Module 11: Nurse Delegation and Medications

Lesson 1: Nurse Delegation and Self-Directed Care

Key Terms

- **Individual provider (IP):** a qualified and contracted long-term care worker who provides in-home caregiving to clients who are eligible for Medicaid in-home care services.
- **Long-term care worker (LTCW) (WAC 388-71-0836):** a person who provides paid, personal care services for older people or people with disabilities. LTCWs include Certified Home Care Aides (HCA), Nursing Assistants – Certified (NAC), and Nursing Assistants – Registered (NAR)
- Nurse delegation (WAC 388-112A-0550): when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.

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- **Self-directed care (RCW 74.39.007):** a law that protects the right of an adult person who has a functional disability and is living in their own home to direct and supervise a paid personal aide, such as an individual provider, to perform a health care task the adult person would otherwise perform for themselves.

Nurse Delegation

- **Nurse delegation** is a Washington State law that allows a registered nurse (RN) to train a long-term care worker to perform specific health care tasks for one client in certain settings.
- Without nurse delegation, a long-term care worker is not allowed to do them.
- Nurse delegation can happen in a
  - client's home,
  - an assisted living facility, or
  - an adult family home.

Training Requirements for Nurse Delegation

- Before you can accept a delegated task, you must:
- 1. be certified as a HCA, NAC or NAR;
- 2. pass the Nurse Delegation for Nursing Assistants and Home Care Aides class and training on the specific task for the specific client*;
- 3. be willing to perform the specific skilled task to be delegated; and
- 4. show the delegating RN that you can correctly perform the specific skilled task

Delegated Tasks

- After you have met all the requirements,
  - you must take direction from the delegating RN.
  - The RN will supervise the delegation and evaluate the client's condition.
  - The RN will decide when nurse delegation begins and ends.
  - Each task for each client is delegated separately.

Types of Tasks That Must be Delegated

- Medication administration
- Non-sterile dressing changes
- Urinary catheterization using clean technique
- care (caring for the skin and changing the wafer around the ostomy) in established and healed condition
- Blood glucose monitoring
- Gastrostomy feedings (tube feeding) in established and healed condition

Types of Tasks That may NOT be Delegated

- There are certain tasks written in law that cannot be delegated.
  - Injections, other than insulin
- Sterile procedures
- Maintenance of central IV lines
- Anything which requires nursing judgment

Your Role in Nurse Delegation

- You have a very important role in the care and wellbeing of clients. Once you are taught a delegated task for a specific client, you are responsible for five primary actions:
- 1. Performing the delegated task according to the specific instructions of the RN. These instructions should be written somewhere so that you can refer back to them as needed. You may be required to document that you completed the task.
- 2. Observing the client for changes which may indicate: • potential side effects from medications, • negative reactions to procedures, or • complications from the client's disease

- 3. Reporting changes in the client’s condition promptly. • If you work in a facility or for a home care agency, report to the delegating RN and your supervisor according to your employer’s policy. • Individual providers report to the delegating RN and the case manager.
- 4. Reporting to the delegating RN any changes to delegated medications or treatments, or medications or treatments that may require delegation.
- 5. Renewing your registration or certification on time so you can continue to legally perform a delegated task

Self-Directed Care

- A Washington State law protects the rights of a client living in their own home to direct a paid personal aide (working privately or as an individual provider, not for a home care agency) to perform health care tasks the client cannot physically do.
- These are health care tasks that a caregiver would not otherwise be allowed to do (e.g. placing a pill in the client's mouth or assisting with an injection).
- Self-directing these health care tasks gives a client the freedom to direct and supervise their own care

- he self-directed care law only applies to clients who employ a paid personal aide such as an IP. Agency providers and residents of adult family homes, assisted living facilities, and enhanced services facilities are not allowed to participate in self-directed care.

- If the personal aide is an individual provider, any care tasks that a client wants to self-direct must be listed in the DSHS care plan.
- The case manager must be involved and the DSHS care plan needs to be updated to include the task before it can be done.

