

Medication Administration

**Washtenaw County
Community Mental Health**



Welcome to Medication Training

- After the completion of this course, you will take a 2 Part exam & need to pass 90% or higher

If you Pass:

- Make a personal copy of your Certificate
- Certificates expire in One year
- Must renew in One year or repeat training

At the Refresher course you will need to show your certificate to renew



Resources for **after** class:

www.washtenaw.org/wccmh

- **Providers**
- **Trainings for Providers**

You will find:

- Practice Problems to transcribe!
- Extra MAR's to Print out
- Study Tool
- Manual
- Slide Show

Additional training may be required (not provided in this course)

All home staff will need additional training if the client is in need of procedures such as:

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

Any equipment, diet changes, or other special needs will need to be in place in order for staffing to care for the client

Things to Know Before Administering Medications



- Michigan State Dept. of Community Health (DCH) Governs Medication Administration
- Most settings require newly med trained staff to pass medications with supervision a certain number of times before passing independently
- Prior to passing medications staff must know the purpose of each med & side effects
- Approved resources for medication info:
 - Registered Nurse
 - Medical provider
 - Pharmacy
 - Medication book/app
 - Poison Control 1-800-222-1222



Safety When Administering Meds

- Policies and procedures
 - Staff need to know and follow relevant policy
- Medication Errors
 - Serious matter and must be reported
 - Notify ORR, M.D., and Supervisor



Know the Goals from the IPOS

- The people who are receiving services have a wide range of needs from staff regarding medications.
- The IPOS will help determine your role.
- The needs could range from:
 - Assisting with Self-Medication
 - Monitoring Self-Medication
 - Administering Medications (Full support)

Assisting with Self-Medication

- Ask if medications were taken
- Prompt to take medication
- Check if medications were taken
- Know the medication side effects
- Make sure enough medication is available
- Document any side effects or other items identified in the IPOS



Monitoring Self-Medication

- Perform medication counts to ensure they are taken properly
- Know the medication effects and side effects
- Observe for any side effects
- Make sure all supplies or equipment are available
- Document effects and or other items identified in the IPOS



Providing Full Support

- Know the medication effects and side effects
- Know how to set up medications accurately and safely
- Observe for any side effects
- Make sure all supplies or equipment are available
- Document effects and or other items identified in the IPOS



If a client expresses an interest in learning more about their medications or becoming more independent, contact the Case manager or the assigned R.N.

Medications

- **Non-Prescriptions or Over-The-Counter (OTC)**
 - Needs licensed physician's order
- **Prescriptions**
 - Regular prescription medications
 - Prescribed by a licensed physician, dentist, CNS or psychiatrist
 - Dispensed by licensed pharmacies
- **Controlled Medication or Narcotics**
(**Examples: Ativan, Valium, Ritalin**)
 - High potential for abuse
 - Require special storage in **double lock system**
 - Must be counted in and out when handling on a Count Sheet
 - Disposal & Counts need a witness



Control Medication Count Sheet

Control Medication Count Sheet

Client Name: _____
Medication: _____ Dose: _____
Directions: _____
Prescriber: _____ Original Order Date: _____
Pharmacy: _____ RX Number: _____

[illegible]

Control Medication Count Sheet

You have Ativan 0.5mg with 30 tablets in the bottle and you need to pass 2 tablets.

(Ativan 0.5mg, Take 2 tablet PRN for agitation).

- Correctly document on the Controlled Count Sheet that you passed 2 tablets on the 6th of the month (shown on next slide)

[illegible]

Prescription Copies

- A copy of the prescription from the most recent:
 - Doctor appointment
 - Hospital discharge
 - Other appointment



Must be kept on site to reference when passing medications

This applies to ALL Prescription Medication
And Over-the-Counter Medication

Forms of Medication

- Capsules



- Should be taken whole unless a physician order states that it should be sprinkled into food

Forms of Medication

- Enteric Coated



Cannot Crush 

True or False

The Medication below is enteric coated?

