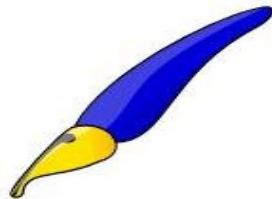
Look- Alike/ Sound- Alike Medications

Medication	Confused With	Medication	Confused With
Adderall	Inderal	Alprazolam	Lorazepam
Aricept	Aciphex; Azilect	Benadryl	Benazepril
Bupropion	Buspirone	Carbamazepine	Oxcarbazepine
Celexa	Celebrex, Zyprexa, Cerebyx	Chlorpromazine	Chlordiazepoxide, Chlorpropamide
Clomipramine	Clomiphene	Clonazepam	Clonidine, Lorazepam
Clozaril	Colazal	Cymbalta	Symbyax
Depakote	Depakote ER	Desipramine	Disopyramide
Dexmethylphenidate	Methadone	Diphenhydramine	Dimenhydrinate
Duloxetine	Fluoxetine	Effexor	Effexor XR
Fluoxetine	Paroxetine, Duloxetine	Fluvoxamine	Flavoxate
Lamictal	Lamisil	Lamotrigine	Lamivudine, Levothyroxine
Lexapro	Loxitane	Lorazepam	Alprazolam, Clonazepam, Lovaza
Loxitane	Lexapro, Soriatane	Lunesta	Neulasta
Luvox	Lasix	Lyrica	Lopressor
Methadone	Dexmethylphenidate, Ketorolac, Mephyton	Methadone	Metadata, Metadata ER, Methylphenidate
Methylphenidate	Methadone	Naloxone	Lanoxin
Neurontin	Motrin, Noroxin	Norpramin	Normodyne
Olanzapine	Quetiapine	Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC, Tambocor	Paroxetine	Fluoxetine
Paxil	Doxil, Taxol, Plavix	Prozac	Prograf, Provera, Prilosec
Quetiapine	Olanzapine	Restoril	Risperdal
Risperdal	Restoril	Risperidone	Ropinirole
Ritalin	Ritodrine	Ritalin LA	Ritalin SR
Rozerem	Razadyne	Sarafem	Serophene
Seroquel	Seroquel XR, Serzone, Sinequan	Sertraline	Cetirzine, Soriatane
Serzone	Seroquel	Sinequan	Saquinavir, Singulair, Zonegran, Seroquel
Tregretol	Tegretol XR, Tequin, Trental	Topamax	Toprol-XL
Trazodone	Tramadol	Wellbutrin XL	Wellbutrin SR
Xanax	Zantac	Zyban	Diovan
Zyprexa	Celexa, Reprexain, Zestril, Zyrtec	Zyprexa Zydis	Zelapar Zydis

TIME

TO

TRANSCRIBE



QUESTIONS