Roles in Self-Directed Care

- Client responsibilities include:
  - informing their health care provider that task(s) will be self-directed to the caregiver;
  - informing the case manager of their desire to self-direct certain tasks and providing the necessary information that must be documented in the DSHS care plan; and
  - training, directing, and supervising the personal aide in performing the task(s).

- Personal aide responsibilities include:
  - deciding if they are comfortable providing the self-directed care task;
  - getting trained by the client to do the task(s); and
  - performing the task(s) according to the instructions from the client.
- Case manager responsibilities include:
  - documenting the self-directed care tasks in the DSHS care plan, including what is to be done and who is doing it;
  - providing the personal aide and the client with a copy of the DSHS care plan with the self-directed care tasks listed;
  - updating the DSHS care plan, as needed.

Lesson 2 Medication Assistance and Medication Administration

Key Terms

- **Five rights of medication:** a safe medication practice to ensure the right drug, right dose, right route and right patient at the right time.
- **Legend drug**: any drug that requires a prescription or restricted use by practitioners.
- **Medication**: A substance that changes the chemical activity in the human body. Includes prescription medications, over-the-counter medications, vitamins, and herbs.
- **Medication administration:** support with medication above medication assistance. This may include placing a pill in a client's mouth or applying medicated ointment. Medication administration requires a nurse to administer or nurse delegation

- **Medication assistance** (RCW 69.41.010): assisting a client to self-administer their medication. This may include handing them a pill or pouring a dose into a spoon. The client must perform the final step (such as placing a pill in their own mouth).
- **Medication interaction**: the combined effects of many medications or medications and food. Medication route: the way a medication enters the body.
- **Over-the-counter (OTC) medication:** medication that does not need a prescription. OTC medications include vitamins and herbal remedies.
- **Side effects:** A secondary and usually undesirable effect of a medication or therapy.

Medication Basics

- Medications are powerful substances that can treat, cure, or help control an illness, relieve symptoms like pain, and prevent disease. Medications include
  - prescriptions (also called legend drugs) which must be ordered by a health care professional (doctor, nurse practitioner, physician's assistant, or dentist); and
  - over-the-counter (OTC) medications which anyone can purchase without a prescription at a store.

Medication Names

- All medications have a generic and brand or trade name.

  The generic name

  - gives information about the chemical makeup of the medication.
  - Generic medication names are not capitalized.
    - acetaminophen, ibuprofen ,furosemide

  The brand or trade name

  - is used by a specific manufacturer when they sell the product.
  - The name is owned by the manufacturer, is always capitalized, and cannot be used by any other company
    - Tyleno,l Motrin or Advil Lasix

Medication Packaging

Medication is packaged in a variety of ways.

- Pill bottles or bottles with droppers;
- Bubble packs or bingo cards (cardboard cards that have rows of plastic bubbles for each dose of medication);
- Medication organizers, like medisets and weekly pill boxes;
- Unit dose packaging with each dose packaged separately. Keep unit-dose packages sealed until ready to use so the label stays with the medication.

Medication Labels

- All medications must be in a pharmacy or manufacturer's labeled medicine bottle or other container.
  - Client name - including first and last name.
  - Medication name - generic or brand/trade.
  - Dose - amount of tablets, drops, etc. to be used. Usually described in milligrams (mg) or micrograms (mcg).
  - Route - how the medication is to be administered (oral, topical, etc.). If the medication is to be taken orally, this is commonly not stated on the label.
  - Frequency/timing – how often to give the medication (e.g. twice a day, or every four hours). •
  - Amount – how much is in the container • Date - when the prescription was filled, and the medication's expiration date.

Medication Interactions and Side Effects

- medications can also cause serious harm or even death. To help prevent negative effects, Home Care Aides must understand the basic ideas of medication interaction and side effects.

Medication Interactions

- Prescription and OTC medications can interact with other medications, food, alcohol, vitamins, and herbal remedies. These interactions may increase or decrease the effectiveness and/or the side effects of the medicine being taken. Interactions are more likely for clients who take a higher number of medications.
- Read the label and insert that comes with a medication and stay alert to special instructions, anything that should be avoided (e.g. food), and/or possible side effects of the drug.