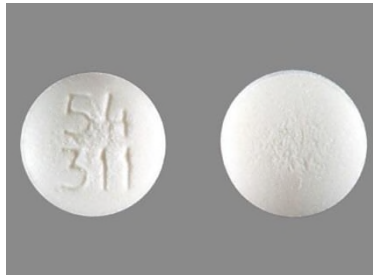


Forms of Medication

- Scored Tablets



Which tablet below is scored?



Forms of Medication

- Dissolvable Tablets (Keep in original pkg.)



Forms of Medication

- Ointments and Creams



Forms of Medication

- Suppositories (Melt at body temp.)



Forms of Medication

- Liquids

Syrups



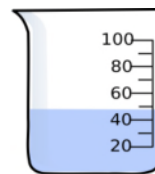
Suspensions



Elixirs



- Measured at eye level on flat surface
- Pour from Unlabeled side
- Use only appropriate measure devices



Forms of Medication

- **Injections**

- Intramuscular (into a muscle)
 - given by RN only (example is Haldol, Risperdal)
- Subcutaneous “Sub Q” (underneath the skin)
 - given by staff (example is Insulin)



Forms of Medication

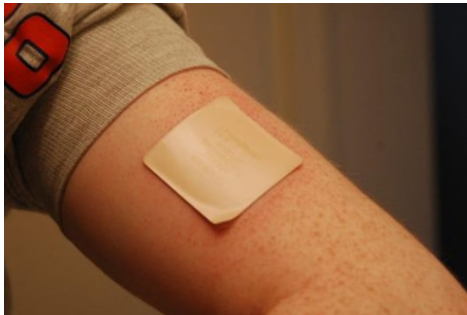
- Inhaler
 - Delivers medication to the lungs



Forms of Medication

- Patch

- Placed on the skin to deliver medication into the body for controlled release of medication



Forms of Medication

- Drops (Eye, ear, and nose)



Keep the tip and lid sterile to reduce contamination or injury, wear gloves

- Ointments for the eyes





HANDOUTS in your manual

- Topical medications
- Eye drops and ointment
- Rectal and vaginal suppositories

How Medications Work in the Body

- **Local action**

- Targets a specific area of the body

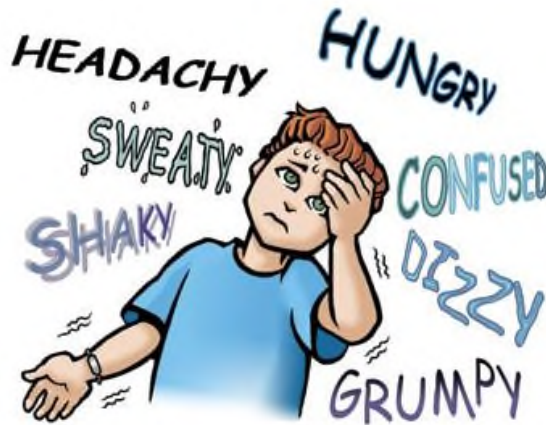
- **Systemic action**

- Can potentially affect the whole body systems

Can you think of examples for each?

