

Chapter 45

Medication Management

Medications

- *Medications* are drugs and other substances prescribed to prevent or treat diseases or illnesses.
 - *Self-directed medication management* is taking medications independently.
 - Support workers may be responsible for managing a client's medications
 - This must be specifically stated in your job description and within your scope of practice for your province/territory.
 - See textbook *Box 45.1: Supporting Mr. Whitehill: Assisting a Client With Taking Medications*

Scope of Practice (1 of 9)

- The support worker's role in medication management may include:
 - Reminding client to take medication
 - Bringing medication to the client
 - Bringing pre-poured medications to the client
 - Ensuring medication being taken is the right one
 - Reading the prescription to the client
 - Loosening or removing container lids or opening blister pack

Scope of Practice (2 of 9)

- The support worker's role
 - Checking dosage on label against client's MAR
 - Providing water or other fluids, as needed
 - Supervising the client while taking medication
 - Steadying client's hand when taking medication
 - Documenting medications given in the client's MAR
 - See textbook box: *Think About Safety: Guidelines for Assisting Clients With Medications*

Scope of Practice (3 of 9)

- Support workers are not responsible for monitoring the outcome of medication therapy.
- However, the support worker must observe for and report any changes in the client's condition or behaviour.
- The nurse or pharmacist teaches the client about the medications.

Scope of Practice (4 of 9)

- Support worker's role in assisting with medications depends on:
 - Province or territory in which they are employed
 - Employer policy
 - PSW training and education

Scope of Practice (5 of 9)

- Remember:
 - The client has the right to refuse to take prescribed medications.
- Residents should manage and take their own medications if they are able.
 - This is called self-directed medication management.

Scope of Practice (6 of 9)

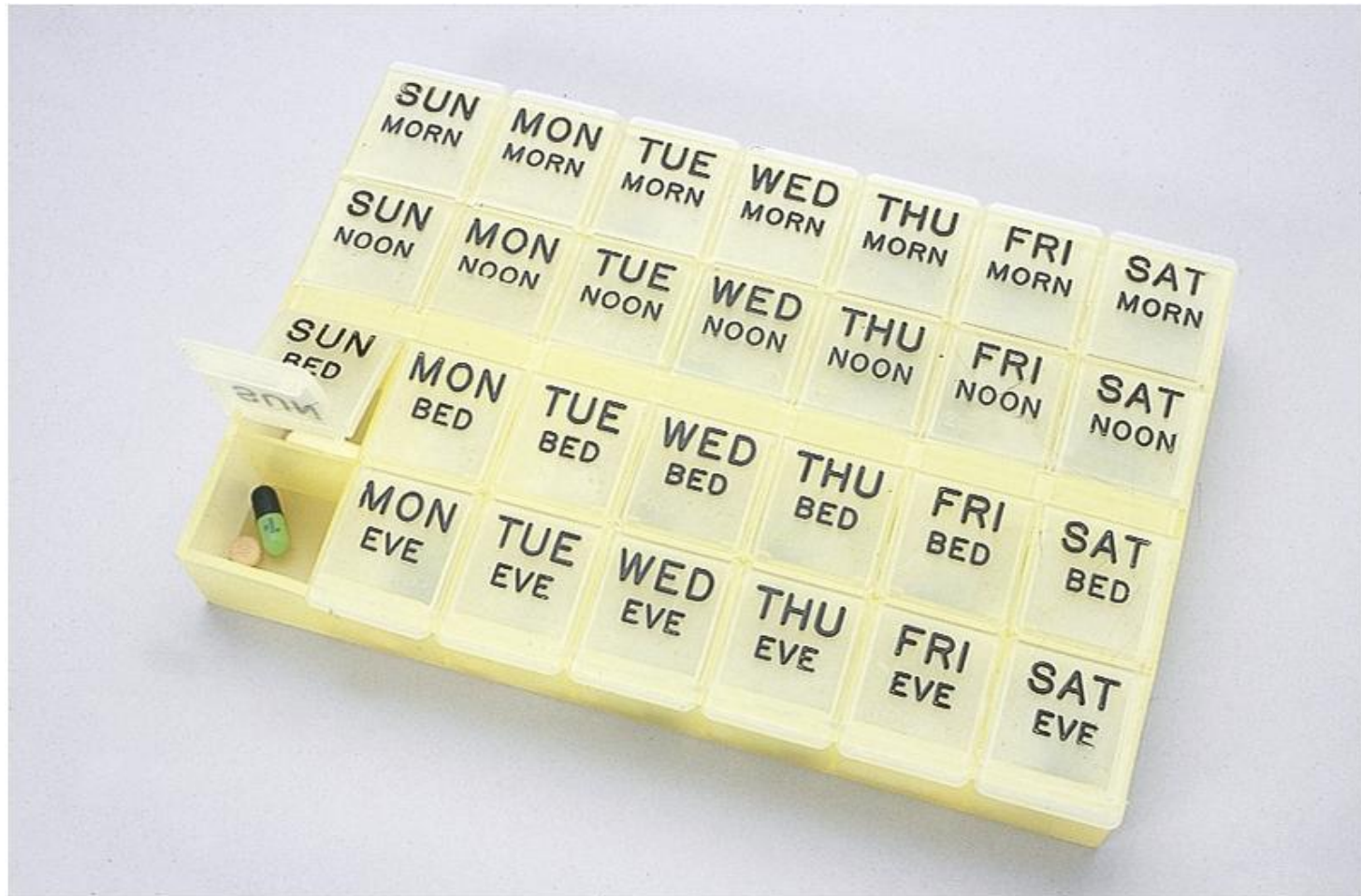
- Pill organizers
 - Blister pack—bubble pack (see Figure 45.1)
 - Supplied by pharmacy
 - Medication for the specific day or time
 - May group medications together
 - Dosette—pillbox (see Figure 45.2)
 - The client, a family member or legal representative, or a nurse prepares the pill organizer.
 - Preparing the pill organizer is not the responsibility of the support worker.