Side Effects

- The effects of medications that are not part of their positive benefits are called side effects
- Part of the Home Care Aide's job is to observe the client and watch for side effects of medication.
- Mild to moderate side effects • Occasional constipation • Dryness of mouth, nose, skin • Fatigue or unusual tiredness • Nausea • Mild restlessness • Vomiting • Weight gain
- Severe side effects • Blurred vision • Severe constipation • Diarrhea • Hives or skin rash • Impotence • Menstrual irregularities • Nervousness, inability to sit still • Tremors • Twitching/tardive dyskinesia • Urine retention • Swelling of the lips, face, and/or tongue

Allergic Reactions to Medication

- An allergic reaction happens when the body's immune system reacts to a medication causing the body to produce chemicals that cause itching, swelling, muscle spasms, and can lead to throat and airway tightening. The reaction can range from mild to life threatening
- If the client experiences reactions or side effects that may be life-threatening, such as difficulty breathing, call 911.

Routes of Medication

- Medication can be taken in several different ways or methods. These are the seven routes of medication
- Oral
  - Oral medications are taken by mouth and swallowed; most often with a glass of water or other beverage. Oral medications come in liquid, syrup, powder, tablet, or capsule form. The medication is absorbed into the bloodstream through the lining of the stomach and intestine. This is the slowest way for medication to reach the cells of the body

- Sublingual
  - Sublingual administration means placing a medication under the tongue where it dissolves in the client's saliva. Sublingual route should not be followed with a glass of water/beverage, but rather allowed to dissolve completely. The medication is absorbed through the mucous membrane that makes up the lining of the mouth. The client should not swallow the tablet, or drink or eat, until all of the medication is dissolved. Medications administered through the sublingual route are absorbed faster than through the oral route.
- Topical
  - Topical administration is applying a medication directly to the skin or mucous membrane. Medications for topical use are often designed to soothe irritated tissues, or to prevent or cure local infections. Topical medications come in the form of creams, lotions, ointments, liquids, powders, patches, and ear drops and eye drops or ointment.

- Inhalation
  - Medication administered through inhalation is sprayed or inhaled into the nose, throat, and lungs using a hand-held inhaler or nebulizer. Absorption of the medication occurs through the mucous membranes in the nose and throat, or through the tiny air sacs that fill the lungs.
- Injection
  - Medications can be injected by piercing the skin with a needle and putting the medication into a muscle, fatty tissue, under the skin, or into a vein

- Rectal
  - Rectal administration is inserting the medication into the rectum in the form of a suppository or enema. Absorption through the lining of the rectum is slow and irregular. This route is used sometimes when the client cannot take oral medications.
- Vaginal
  - Vaginal administration is inserting the medication into the vagina in the form of a cream, foam, tablet, or suppository. Vaginal medications are usually given for their local effects, as in the treatment of vaginal infections.

Medication Assistance and Medication Administration

Medication Assistance

- Medication assistance is helping the client to take their medication independently.
- Medication assistance does not require nurse delegation. Medication assistance includes:
  - opening a medication container;
  - handing the container to the client or using an enabler, such as a cup, soufflé (medication) cup, or spoon, to hand the medication to the client;
  - pouring an individual dose of liquid medication from a bottle to a medicine spoon, medicine cup, or oral syringe;
  - reminding the client to take a medication;
  - steadying a client's wrist/hand; or
  - altering medication.

Altering Medication

- Altering medication means crushing or dissolving a medication so it is easier to take
- . Altering medication requires the approval of the health practitioner (nurse, doctor, physician assistant certified, dentist, or pharmacist).
- Any altering of medication must be written into the client's service plan or other location in the client's health file.
- Some medications cannot be altered, such as extended release (ER) and sustained-release (SR) medications

Requirements for Medication Assistance

Legally, there are two conditions that must be met to be considered medication assistance. The client:

- must be able to perform the “last step” for themselves (e.g. placing a pill in the their mouth or applying ointment to their skin); and
- must be aware they are taking medication.

If the client does not meet both of these conditions for medication assistance, the medication must be administered by a licensed nurse or delegated and administered under nurse delegation.