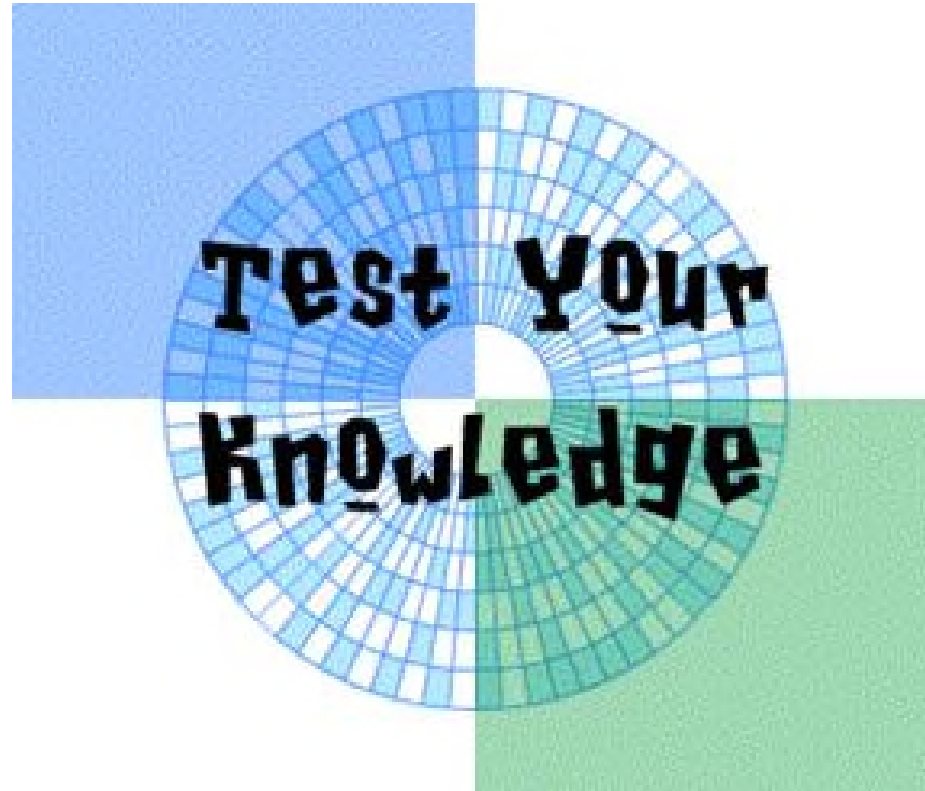
Response of Medication

- Therapeutic effects – desired response
- Side effects – unintended response
- Adverse Effects – harmful response
- Contraindication - inadvisable for use



POP QUIZ!

(next slide)



Which term is being described below:

1. Motrin caused a mild stomach ache
2. A pregnant woman must stop taking her birth control pills, because this is a _____
3. Tylenol relieved a fever
4. Zyprexa caused anaphylactic shock
5. Benadryl ointment resolved an itchy bee sting
6. Benadryl capsule resolved swelling and itchiness, it also caused drowsiness (hint: think of 3 terms)

Terms to pick from:

Local Action

Therapeutic

Side Effect

Contraindication

Systemic Action

Adverse Effect

Storage of Medications

Locking Medication Boxes



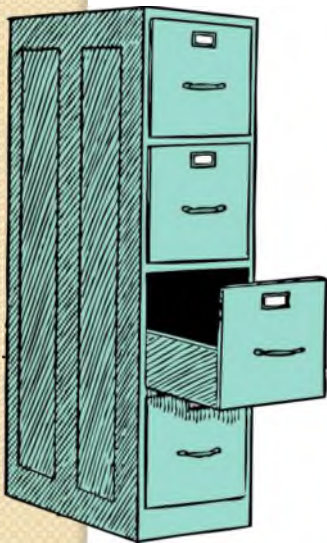
- All meds must be in original containers with pharmacy labels in a locked med box
- Meds requiring refrigeration need own med box
- External medications such as ointments & creams, drops, shampoo, need own med box (stored separately from oral medication)



Storage of Medications

Medication Cabinets:

- Never place over heated areas (heat changes the properties of medications) or other extreme temps
- Medications should be the only items kept in the medication storage area
- Should be kept locked at all times & be organized and clean
- Have adequate lighting
- Key to med boxes and Cabinets kept by person passing meds
- Double Lock System for Controlled meds



The 6 Rights of Medication Administration

- Right Person
- Right Medication
- Right Dosage
- Right Time
- Right Route
- Right Documentation
 - ❖ If a medication is not given, circle it on the MAR and fill out an incident report—this is an important part of your job.

Preparing Medication

(steps 1-8 in Manual)

- Wash hands
- Clean & good lighting
- Focus on task
- Set up one client's meds at a time
- Check the MAR and note any allergies
- Know what the medication is for and side effects
- Check for medication order
- Never give meds prescribed for a client to another client
- Verify med is in original container



Preparing Medication

(steps 9-14 in Manual)

- If liquid, eye level with proper measure device, pour from unlabeled side
- Note the smell, color, appearance of med
- Go over the 6 Rights
- Positively I.D. the person in 2 ways
- Compare Medication label with MAR
- Follow instructions on the label
(e.g. take with food, shake before giving)



Preparing Medication

(steps 15-16 in Manual)

- Give pills by placing into lid first
- Do not return any pills to the bottle or container (dispose properly)
- Offer privacy
- Offer a full glass of water to make sure the medication is swallowed
- Stay with the client until you are sure the medication was swallowed