Scope of Practice (7 of 9)



(Source: Brian Hillier.)

Scope of Practice (8 of 9)



Copyright © 2022 by Elsevier, Inc. All rights reserved

Copyright © 2022 Elsevier, Inc. All Rights Reserved.

Scope of Practice (9 of 9)

- Pill organizers
 - Before assisting with medication, always check for allergies.
 - MedicAlert bracelets
 - Medication errors can easily occur, but they are always avoidable.

How Medication Works In The Body (1 of 5)

- Medications cause a specific effect on the body and are prescribed and taken to obtain various desired results in the body.
- Medications may:
 - Treat illness or pain (e.g., Ibuprofen)
 - Promote health (e.g., stool softener)
 - Prevent illness (e.g., antibiotics)

 - See textbook *Box 45.2: Traditional and Modern Medication Practices*

How Medication Works In The Body (2 of 5)

- Drug Action

- The route identifies how a medication enters the body.

- Oral: capsules, lozenges, tablets, elixirs, suspensions, syrups
 - Topical: ointments, creams, transdermal discs or patches
 - Inhalation: respiratory inhalers
 - Ear and eye drops
 - Suppositories: vaginal, rectal
 - Parenteral: injections

How Medication Works In The Body (3 of 5)

- Drug Action

- The body absorbs and distributes the medication.
- Medication is metabolized in the liver.
- Medication is excreted through urine or stool.
- See textbook *Table 45.1: Types of Medications and Their Routes*

How Medication Works In The Body (4 of 5)

- Drug interactions
 - *Drug synergism*—when the combined effect of two drugs is greater than the effect of either drug given alone.
 - e.g., combined effect may cause extreme drowsiness, hyperactivity, or nausea, or it may affect heart function or blood pressure.
 - *Drug antagonism*—a medication may counteract the actions of other drugs when combined
 - e.g., Antacids may prevent an antibiotic or birth control pill from being absorbed.

How Medication Works In The Body (5 of 5)

- Drug interactions
 - Over-the-counter (OTC) medications:
 - Should be discussed with doctor, pharmacist, or nurse
 - Serious harm may result from combining medications with other drugs or alcohol.

Types of Medications (1 of 10)

- Over-the-counter (OTC) medications:
 - Bought without a physician's prescription
- Alternative remedies:
 - Herbal, natural; do not require a prescription
- Prescription (Rx) medications:
 - Dispensed by a pharmacist
 - The support worker assists only with medications that are listed in the care plan.
 - Respectfully but firmly refuse to purchase or obtain OTC medications or alternative remedies for a client.

Types of Medications (2 of 10)

- Drug Effects and Classifications
 - Medications can have a *topical, local, or systemic* effect.
 - Topical effect
 - Works on the skin's surface
 - Localized effect
 - Works on a specific part
 - Systemic effect
 - Relief is felt elsewhere in the body.

Types of Medications (3 of 10)

- Drug Effects and Classifications
 - Medications have common side effects.
 - The support worker is responsible for common observations and reporting concerns regarding any medication taken.
 - See textbook *Table 45.2: Drug Classifications and the Support Worker's Responsibilities*
 - Drugs are classified according to how they work.