Medication Assistance in Assisted Living Facilities

- Medication Assistance in Assisted Living Facilities In licensed assisted living facilities, a Home Care Aide may perform the last step if the client can accurately direct the Home Care Aide to do so. This means the client knows what the medication does, how to administer it, and can direct the Home Care Aide to perform the physical act of putting the medicine where it needs to go. This does not include injectable medications like insulin. This exception only applies in assisted living facilities and for clients who have a physical limitation that prevents them from self-administering the medication without assistance.
- This exception is written in law specifically for assisted living facilities and does not apply in adult family homes, enhanced services facilities, or home care agencies.

Medication Administration

- Medication administration is necessary when:
  - a client is unaware that they are taking medication; or
  - a client is physically unable to take or apply their medication.
- Administering medication
  - requires either a nurse to perform, or a qualified caregiver with nurse delegation.
  - you give medications to the client in the manner you were instructed by the delegating RN.
- Nurse delegation is required for a Home Care Aide to administer medication.

Client Rights

Clients have three main rights related to medication:

- 1. Right to choose not to take medication
- 2. Right to informed consent (the client has the right to know what the medication is being given for)
- 3. Right to not be chemically restrained (medication can’t be used for caregiver convenience or to change a resident’s behavior)

Skill: Medication Assistance

See Medication Assistance in the Skills Checklist on page 429 for detailed steps

- Home Care Aides are responsible for following specific steps while providing medication assistance. These steps include preparing the dose, assisting the client with taking the medication, observing, and documenting.
- The following are general tips when assisting a client with oral medications:
  - Ask the client to sit up when taking oral medicine to make it easier to swallow.
  - If the client cannot sit up and is lying in bed, help him/ her roll to the side to make swallowing easier.”

Five “Rights” of Medication

- There are five “rights” of medication that guide your actions anytime you help a client with medications:
  - right medication,
  - Right client,
  - Right dose,
  - Right route, and
  - Ritht time.

  Check the five rights at these three times:
  - First when taking the medication out of the storage area
  - Again when moving it from the original container to the enabler (med cup, etc)
  - Finally when putting it back into the storage area

1. Right Medication

- Every time a medication is assisted or administered, check the medication label to make sure:
- the client's name is on the container (for prescription medication only);
- the name of the medication on the container matches the prescriber's order;
- the medication is not expired; and
- you verify the correct time, dosage, route and that you are aware of any special instructions for this medication (e.g. needs to be taken with food).

2. Right Client

- Always identify the client.
- It is your responsibility to make absolutely certain you know who the client is before you assist them with medication.
- Stay with each client while they take the medicine.

3. Right Dose

- Know the correct dosage symbols and abbreviations for medications.
- Be sure that the amount the client takes matches the amount on the label.
- Cc---Cubic centimeter Cm---same as ml Centimeter
- gm--- Gram gtt---, Drop
- gtts---Drops IU----International units
- Kg----Kilogram L-----Liter
- mcg----Microgram mEq-----Milliquivalent
- mg-----Milligram ml-----Milliliter
- mm------Millimeter, same as cc u------Unit

4. Right Route

- Make sure the client takes the medication through the intended rout

  The Seven Routes
- Oral --- taken by mouth and swallowed
- Sublingual ------placed under the tongue
- Topical -------applied directly to the skin or mucous membranes
- Rectal ----inserted into the rectum
- Vaginal ------inserted into the vagina
- Inhalation ---breathed in or sprayed into the nose or throat
- Injection -----inserted into a muscle, fatty tissue, under the skin or into a vein with a needle

Common Abbreviations for Routes

- OD------Right eye
- OS----Left eye
- OU—Both eyes
- Po---- Subcutaneous (route for insulin injections)
- SC/SQ----SL----Subcutaneous (route for insulin injections)
- PR----Sublingual Rectal

5. Right Time

- The regular schedule for medications will be determined by the client, the doctor, a nurse, or the facility/agency's policy where you work.
- The schedule should be clear so you can assist the client at the right time.
- Check the medication record or medicine container for the correct time for the medication.
- Refer to the list to make sure you know the correct abbreviations for times.
- @---At
- p----After
- pC----After meals
- Prn*-----As needed