Preparing Medication

(steps 17-19 in Manual)



- Immediately document on the MAR
- Wash hands
- Observe for effectiveness or any unusual changes
- Medication should be given no sooner than **1** hour prior and no later than **1** 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

| Medication Strength, Dose, Time given | Directions |
|--|---|
| <i>Celexa 10mg 1 tablet by mouth every morning</i> | a. Call for directions immediately b. Give up to <u>3</u> 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 _____ |

Refills and New prescriptions

- Make sure the client has enough medications at all times!
- Responsibility of staff passing meds to obtain refills or new medication
- Update MAR's as needed for new meds

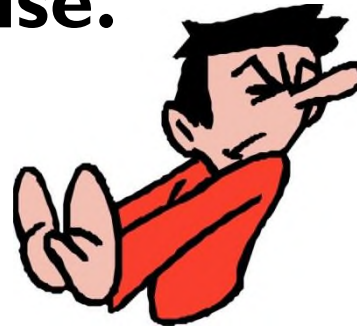
Not enough Medication to pass?

- Contact Pharmacy immediately
- Incident Report
- Contact supervisor
- Obtain meds A.S.A.P.



Refusal of Medications

Never Force Someone To Take Medication...clients Do Have The Right To Refuse.



Offer encouragement, give honest information

Offer up to 3 times before documenting as refused

Not a “medication error” if client refuses

Refusals must be reported & documented

Do Not Give The Medication If:

A client shows a dramatic change in status such as:

- Seizures
- Unconsciousness
- Breathing difficulty
- Any other life threatening situation



****These are examples of medical emergencies****

Call 9-1-1

Verbal Orders



- Orders Staff CAN do:
 - Discontinue Medication
 - “Hold” doses
 - Treatments such as ice, heat, etc.
 - Documentation needs to be obtained for these orders

REMEMBER

You cannot take new medication orders or changes to medication orders, this must go through the pharmacy or R.N.

Pharmacy Label - Must Be Legible

- Pharmacy name and address
- Client's name
- Name of the medication & Strength
- Dosage
- Date the prescription was most recently dispensed
- Directions for use
- Physician's name
- Amount dispensed

The image shows a sample pharmacy label for 'Bidwell Rx'. The label is divided into several sections with labels pointing to specific information:

- Name and address of the pharmacy:** Points to '1815 Metropolitan St, Pittsburgh, PA 15233'.
- Prescription number:** Points to 'RX 0123456789'.
- Patient's name:** Points to 'PEARSON, PATRICIA'.
- Directions for use:** Points to 'TAKE ONE TABLET BY MOUTH EVERY DAY'.
- Medication name, strength, and dosage form:** Points to 'Atorvastatin calcium 20 mg Tablets'.
- Quantity dispensed:** Points to 'QTY 30'.
- Refills left:** Points to 'REF 2'.
- Prescriber's name:** Points to 'DR JOHN SCHOULTIES'.
- Date of filling:** Points to '08/31/2013'.
- Auxiliary labels:** Points to the yellow box on the right containing warnings.

The label also includes the pharmacy name 'Bidwell Rx', website 'www.btc-medical.org', phone number '412.323.4000', DEA number 'AB4567890', and a barcode.

Auxiliary labels:

- Avoid consuming grapefruit or grapefruit juice while on this medication
- Consult your pharmacist or doctor about using this medication if you are pregnant, plan to become pregnant, or if you are breast feeding.

Brand Name & Generic Medication

DAW= Dispense As Written

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Motrin IB | Ibuprofen |
| Depakote | Valproic Acid |
| Haldol | Haloperidol |
| Zyprexa | Olanzapine |
| Prozac | Fluoxetine |
| Tegretol | Carbamazepine |

Disposing of Medications

Resource for acceptable disposal:

www.dontflushdrugs.com



**SMART
DISPOSAL**
A Prescription for a Healthy Planet

Never Dispose of Medications
Where Humans or Animals may
Come in Contact with Them!