Types of Medications (4 of 10)

- Drug names
 - Generic name
 - Refers to the drug's chemical name
 - Not capitalized
 - Name used in all countries by all manufacturers
 - Trade name
 - Refers to a drug's trademarked package
 - The drug name given by the manufacturing company (capitalized) that is followed by the TM symbol

Types of Medications (5 of 10)

- Factors affecting drug action
 - The same drug can affect two different people very differently.
 - Store drugs in a dry safe place to avoid chemical changes.

Types of Medications (6 of 10)

- Factors affecting drug action
 - Factors that affect drug action include:
 - Age—infants and older persons need less
 - Body size—weight
 - Sex—women need less than men
 - Emotional state
 - Genetic factors
 - Physical conditions
 - See textbook *Table 45.3: Factors Affecting Drug Actions in the Body*

Types of Medications (7 of 10)

- Adverse effects

- A side effect is another response to a medication that occurs along with the intended response.
- Many side effects are predictable and may be harmless.
- An adverse effect is a dangerous or unwanted side effect.
 - The medication may need to be stopped.
- See textbook box: *Think About Safety: Opioid Analgesics and Naloxone*

Types of Medications (8 of 10)

- Drug allergy

- A *drug allergy* is an abnormal response to a drug
 - The body tries to fight or attack the drug by releasing chemicals called *antibodies*.
 - Antibodies cause symptoms ranging from:
 - Mild symptoms
 - Skin rashes, swelling, nasal drainage, itchy eyes
 - Moderate symptoms
 - Fever, wheezing, weakness, nausea, or vomiting
 - Severe symptoms
 - Anaphylactic shock, low blood pressure, cardiac arrest

Types of Medications (9 of 10)

- Drug allergy
 - Anaphylaxis
 - A life-threatening sensitivity to an antigen (an unwanted substance).
 - Sensitivity can occur within seconds.
 - Anaphylaxis is an emergency situation.
 - Requires epinephrine auto-injector
 - Keep airway open

Types of Medications (10 of 10)

- Drug allergy
 - Anaphylaxis signs and symptoms:
 - Severe restlessness
 - Increased anxiety
 - Possible combativeness (from struggling to breathe)
 - Sweating, shortness of breath
 - Low blood pressure, irregular pulse, respiratory congestion
 - Swelling of the larynx (laryngeal edema)
 - Hoarseness, dyspnea

Documentation (1 of 3)

- The medication administration record (MAR) serves as a record for documenting medications.
 - Exact form of MAR may vary by setting and employer.
 - MAR contains:
 - The client's name
 - Medication name, dose and administration instructions for each medication
 - A place to sign or initial after administering the medication
 - May also include client allergies, expected adverse events, and special instructions

Documentation (2 of 3)

- In facilities, a nurse is responsible for signing or initialling the MAR.
- Clients who administer their own medications may not be capable of signing the MAR.
 - As a support worker caring for these clients, you may need to sign the record for these clients if they are unable to write.
 - Follow your employer's policies and procedures for recording.
 - Refer to Figure 45.4 (sample medication administration record) in your textbook.

Documentation (3 of 3)

- Understanding Abbreviations
 - An abbreviation is the shortened form of a word or phrase.
 - Physicians, nurses, and pharmacists use many abbreviations when ordering and managing medications.
 - Never guess about the meaning of an abbreviation—this can cause serious harm.
 - See Chapter 25 in your textbook for common abbreviations used in health care.

The 10 “Rights” of Medication Management (1 of 13)

- To help the client take medications accurately and safely, know and follow the 10 “rights” of medication management.
 - In addition to these rights, the client also has the *right to refuse* any medication.

The 10 “Rights” of Medication Management (2 of 13)

- The 10 rights are:
 - The right medication
 - The right person
 - The right dose (amount)
 - The right route (by mouth, injection, applied to the skin, by inhalation, vaginally, or rectally)
 - The right time
 - The right education
 - The right day
 - The right reason
 - The right expiry date
 - The right documentation

The 10 “Rights” of Medication Management (3 of 13)

- The right medication:
 - Identify the drug—read the label carefully.
 - Check label with client’s care plan and MAR.
 - Check the label three times:
 - When removing medication from shelf
 - When preparing the dose
 - When you return the medication to its proper place (before you give the medication to the client)

The 10 “Rights” of Medication Management (4 of 13)

Pharmacy name

File number

Patient's name

Drug name and dose

Times it can be refilled

Physician's name

Date filled

Expiration date

DOWNTOWN PHARMACY

Rx 262719 06/28/03

Mrs. Mary Jones

Take one tablet daily in the morning

Lanoxin (digoxin) 0.25 mg

EXP. DATE: 06/28/04

Refill 2x DR. SMITH

(Source: Birchenall, J., & Streight, E. [2003]. *Mosby's textbook for the home care aide* [2nd ed., p. 349]. Mosby.)

