Nurse Delegation Core

- **Nurse Delegation Law & Your Role in Delegation**

- Nurse Delegation core
- Webstier from DSHS website
- Location of the book—
- https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1736.pdf
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Nurse Delegation means a licensed Registered Nurse (RN) transfers the performance of a specific task for an individual client to a qualified Nursing Assistant or Home Care Aide working in community and/or home settings.

- The licensed RN who delegates the task is responsible and accountable for the nursing care of the client. Accepting a delegated task means you: • Are willing to perform a specific action to care for a client in place of the RN. • Have been given clear and specific instruction from the delegating RN on what to do and when to do it. • Believe you can perform the task correctly and safely

There are five conditions of nurse delegation:

- 1. A licensed Registered Nurse transfers the performance of a task.
- 2. The task can be delegated. There are four prohibited tasks that may not be delegated.
- 3. A delegation must be for a specific task for one client.
- 4. Only qualified Nursing Assistants Certified, Nursing Assistants-Registered and certified Home Care Aides can accept delegation.
- 5. Delegation can only happen in four community settings

Condition 1 – Licensed Registered Nurse (RN)

- Only a RN licensed in Washington State, who is the RN responsible for the client you are working with, can delegate a task to you.
- who cannot delegate a task to you?
- The facility administrator, if not the delegating RN
- Your supervisor or lead, if not the delegating RN
- A Licensed Practical Nurse (LPN)
- A Home Health Care Nurse, if not the delegating RN
- Another RN who does not assume formal delegation responsibility for the client

Condition 2 – Specific Tasks

- The following are examples of the types of tasks that can be delegated to you:
- Administration of medications.
- Non-sterile dressing changes.
- Urinary catheterization using clean technique.
- Ostomy care in established and healed condition.
- Blood glucose monitoring.
- Gastrostomy feedings in established and healed condition.

The following tasks cannot be delegated to you:

- Injections, other than insulin
- Sterile procedures
- Maintenance of central lines
- Anything which requires nursing judgment

Condition 3 – A Specific Task for One Client

Delegation is limited to the specific task for one client only. This is best explained by an example. Let's say that the RN delegates the administration of ear drops for Mary Jones to you. This delegation covers the administration of ear drops only, for one client, Mary Jones.

- Specific task - Mary also needs dressing changes for a pressure sore on her leg. Even though you are responsible for Mary's ear drops, you are not allowed to do the dressing changes until the delegating RN does a separate delegation with complete instructions on dressing changes for Mary.

Condition 4 – Qualified Nursing Assistant or Home Care Aide

- It is very important to understand when you can accept a delegated task. There are four requirements you must complete before you accept a delegated task. You must:
- 1. Be licensed as a:
- i. Home Care Aide (HCA); Nursing Assistant Certified (NA-C); a Nursing Assistant Registered (NA-R) and complete the core competencies of basic training
- 2. Have completed 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 task to be delegated.
- 4. Demonstrate to the delegating RN your competence to correctly perform the specific task without direct supervision.

To be HCA

- To apply to become a certified Home Care Aide (HCA), you must complete a training program approved by the Washington State Department of Social and Health Services, apply with the Department of Health for certification, and successfully pass the Prometric examination. Credentials must be renewed annually.

- Send a copy of the 75-hour certificate of completion from the training program, Training Program Certification, Application for Certification as a Home Care Aide (DOH 675-002 [Rev. 7/16]), the application fee and Prometric Examination fee to:

- **Department of Health**

- Home Care Aide Credentialing P. O. Box 1099
Olympia, WA 98507-1099

- For information on the application and certification process, contact DOH at:

- **DOH Website**

- *http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/ HomeCareAide*

- **Home Care Aide Credentialing** (360) 236-2700

To be CNA

- To apply to become a Nursing Assistant Certified (NA-C), you must complete a training program approved by the Washington State Nursing Care Quality Assurance Commission and successfully pass the OBRA examination for certification. Credentials must be renewed annually.