Not in
The Toilet

Disposing of Medications

Disposal protocol for Discontinued, Contaminated, or Expired Medications

***Know the required method for your work site policy (return to pharmacy etc.)**

- A physician's order for any **discontinued** medication should be on file in the person's record
- Contaminated, or Expired Medications do not require a physician's order but do need to be replaced as necessary
- Document on the MAR: starting where the next dose would have been recorded
- Make other staff aware of the discontinuation of the medication



Disposing of Medications

- Separate all medications that need to be disposed of in a separate lock box away from active and current medications until able to dispose

Controlled Medication

- Use a Controlled Medication Form
- Need to have 2 signatures on the Controlled Medication Form for disposal
- Form is to be kept with the medication that needs disposed of, once medication is disposed, the form needs to be kept on site



Remember that discontinued medication can occur during any hospitalization or appointment, remember to update the MAR

Psychotropic Medications

Psychotropic medications change the behavior of a person

Includes:

Anti-anxiety

Anti-depressants

Anti-psychotics

Mood stabilizers

Medications intended to sedate for medical/dental visits



- *A Consent to Treat with Psychotropic Medication must be obtained, signed by the guardian or client and be on file prior to passing.*

Medication Consent

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 |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Anti-Psychotic Medication Side Effects

Examples of psychotropic medications:

- Haldol
- Clozaril
- Risperdal
- Zyprexa
- Geodon
- Abilify
- Invega
- Seroquel

Side effects usually are mild and most will go away within the first few weeks of treatment, these may include:

Drowsiness
Weight Gain
Constipation
Rapid Heartbeat
Restlessness
Pacing or Shuffling Walk



Anti-Psychotic Medication

Severe Side Effects

Tardive Dyskinesia (TD)

- A movement disorder that results in unusual and uncontrollable movements
- Usually of the tongue and face but can move to the rest of body if not treated in time
- Caused by long term use of anti-psychotics.

Neuroleptic Malignant Syndrome (NMS)

- Onset first 2 weeks of treatment
- severe muscle rigidity, high fever, sweats, delirium
- **Call 911 if you suspect NMS.**

Anti-Psychotic Medication

Severe Side Effects

Agranulocytosis

- Common with Clozaril (clozapine)
- Decreases white blood cells
- Protocol for special monitoring, need lab draws!
- Staffing will be responsible for transport
- No Blood—No Drug



Medication Side Effects

Anti-Depressant Side Effects

Example: Paxil, Wellbutrin, Zoloft

Nausea, dizziness, dry mouth, high blood pressure, weight gain.

Anti-Anxiety (controlled) Side Effects

Example: Valium, Klonopin, Ativan

Risk of addiction so not desirable for long term use. Sedation, drowsiness, poor concentration, irritability.

Mood Stabilizer Medications Side Effects

Example: Lithium, Depakote, Tegretol

Increased thirst, increased urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory.

Heart Medications

- **Diuretics (water pill)** **Hydrochlorothiazide, 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, Procardia**

Common side effects-Constipation, dizziness, low blood pressure, headache.

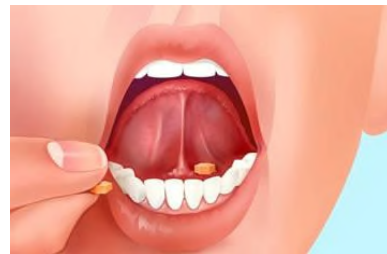


Heart Medications (cont.)

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

- **Dissolved under the tongue**



- **Five minutes apart, up to 3 pills (15-minute period)**

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

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.**

Anti-Seizure Medications

*Examples: Carbamazepine (Tegretol), Depakote, Lamictal, Dilantin

Common side effects- fatigue, dizziness, weight gain, speech problems

Special Concerns

- * Take medications exactly as prescribed
- * Try to take at the same time each day
- * Could have “break through” seizure if missed dose, Do not miss doses



Pain Medications

NSAIDS (*Non-Steroidal Anti-Inflammatory drugs*)

Ibuprofen, Motrin, Aleve, Advil, Aspirin,

- Common Side Effects: GI upset, bleeding 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 (acetaminophen)
- Make sure that the daily total does not exceed 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

Goal blood glucose: 60-120 or individualized to the client

All Diabetes medication can produce too low of blood sugar which can be a medical emergency!