Copyright © 2022 Elsevier, Inc. All Rights Reserved.

The 10 “Rights” of Medication Management (5 of 13)

- The right person:
 - Check the prescription label on the container for client’s first and last names.
 - Ask client to state their name
 - Two clients may have the same name.
 - Identify the client following employer policy.
 - Ask another staff member to confirm client, if you are unsure.
 - Check client’s photo just before administration of medication.

The 10 “Rights” of Medication Management (6 of 13)

- The right dose:
 - The dose is listed on:
 - The prescription label
 - The care plan
 - The MAR
 - The correct amount of medication must be taken.
 - In liquid form—the dose may be stated in:
 - Imperial measurement (ounces)
 - Household measurement (teaspoons, tablespoons)
 - Metric units (millilitres)
 - Make sure proper measuring device is used.

The 10 “Rights” of Medication Management (7 of 13)

- The right route:
 - The route is listed on:
 - The prescription label
 - The care plan
 - The MAR
 - Oral—taken by mouth and swallowed
 - Sublingual—held under tongue
 - Usually given last—e.g., pills, tablets, sprays
 - Topical—applied to skin or mucous membrane
 - e.g., transdermal discs, patches, suppositories, enema
 - Inhalant—breathed in through the mouth or nose
 - Parenteral—injected by a needle

The 10 “Rights” of Medication Management (8 of 13)

- The right time:
 - In order to work properly, medication must be taken at the correct time.
 - The number of times per day a medication is to be taken is stated on the prescription label.
 - e.g., two tablets, three times a day
 - The care plan or MAR states the time:
 - 0600 h, 1400 h, 2200 h
 - Taking medication at the wrong time of the day or taking them too close or too far from meals and other medications can affect their effectiveness and can cause serious side effects.

The 10 “Rights” of Medication Management (9 of 13)

- The right education:
 - Medication to be taken on an empty stomach
 - 1 hour before or 2 hours after a meal
 - Medication to be taken with food or milk
 - To reduce stomach irritation and promote absorption
 - Warning labels on the prescription container and care plan:
 - Strongly recommended to avoid alcohol and tobacco

The 10 “Rights” of Medication Management (10 of 13)

- The right day:
 - Not all medications are taken daily.
 - Some medications taken every other day.
 - Check the MAR to ensure that the medication the client is taking is meant for that day.

The 10 “Rights” of Medication Management (11 of 13)

- The right reason:
 - Medications should be taken for the right reason.
 - If a client says that he took an extra pill, this may indicate that the client is unaware of the risks associated with taking medication incorrectly.
 - Report to your supervisor if this happens.

The 10 “Rights” of Medication Management (12 of 13)

- The right expiry date:
 - Medications have an expiry date.
 - Medication should never be taken beyond the expiry date.
 - Expired medications can:
 - Lose their potency (strength)
 - Change chemically
 - Become toxic
 - If in doubt, check with supervisor or pharmacy before assisting with the medication.

The 10 “Rights” of Medication Management (13 of 13)

- The right documentation:
 - All medication given must be documented properly, according to the policy of the agency.
 - Documenting usually occurs in the MAR.
 - Any medication that you assist the client to take must be documented.
 - Also document if client refuses to take the medication.

Reporting Medication Errors (1 of 3)

- A medication error can cause severe harm.
- Always report:
 - If you believe you made a medication error
 - If you believe someone else made a medication error
 - Even if you feel you may get into trouble

Reporting Medication Errors (2 of 3)

- Failure to report a medication error is grounds for immediate dismissal.
- Your supervisor assesses the situation and determines the next course of action.
- Incident report:
 - Completed by you and your supervisor

Reporting Medication Errors

(3 of 3)

- Causes for errors
 - Problem in technique
 - e.g., dropping a pill in the sink
 - Omission
 - Forgetting to give a medication
 - Incorrectly documenting
 - Failure to follow any of the 10 “rights” of medication administration
- A medication error can cause severe harm to the client; all errors must be reported.

Medication Labelling Requirements

- New plain-language labelling regulations took effect for prescription drugs in Canada in 2015.
 - Since June 2017, these regulations also apply to non-prescription drugs.
 - Information required on label must be:
 - Prominently displayed
 - Easy for the purchaser to understand
 - Expressed in plain language
 - Additionally, the text and graphics on the label cannot impede the comprehensibility (clarity) of the information on the label.