Commonly Used Abbreviations for Times

- @--At
- pc---After meals
- hs ---Bedtime
- ac---Before meals
- Q4h---Every 4 hours
- qd----Every day
- Bid---2 times a day
- qid---4 times a day
- noc---Nocturnal (at night)
- c---With

p---After
Prn---As needed
A---Before
q---Every
qhs---Every bedtime
qod---Every other day
tid---3 times a day
dc---Discontinue (stop)

s---Without

*As Needed Medications and Professional Judgment

- PRN medications (Latin for Pro Re Nata) are medications taken on an “as needed” basis
- You may assist the client with “as needed” medications if there are specific, written directions to follow or the client indicates they need the medication.
- However, if professional judgment is required to decide if the medication is needed, or when the client is not able to determine what is needed, medication assistance is not possible.

Observation, Documentation, and Reporting

- As with performing any care task, part of your responsibility in medication assistance is to observe, document, and report changes.
- Observation
  - For medication assistance, observe and make sure the client takes their medication. Also watch for signs of side effects or other reactions. Report any changes or concerns.
- Documentation and Reporting
  - You must document every medication taken and refused, as well as follow up on PRN medications and document if they worked or not.

When the Client Chooses not to Take Medication

- Individuals have the right to choose not to take medications or treatments.
- Sometimes a client doesn’t want to take a medication. The first thing you should do is to simply ask them why they will not take the medication
- If there is no solution to why a client doesn’t want to take the medication and/or they continue to choose not to do so,
  - report this to the appropriate person in your care setting.
  - Document that the client did not take the medication, why, and who you notified according to the rules for where you work.

Unpleasant taste

- Offer the client crackers, an apple, or juices afterward to help cover up bad taste.
- Use ice to numb the taste buds for a few minutes before the client takes the medication.
- Discuss this issue with the doctor or your supervisor to see if the client could use a different form of medication or a different medication.

Unpleasant side effects

- An example of an unpleasant side effect might be drowsiness or dry mouth.
- Ask the doctor or your supervisor if a different medication is a possibility or if the medication can be taken at a different time of day.
- If a change to the medication cannot be made, discuss how to treat the medication’s side effect.

Lack of understanding

- Provide simple reminders like “This pill lowers your high blood pressure.”

Denial of need for medication

- You can discuss the need to take the medication with the client, but do not argue.
- It may help to show the client a statement written by the doctor.
- The client has the right to not to take medication.

Background or cultural reasons

- A client’s background and/or culture can impact their view on the use of medications versus other types of treatments and/or therapies.
- Encourage the client to share any concerns with their health care provider.

Reporting Errors

- It is considered an error when the medication is not given according to the directions.
- This includes any error related to the five rights of medication. These would include: • wrong time, • wrong medication, • wrong person, • wrong dose, • wrong route, or • any omission.
- You should have an understanding of what to do when you discover an error. Make sure you know the specific procedures in your workplace
- It is important that you report any errors you discover as soon as possible.

Storage and Disposal of Medications

- There are several guidelines you should be familiar with for medication storage:
  - Medications should be stored in original containers with a legible, original label.
  - Non-refrigerated medications should be kept in a dry place, not warmer than 85°F.
  - Refrigerated medications should be stored at 36-46°F. It is safest to keep refrigerated medication in a zip-lock style plastic bag or other leak-proof container.
  - Be sure to separate medication storage from food storage.
  - If you work in an adult family home or assisted living facility, follow the facility policy regarding medication storage

Storage of Controlled Substances

- Scheduled drugs have a high potential for abuse and must be stored securely.
  - Examples of scheduled drugs are morphine and fentanyl.
- In assisted living facilities, adult family homes, and enhanced services facilities, these drugs need to be double locked and counted each shift by two qualified staff members.

Safe Disposal of Medications

- Medication needs to be disposed of when it is
  - discontinued or recalled, expires, or if the client dies.
  - Follow your employer's policy and procedure on proper medication destruction for medications that have expired or discontinued.
  - When disposing of controlled substances, a witness is required.
- If the client lives in their own home, you may help them reach out to the local police department and learn if they have a drug return method available. The Department of Health also has a safe medication return program:
- Safe Medication Return | Washington State Department of Health