- Send the Training Program Certification, Application for Certification as a Nursing Assistant (DOH 667-029 [Rev. 9/16]), and application fee to:

- **Washington State Nursing Commission**

- P.O. Box 1099
Olympia, WA 98507-1099

- For information on the application and certification process, contact DOH at:

- **DOH Website**

- *http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/ NursingAssistant*

- **DOH Customer Service** (360) 236-4700

To be NAR

- To register as a **Nursing Assistant Registered (NA-R)**, you must have completed the Department of Health's HIV/AIDS training.* Once you have taken the HIV/AIDS training, complete an **Application for Registration as a Nursing Assistant** (DOH 667-025[Rev. 9/16]) and mail it with the application fee and your HIV/AIDS certificate to the Washington State Nursing Commission (address above). Credentials must be renewed annually.
- **Proof of completion of the HCA basic training course will fulfill the requirement for the HIV/AIDS certificate.*

- *If you will be delegated the task of insulin injections, you must also successfully complete the Nurse Delegation for Nursing Assistants: Special Focus on Diabetes training.
- For providers working in DDA certified programs, nurse delegation can only occur after the DDA core training and required in-service training is completed. Staff working in DDA certified supported living services take the DDA basic training.

- You should be prepared to demonstrate to the delegating RN that you have completed the requirements above.

You should be ready to present to the delegating RN:

- Your Department of Health license (HCA certification, NA-C certification or NA-R registration) document.
- NA-R only: must also provide your HCA Basic Training Certificate of Completion OR DDA core competencies of basic training certificate.
- Your Nurse Delegation for Nursing Assistants & Home Care Aides training Certificate of Completion. (You will receive your Nurse Delegation training Certificate of Completion after you pass the final examination).

willing to perform the delegated task.

If you do not feel competent to perform the task or you believe that client safety is at risk, you should not perform the task. Instead, communicate your concerns to the delegating RN, the case manager, and/or your employer or supervisor. No one can force you to perform a task that you do not believe you are competent to perform.

For each delegation task, the RN will give you specific, written instructions on how to perform the task. The RN will then train you on the job, show you how to perform the task, and ensure that you can do it.

The RN will only delegate a task to you when he or she is satisfied that you can correctly and safely perform the task.

Skills to Perform

- Before delegating a task to you, the RN must make sure that you can perform the task on your own without help.
- For each delegation task, the RN will give you specific, written instructions on how to perform the task.
- The RN will then train you on the job, show you how to perform the task, and ensure that you can do it.
- The RN will only delegate a task to you when he or she is satisfied that you can correctly and safely perform the task.

Condition 5 – Community Settings

- Nurse delegation can occur in four community settings:
- 1. Certified community residential programs for the developmentally disabled.
- 2. Licensed adult family homes.
- 3. Licensed assisted living facilities.
- 4. In the client’s home.

- Additional Note: Remember, a delegation only applies to a specific task for one client. If you have been delegated a task for one client, Mary Jones, you cannot perform multiple tasks for Mary without additional delegations from the RN. Likewise, you cannot perform the task you have been delegated for Mary for other clients.
- The delegating RN must reassess the client and supervise the delegation every 90 days.
- The client, or the client's legal representative, must be aware that the task is being delegated to you, must agree to it, and give written consent.
- The delegation must be in writing.
- The delegation is a three-way agreement between the delegating RN, the client, and you.

Roles and Responsibilities

- In the delegation process, there are five key roles that you should understand. These include the:
- 1.Client or client’s representative.
- 2.Delegating RN.
- 3.Nursing Assistant/Home Care Aide.
- 4.Case Manager.
- 5.Home Care Agency Supervisor or Facility Employer/ Administrator.

Roles and Responsibilities—The Client or Representative

- The client makes the choice on whether to receive nurse delegation. The client must be informed of care options and give written consent to nurse delegation.

The Delegating RN

- The RN has five main areas of responsibility in delegation.
- 1. Assessing the client and evaluating the appropriateness of the delegation.
- 2. Obtaining written informed consent from the client or authorized representative for the nurse delegation.
- 3. Delegating the task.
- 4. Reassessing the client and supervising the delegation.
- 5. Rescinding (canceling) the delegation.

Assessing the client and obtaining consent

- The delegating RN performs a full systems assessment of the client to determine if the client's condition is stable and predictable. The client's condition must remain stable and predictable in order for the delegation to occur. The delegating RN is required to discuss the delegation with the client, or his or her legal representative, and get his or her consent in writing.

Delegating the task

- The RN has to do the following before delegating a task to you:

Talk to the client or his or her authorized representative and get written consent to the delegation.