Oral Medications– Metformin (glucophage), Actos, glipizide

Common side effects: diarrhea, upset stomach, gas, low blood sugar, weight gain, swelling

Insulin-(injection) Route is Subcutaneous aka “Sub Q” (into tissue under skin)

Staff cannot administer insulin by injection without additional training



Low Blood Sugar (Hypoglycemia)

Symptoms include:

- Drowsiness
- Headache
- Double vision
- Confusion
- change in behavior or mental status
- Faintness or pale
- Increased heart rate
- Chills or sweating



Low Blood Sugar (Hypoglycemia)

How to treat: (Follow all orders)

- Check blood sugar level if possible!
- Drink ½ cup of fruit juice, regular soda or a cup milk (do not give diet soda)



Typical protocol: (could vary depending on client)

If blood sugar less than 50- DOUBLE these amounts

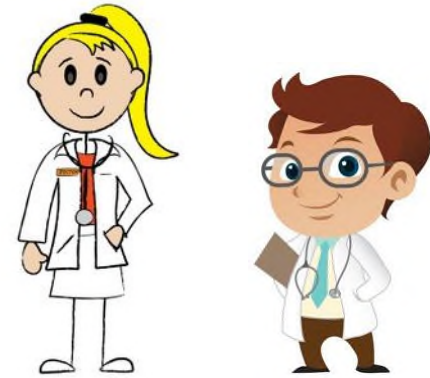
- Wait 15 minutes and retest blood sugar

If blood sugar is still less than 70 treat again

- If 70 or above follow with the next meal or have a snack



Appointments



What to Bring

- MAR & Med book
- Consultation Form
- Reason for the appointment; chief complaint, with signs/symptoms
- Record of Seizures, menses, sleep logs, behavioral if applicable
- **KNOW WHY YOU ARE THERE**

During the Appointment

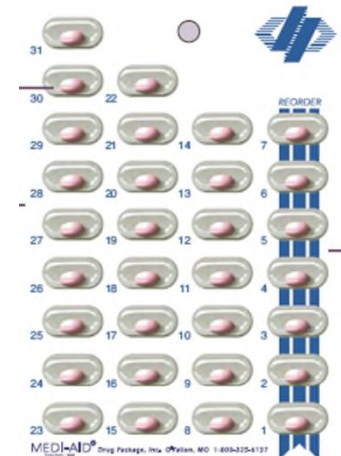
- Enable the client to be part of the appointment as much as possible
- Obtain Hard copies of all medication orders

After the Appointment

- Medication changes may occur - pick up any new meds
- Document the MAR with new meds, D/C, any changes
- Dispose of any discontinued meds & update all staff

Leave of Absences (LOA)

- Explain to the pharmacist that the client will be taking the medication in two different locations



- The client will need two pharmacy-labeled containers, one for each location
- Both locations need a prescription copy

Medication Administration Record (MAR)

All MAR's must have the following:

- Client's Name
- Date of Birth
- Allergies listed
- Site or house name
- Signatures of staff next to initials

The medication bottle, the prescription copy, and the MAR must all be the same information, any differences need to be corrected

NOTE
THERE ARE POTENTIAL LEGAL CONSEQUENCES IF NOT
DOCUMENTED PROPERLY



MAR Documentation

1. Name of Medication with strength goes on line one
2. Dose, Route, Frequency lines two and three
3. Any other information (like take with food, etc)
4. AM medications on top 2 rows
5. PM medications on bottom 2 rows

| Medication | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|------|----|----|----|----|----|----|----|----|---|
| Zoloft 100mg 2 tablets twice daily by mouth | 8am | MR | MR | MR | | TN | PS | KP | TN | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 8pm | SR | | PS | PS | TL | TL | SR | KP | |

MAR Documentation

✓ MAR's should be checked within 3 business days of a new month

or

✓ If any changes of medications throughout month by Supervisor, Home manager or Medication Coordinator



MAR Documentation

- No white out
- Correct any errors with a line through the error:


~~Celexa 100mg~~ **Colace 100mg**

- Blue or black ink only **No Red Ink & No Pencil**
- Write clearly (if you cant read it, get clarification)
- Only document medication that YOU pass
- No Abbreviations except for PRN


Document immediately after passing medications!