- Ensure all three people involved have agreed to the delegation: – The RN. – The client or authorized representative. – You, as the NA or HCA.
- Verify that you have met the training requirements.
- Teach you how to perform the task.
- Verify your competence to perform the task to make sure you can do it safely and correctly.
- Provide you with written delegation instructions.

Supervising the delegation

- Once the delegation is in place, the RN is still accountable and responsible for the client's care. The RN will:
- Respond to any questions you have about the client's condition or the delegated task.
- Re-evaluate the client's condition, the outcome of the task you are performing, and any problems that have occurred.
- Decide how frequently to supervise the delegation to ensure safe and effective services are provided.
- Inform the caregiver and/or case manager of changes in the client's condition.

- In some instances, the RN responsible for the delegation will change. A new RN can take on responsibility for the delegating RN if he or she knows:
- The client's condition through his or her own assessment.
- Your skill level, as the NA or HCA performing the delegation.
- The client's plan of care.

The change of the delegating RN must be documented in the client's record.

You, the client, and the case manager must be informed of the change.

- **The RN may rescind (cancel) the delegation of the nursing task if:**
- The nurse believes the client's safety is at risk.
- The client's condition is no longer stable and predictable.
- Staff turnover makes it difficult to continue delegation in the setting.
- You are no longer able to perform the task safely.
- You have not renewed your registration or certification on time.
- The task is not being performed correctly.
- The client or authorized representative requests that the delegation be cancelled.
- The client goes to a nursing home (the RN may reinstate delegation when the client returns).
- For licensed care settings, the facility or home care agency (as applicable) has an expired or revoked license (the RN may reinstate delegation when shown a current license).
  If the RN cancels or rescinds the delegation, the RN must coordinate a different plan to make sure the client's care needs are met.
  The delegating RN must document the reason for rescinding the delegation and the plan for continuing care.
- The RN is not notified on repeated occasions when the client's medical orders or condition changes.

- Roles and Responsibilities—The Nursing Assistant or Home Care Aide

- You cannot take an order from the physician or his or her office staff over the phone. If you receive an order by phone, contact the delegating RN and/or your supervisor.
  A faxed order signed by the physician can be used for immediate verification. You should still contact the delegating RN before making any changes

The Nursing Assistant or Home Care Aide

You play a very important role in the care and well being of your clients. Once you receive a delegated task, you are responsible for five primary actions:

1. Performing the delegated task according to the specific instructions of the RN. This may include documenting the task according to instructions from the delegating RN.
2. Observing the client for changes which may indicate: – Potential side effects from medications. – Negative reactions to procedures. – Complications from the client’s disease

3. Reporting changes in the client’s condition promptly. – If you work in a facility or home care agency, report to the delegating RN and your supervisor according to your employer’s policy. – If you are an Individual Provider, report to the delegating RN and the case manager.

4. Reporting to the delegating RN any new or changed medications or treatments.

5. Renewing your registration or certification on time so you can legally perform a delegated task.

- You have a choice whether or not you will accept a nurse delegated task.
  Once you have accepted a delegation, circumstances may arise in which you are no longer able to perform the specific task. According to the law, you will not be subject to any employer reprisal (punishment) or disciplinary action for refusing to perform a delegated task in the following situations:

  - The client's safety is at risk.
  - You did not receive adequate training to perform the task.
  - The client is not cooperative.
  - The client appears to be having an adversereaction.
  - The necessary supplies are not available (gloves, dressings, etc.).

- You need additional training because of changes in the client's medications or treatments.

The Case Manager

- The Case Manager completes a care assessment that details a client's needs. It is the Case Manager's responsibility to:
- Identify the need for nurse delegation on the client's care plan.
- Assist a client in finding a qualified nurse delegation provider.
- Make a referral to a contracted delegating RN or a provider that does nurse delegation. • Authorize payment for the delegating RN.
- Inform the delegating RN and/or caregiver of changes in the client's condition.

For in-home settings, it is the Case Manager's responsibility to:

- Refer a caregiver to the Training Partnership for Nurse Delegation training.
- Authorize payment to the caregiver for completing the Nurse Delegation for Nursing Assistants and Home Care Aide training.
- Provide a voucher and facilitate an Individual Provider to get registered as a NA-R, if needed.
- Arrange for skilled nursing tasks to be done until the Nursing Assistant/Home Care Aide has been trained and meets the requirements to perform a delegated task.