MAR Documentation

If medication is missed, refused or LOA, it must be circled and explained on back or bottom of MAR



| Medication | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|------|----|----|----|----|----|----|----|----|---|
| Zoloft 100mg 2 tablets twice daily by mouth | 8am | MR | MR | MR | ○ | TN | PS | KP | TN | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 8pm | SR | ○ | PS | PS | TL | TL | SR | KP | |



*Failure to document is a medication error!

Only sign your initials when you know your client has taken their medication



Look at different types of MAR's
in your manual

P. 37-41



MAR

COMPREHENSION

ACTIVITY

Turn to the MAR on P. 40-41 to answer the questions on the next slide

Understanding of the MAR

First you will properly Sign the MAR and initial your signature

1. What time of day does Client take Trazodone?
2. Who passed Metformin at 8am on the 3rd?
3. Why is Seroquel at 8pm circled on the 5th?
4. What are this client's allergies?
5. Why was Digoxin not given on the 1st?
6. Why did the client take Colace on the 3rd?
7. Why is Colace not given everyday?
8. Document on the MAR that the client was LOA on the 6th properly

Front of MAR

No. 0411 P. 1/2

Form # MP2307L (Rev. 08/10)

REC'D 557 800-469-8164
Reorder From: [blank]

br 08702

Feb. 9, 2017 2:13PM

| | 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 | | | | | | | |
|--|---------------|---|----|----|----|----|---|---|---|-------------|----|---|----|----|-------------------|----|------|----|-----|----|-----|----|-------------------------------|----|--------------------|----|----|----|----|----|----|----|------------|--|--|--|--|------|--|
| Aspirin 81 mg Take 1 tablet by mouth every morning | 8am | N | D | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seroquel 200 mg Take two tablets by mouth at bedtime | 8pm | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Metformin 500 mg Take 1 tablet by mouth twice a day | 8am | N | D | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8pm | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperidone 4 mg Take 1 tablet by mouth every evening | 8pm | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Trazodone 100 mg Take 1 tablet by mouth at bedtime | 8PM | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Colace 100mg Take 1 capsule daily as needed for constipation | PRN | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Digoxin 0.25 mg Take two tablets by mouth daily (Check pulse and hold if less than 60) | 8am | N | D | N | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PULSE | 50 | 62 | 66 | 66 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIDE EFFECTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 intrac injection is given and (using additional box below) note site of injection in code. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAGNOSIS DMII, A-Fib, Depression | | | | | | | | | | | | | | | ALLERGIES NKDA | | | | | | | | | | DATE 01/01/2016 | | | | | | | | | | | | | | |
| PATIENT Brandie Havens DOB 3/2/71 | | | | | | | | | | PATIENT NO. | | | | | STA | | ROOM | | BED | | SEX | | PHYSICIAN Daniel J Washington | | | | | | | | | | PHYS PHONE | | | | | PAGE | |
| Brandie Havens DOB 3/2/71 | | | | | | | | | | | | | | | | | | | | | | | ALT PHYSICIAN | | | | | | | | | | ALT PHONE | | | | | | |



| INIT. | NURSE'S SIGNATURE | INIT. | NURSE'S SIGNATURE | INIT. | NURSE'S SIGNATURE | INIT. | NURSE'S SIGNATURE |
|-------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|
| DL | Diana Peels | | | | | | |
| CW | Cherie Warren | | | | | | |
| CM | Catherine Miller | | | | | | |
| SB | Janet Best | | | | | | |

[illegible]

Activity (Pass or Fail)

Activity (Pass or Fail)

- Left of the table go to the left of the room, right of the table go to the right.
 - Find a partner, select a new table
 - You will be grading your partner and vice versa
- One person will pass AM meds, the other will pass PM meds
 - Verbalize what you are doing
 - i.e. “I am washing my hands”
 - Some directions on instruction sheet may not apply to the activity
- Turn in paperwork to Nurse when you are finished



TIME TO TRANSCRIBE

TIME TO TRANSCRIBE



Problems to practice together:

**Seroquel 50mg, 1 tab P.O.
BID for 5 days
(ordered on the 2nd)**

Practice Problem:

Ativan 1mg, take 1 Tablet
P.O. in the morning and 2
Tablets H.S.