The Home Care Agency

- —For in-home clients, it is the home care agency’s responsibility to:
- • Decide whether the agency will provide nurse delegation.
- • Schedule qualified caregiver(s) to meet the client’s needs.
- • Assist the caregiver to get the required trainings.
- • Assist the caregiver to get registered as a NA-R, if needed.
- • Inform the delegating RN and/or case manager of changes in the client’s condition.
- • Supervise the personal care duties.
- • Ensure a backup worker for client care.

The Employer/Administrator

- —In a facility, the Employer/Administrator is responsible to make sure that any nurse delegation that occurs in the facility has been done according to the nurse delegation rules. This includes ensuring: • The tasks performed are not prohibited by law. • The Nursing Assistant/Home Care Aide has completed all the training and registration requirements prior to receiving delegated tasks. • The delegation process has been completed correctly. • The tasks are performed as directed.

Lesson 2: client care and the body system

Lesson 3: Medication Administration

Lesson 4: Treatments

Lesson 4: Job Aid

- **Medication Administration**
- There are two types of medications:
- **Legend drugs** – by law, these medications can only be dispensed with a prescription.

- **Non-legend drugs** – these are over-the-counter (OTC) medications or medications that can be purchased without a prescription. They are used to treat conditions such as back problems, sore throats, stomach-aches, coughs, colds, constipation, and general aches and pains.

- A **prescription** is an order for medication or treatment given by an authorized health care professional with specific instructions for use. Health care professionals who can give prescriptions include doctors, nurse practitioners, physician's assistants, or dentists.

- A **controlled substance** is a medication that has a high potential for abuse and addiction.
  Please note: vitamins, inhaled substances, herbal remedies, naturopathic remedies, and homeopathic remedies are **all** medications.

- In an approved setting, if a client is taking any type of medication, legend (by prescription) **or** non-legend (over-the-counter**),** and cannot put the medication into his or her mouth or apply it to his or her body, OR is unaware that he or she is taking a medication, **you can only administer the medication under delegation from a delegating RN**.

- All medications have more than one name. In most cases you should be familiar with the ***generic name*** and the ***product name***.

- Generic name – this is the name given by the manufacturer before the Food and Drug Administration (FDA) approves the medication. It gives some information about the chemical makeup of the medication. Some examples are:
  1. Acetaminophen 2. Ibuprofen
  3. Furosemide

- Product name – also known as the brand name. This is the name used by a specific manufacturer when they sell the product on the market. The name is owned by the manufacturer and cannot be used by any other company.
  These are the medication names that will be most familiar to you and the general public like:

  i. Tylenol (acetaminophen)

  ii. Motrin or Advil (ibuprofen)

  iii. Lasix (furosemide)

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- Medications often have several product names (brand names) but only one generic name.
  - It is very important that when the RN delegates medication administration to you, both of you agree on what name (generic or brand name) you will call the medication. This prevents medication errors.

- It is a good idea to have the medication name on the medication record be the same one that is found on the medication container.

- **Routes of Medication Administration**

- Medication can be administered to clients in several different ways or methods. These methods are called routes.

These are the seven routes of medication administration.

1. Oral medications are taken by mouth and swallowed, either alone or with a glass of liquid. 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.

2. .Sublingual administration means placing a medication under the tongue where it dissolves in the client's saliva. 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.

1. 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 and eye drops.
2. Rectal administration is inserting the medication into the rectum in the form of a suppository or enemas. Absorption through the lining of the rectum is slow and irregular. This route is used sometimes when the client cannot take oral medications.
3. 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.
4. Medication administered through inhalation is sprayed or inhaled into the nose, throat, and lungs. Absorption of the medication occurs through the mucous membranes in the nose and throat, or through the tiny air sacs that fill the lungs.
5. Medications can be injected by piercing the skin with a needle and putting the medication into a muscle, under the skin, or into a vein.

- **Medication Packaging and Labeling**
- Medications are packaged in a variety of ways. The most common ones are:
- **Vials or bottles** – can be glass or plastic pill bottles, or bottles of drops.
- **Bubble packs** – also called bingo cards, are cardboard cards that look like bingo cards and have rows of plastic bubbles for each dose of medication.
- **Medication organizers** – are medisets or weekly pill boxes.
- **Unit dose packaging** – each dose of the medication is packaged separately.

- **Medication Label**

- *No matter what kind of packaging is used, there are some important pieces of information that should always be on the medication containers. They are:*

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- **Client name** – must include first and last name.

- **Medication name** – can be either the generic or the brand name.

- **Dose** – the number of tablets, drops, etc. to be used.

- **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. See the Job Aids for the abbreviations for the different routes in the back of this Workbook.

- **Schedule** – how often to give the medication (such as twice a day, or every four hours).
  If a client needs to take medication once a day, it can usually be taken anytime that day unless it specifies a time, like at bedtime.
  Once a day medications should be given at approximately the same time of day, every day.
  If a client misses a dose, do not give him or her a double dose the next time unless instructed to do so by a medical professional.

- **Expiration date**

- **Medication Assistance and Medication Administration**

- There is a legal difference between medication assistance and medication administration under Nurse Delegation. It is important to understand the difference between them.

- In medication assistance, you help the client self-administer his or her own medication. The client must be able to complete the task for him or herself. The client must be able to put the medication in his or her mouth or on his or her skin and must be aware that it is medication he or she is taking.

- Some ways that you can perform medication assistance are:
- Opening a medication container.
- Handing the container to the client or use an enabler, such as a cup or bowl, to hand the medication to the client.
- Pouring an individual dose of liquid medication from a bottle to a medicine spoon, medicine cup, or other special measuring device, to be taken at that time.
- Reminding the client to take a medication.
- Crushing and dissolving.

Legally, there are two conditions that must be met to be considered medication assistance. The client:
1. Must be able to perform the "last step" for him or herself, and 2. Must be aware he or she is taking medication.
If the client does not meet both of these "conditions" for medication assistance, the medication must be administered under Nurse Delegation.
Administering medication under Nurse Delegation means you give medications to the client in the manner you were instructed by the delegating RN. In this case, the client may be confused, and unaware that he or she is taking medication or may be physically unable to perform the "last step."
Some ways that you can perform medication administration under Nurse Delegation are:
• Place a medication in the client's mouth. • Apply medicine to the client's skin.
• Give medicine via a gastrostomy tube.
• Perform blood glucose testing.

- **The Five Rights of Medication Administration**
- Make sure you can answer “Yes” for each of the Five Rights of Medication Administration:
- Right client . It is very important that you always identify the client in some way. It is your responsibility to make absolutely certain you know who the client is before you give the medication.
  You can only administer medication to clients for whom you have received a specific delegation from the delegating RN.
- Stay with a client until he or she takes the medicine so you are sure that the right client received the medication.
- Right medication
- Make sure that you give medications only from labeled containers. Keep unit-dose packages wrapped until ready to use so the label stays with the medication. Always prepare medications just when you are ready to give them and not ahead of time. Read the label three times as you prepare the medicine as you:
- 1. Take it from the shelf or drawer where it is stored.

2. Pour or measure the medication.
3. Replace the bottle or package from which you measured or poured the medication.

- Right dose

- It is important that you know the correct dosage symbols and abbreviations (see the Job Aid section in the back of this Workbook). Also, make sure that you use properly marked measuring containers. Be sure that the amount the client receives matches the amount ordered. Stay with each client until he or she takes the medicine.

- Right route

- You should always check the route on the medicine bottle, package, or medication record, and know the abbreviations.

- Right time

- Know the correct abbreviations for times of administration. Check the bottle, package, or medication record for the correct time to give a medication. Give the medication as close as possible to the stated time.

- **The Medication Administration Process**

- There are several things you will need to remember to do before, during, and after administering medication.

Your responsibilities go beyond simply giving the client medication. You:

- Will be the key person to monitor the client's condition before and after the medication is given.

- Are the best person to watch for side effects and to take action early if you see side effects occurring.

- Need to know what to do if your client will not take a medication or if you discover an error.
  It will be easy for you to remember to do all the important parts of medication administration if you follow these five simple steps:

Step 1
Evaluate the client

- The first step is to evaluate the client prior to giving the medication. It is important that you contact the RN if you are uncomfortable or have any doubts about administering the medication.
- **Call the RN** and do **NOT** administer the medication if:
- You observe a significant change in the client's health.
- You have any doubts about the five rights of medication administration.
- You don't understand how to administer the medication.
- The medication (prescription or OTC) has not been delegated by the RN responsible for the client.