Practice Problem:

Ativan 1mg, take 1 Tablet P.O. in the morning and 2 Tablets H.S.

| Medications: | Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Ativan 1mg Take one tablet by mouth every morning | 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 |
| | 8 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ativan 1mg Take two tablets by mouth daily at bedtime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 8 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This is documented correctly.

Why is this written as two separate orders?

If there is no “start date” indicated, then it will always be on the 1st of the month.

Practice Problem:

Clozaril 25mg take 1
tablet P.O. BID for three
days, then take 2 tablets
P.O. BID
(start on day11)

Answer to Practice Problem:

Clozaril 25mg take 1 tablet P.O. BID for three days,
then take 2 tablets P.O. BID (start on the 11th)

| 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 |
| Clozaril 25mg Take one tablet by mouth twice a day for three days | 8 AM → ← DISCONTINUE |
| | |
| | |
| | 8 PM → ← DISCONTINUE |
| Clozaril 25mg Take two tablets by mouth twice a day | 8 AM → |
| | |
| | |
| | 8 PM → |

Anytime the strength or dose changes in an order, you will need 2 separate rows for each order, as shown above (the tablets changed from 1 tablet to 2 after day 3)

Practice Problem:

Morphine 5mg, take 1
Tab P.O. every 6-8
hours for back pain
PRN

Answer to Practice Problem:

Morphine 5mg, take 1 Tab P.O. every 6-8 hours for back pain PRN

| Medications: | Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Morphine 5mg Take one tablet by mouth every 6-8 hours as needed for back pain | 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 |
| | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Do not assign a time for a PRN in the Time column.

Simply write in PRN instead, two different ways to write PRN are shown above, or you *can* leave the time blank!

Practice Discontinuing a Med

The Ativan order we just did states you must Discontinue this medication after 2 weeks.

So we will simply add an arrow to show the disconnection on the next slide.

Now the order states you must Discontinue this medication after 2 weeks, simply add an arrow:

| Medications: | Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Ativan 1mg Take one tablet by mouth every morning | 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 | |
| | 8 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ativan 1mg Take two tablets by mouth daily at bedtime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

An arrow indicates the date that the discontinue order begins (after taking it for 2 weeks) is the 15th

Practice Problem:

Amoxicillin 500mg, take 3 tablets P.O. BID for 10 days (start on the 12th)

Answer to Practice Problem:

Amoxicillin 500mg, take 3 tablets P.O. BID for 10 days (start on the 12th)

| Medications: | Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------|----|---------------|----|----|----|----|----|--|--|--|
| Amoxicillin 500mg Take three tablets by mouth twice a day for 10 days | 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 | | | |
| | 8 AM | → | | | | | | | | | | | | | | | | | | | | | | | ← DISCONTINUE | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 PM | → | | | | | | | | | | | | | | | | | | | | | | | | | ← DISCONTINUE | | | | | | | | |

When an order states a specific “start date”, make sure you indicate this with an arrow on the MAR.

The problem above shows the “start date” as the 12th, so an arrow is placed days 1 through 11, to show there was no medication passed on these days). Since it is only given 10 days, another arrow is placed after giving meds for 10 days to discontinue the order.

Practice more on your own at home!

- Celexa 20mg. Give 1 tab P.O. for 5 days, then give 2 tabs after that. Start the 3rd of month.
- Keppra 500mg, give 2 tabs P.O., BID Start the 3rd of month.
- Discontinue Keppra above after 14 days.

Try these type of problems:

- Antibiotic given for X amount of days:

Amoxicillin 200mg, 2 tabs P.O.TID for 5 days

- PRN medication:

Tylenol 500mg, 1 tab P.O. PRN for fever

- More 2 part questions:

Zyprexa 15mg, 1 tab P.O. for 3 days, then take 2 tabs after that. (Ordered the 3rd)

Discontinue a medication after X amount of days



Try a 2 part problem

***Trazodone 50mg, 1 tablet P.O. in
a.m. and 2 tabs at H.S.
(ordered the 2nd)***