Step 2

Set up the medication

- Setting up medications means reading information given on the medication record and preparing an actual dose of medication for the client.
- **Prepare yourself.**
    - – Clear your mind of all distracting thoughts and focus your attention on administering the client's medication. Stop all conversations. It is easy to make a mistake if you are talking to someone else and not giving all of your attention to your task.
    - – Wash your hands with soap and water, and dry them thoroughly.
- **Prepare the medication.**
    - – Keep your working area clean and neatly arranged.
    - – Prepare medications for only one client at a time, and only right before you are ready to assist.
- – Assemble any materials or devices you will need to administer the medication.

- – Use the Five Rights to prepare the medication: right client, right medication, right dose, right route, and right time.
- – Avoid touching the medication.
- – Only give medications from labeled containers.
- – Keep unit doses sealed until you are ready to give them.
- – Crush, cut, or mix medication with food only if the delegating RN gives you instruction to do so.

  Do not crush or break medications marked with the following letters, found after the name of the medication on the medication bottle. This breaks the coating on the medication and changes how the medication works.
  LA = Long Acting
  SR = Sustained Release ER = Extended Release EC = Enteric Coated

- When you pour medication from a bottle, pour it on the side away from the label. Then, if there is a drip from the mouth of the bottle, it will not smudge the label.
- After removing the desired dose from the bottle, recap the bottle tightly, and place the bottle or container back in its storage place.
- If you notice anything unusual about the medication, do not give it to the client. Instead, call the delegating RN.
- If the caregiver and the delegating RN decide to use a medication organizer, like a Mediset, only the pharmacist or the delegating RN can fill the Mediset for the delegated medication administration.
  Note: Medisets must be labeled with the client's name, medication(s) name, dose, route, and the time to administer the medication.

Step 3

Administer the medication

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The third step is to administer the medication. Be sure to follow the written instructions for your client provided by the delegating RN. The following are a few general guidelines to consider:

- Ask the client to sit up when giving oral medications. If the client cannot sit up and is lying in bed, have him or her roll on his or her side before giving the medication.

- It is usually best to take oral medications with 4-8 ounces of water, provided the client is not on fluidrestriction.

Step 4

Document the medication administration

- The fourth step is to document the medication administration. It is the delegating RN's responsibility to provide you with specific, written instructions, as well as a copy for the client's record. The instructions should include how you should document your performance of the delegated task. Always follow the specific instructions from the delegating RN.
  Some general guidelines are:

  - Document each time a medication is administered right after administration or as soon as possible.
  - You can use initials on the medication administration record, but always sign your full name somewhere on the record.

  - Document medication administration refusals.
  - Document medication errors, such as wrong medication, wrong person, wrong dose, wrong route, omitted a dose, or gave extra dose.
  - Discuss with the delegating RN what to do if a medication administration error occurs.

- Document the reason for giving PRN medication (taken on an "as needed" basis) and how it is working.

Step 5

Observe the client for side effects

- The last step of the medication administration process is to observe the client after you have administered the medication. It is important to watch for side effects and medication interactions.
  As a part of the written delegation instructions, the delegating RN will identify which side effects to watch for and what to do if you observe those side effects.

- Individuals have the **right to refuse** medications or treatments.
  Individuals have the **right to privacy** when medications are administered.

- **What To Do When Special Situations Arise**

- You should be prepared for these two special situations when you are delegated medication administration. You need to know what to do when:

- • The client declines a medication.
• You make or discover a medication error.

- 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.

- Clients might not want to take medications for a variety of reasons, including those listed in the table below. Sometimes a client may not tell you he or she does not want to take a medication but will simply "hide" it in their cheek, under their tongue, or spit it out after you have left the room.

- Review the following chart of some common reasons a client may refuse to take their medications and potential remedies.
- *Note: You should work with the delegating RN to have a plan in place for what you should do if your client refuses to take a medication. This is especially necessary for critical medications.*
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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 delegating RN 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 delegating RN 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 refuse medication.

- It is considered an error when the medication is not given according to the directions. This includes any error related to the “Five Rights.” These would include:

- • Wrong time
- Wrong medication • Wrong person
- Wrong dose
- Wrong route
- Any omission

- You should have an understanding of what to do when you discover an error. Your employer may have certain procedures and the delegating RN will have directions for you.

- **It is important that you report any errors you discover as soon as possible.**

- While we all try not to make errors, it sometimes happens. It is far worse failing to report errors that you discover regardless of who might have made the error.

- **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 35-50°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.