



## Assistance With Self-Administration of Medications

KairInstructors



Skills Training for Healthcare Workers

### Learning objectives

- ♦ Identify and interpret the components of a prescription label.
- ♦ List and explain the procedures for assistance with oral and topical forms of medications (including ophthalmic, otic and nasal forms), including the “five rights” of medical administration.
- ♦ Identify and define the side effects for medication classes and discuss procedures to follow if residents experience side effects or adverse reactions.
- ♦ Describe conditions that require additional clarification for “as needed” prescription orders.
- ♦ Identify medication orders that require judgment, and may prevent the CNA from assisting residents with medication.
- ♦ Explain and list types of information and details that must be reported on the medication observation record.
- ♦ List the requirements and procedures for medication storage and disposal.

### Introduction

The Florida statutes are the laws that govern assistance with self-medication. According to the state<sup>[1]</sup>: Legislative changes to the Florida Statutes, effective up to and including January 1, 2017, are treated as current for publication

of the 2016 Florida Statutes. This means that some material in the 2016 edition may not take effect until January 1, 2017. Amendments effective on January 2, 2017, or later, will appear as footnotes.

### Chapter 429

#### 429.256 Assistance with self-administration of medication.

- For the purposes of this section, the term:
  - “**Informed consent**” means advising the resident, or the resident’s surrogate, guardian, or attorney in fact, that an assisted living facility is not required to have a licensed nurse on staff, that the resident may be receiving assistance with self-administration of medication from an unlicensed person, and that such assistance, if provided by an unlicensed person, will or will not be overseen by a licensed nurse.
  - “**Unlicensed person**” means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility and who has received training with respect to assisting with the self-administration of medication in an assisted living facility as provided under s.429.52 prior to providing such assistance as described in this section.
- Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription’s label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident’s surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include legend and over-the-counter oral dosage forms, topical dosage forms and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers.
- Assistance with self-administration of medication includes:
  - Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
  - In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
  - Placing an oral dosage in the resident’s hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
  - Applying topical medications.
  - Returning the medication container to proper storage.
  - Keeping a record of when a resident receives assistance with self-administration under this section.
  - Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
  - Using a glucometer to perform blood-glucose level checks.
  - Assisting with putting on and taking off antiembolism stockings.
  - Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
  - Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
  - Assisting with measuring vital signs.
  - Assisting with colostomy bags.
- Assistance with self-administration does not include:
  - Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
  - The preparation of syringes for injection or the administration of medications by any injectable route.
  - Administration of medications by way of a tube inserted in a cavity of the body.
  - Administration of parenteral preparations.
  - Irrigations or debriding agents used in the treatment of a skin condition.
  - Rectal, urethral, or vaginal preparations.

- g. Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
- h. Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the

reason for administration requires judgment or discretion on the part of the unlicensed person.

5. Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.
6. The department may by rule establish facility procedures and interpret terms as necessary to implement this section.

## Assisted living facility legislation effective July 1, 2015<sup>[1a]</sup>

The governor has signed HB 1001 into law regarding assisted-living facility regulation. The new law includes several provisions affecting the regulations and enforcement of assisted living facilities (ALF).

Additional key components contained in the bill include:

- Increases training for unlicensed staff who assist residents with self-administration of medication (from 4 to 6 hours) and adds duties that unlicensed staff are now allowed to perform when providing assistance with a patient’s medication self-administration. These assistance with: Prefilled insulin syringes, nebulizer including filling premeasured doses, glucometers, anti-

embolism (T.E.D.) hose, measuring vital signs, and assisting with colostomy bags, applying and removing oxygen cannula but not titrating the prescribed oxygen setting, use of a continuous positive airway pressure device but not titrating prescribed setting.

- Titrating refers to determining the concentration of a dissolved substance. Additional details of these additions will be provided.

## Purpose

One of the most important services an ALF may provide is assisting a resident with medications. For caregivers in ALFs, this is frequently the most crucial component of caring for residents.

Most people move to an ALF because of a need for assistance with personal care, including assistance with medications and other activities of daily living.

Caregivers might need to assist a resident with medications, pick up medications at the pharmacy, check them when they are delivered, and make sure that they are taken as directed.

This guide describes the process for assisting residents to take their medications safely; provides an overview of the law and rule requirements with respect to assistance; and describes procedures relating to the management of medications in the assisted living setting. It was developed as a training guide to permit unlicensed personnel, as caregivers, to safely assist residents with the self-administration of medication.

## MEDICATION LABELS AND HEALTH CARE ORDERS

### Prescription labels

**Rx = Prescription:** A written directive to a pharmacist giving names and quantities of ingredients to be combined and dispensed for a particular patient.

Prescription label:

**Billy Blanks Pharmacy**  
**1121 Deer Lane, Ashton, FL**  
 Ph. 111-123-1234 Fax 111-123-1235  
 Rx#7879 Dr. Jay Hughes

**Mickey Mouse** 10/31/1972  
 TAKE 1 TABLET BY MOUTH TWICE DAILY  
 TAKE ON EMPTY STOMACH.

VIDEX 100mg QTY. 60

REFILLS: 01  
 Discard by: 2/15/11

Prescription drug labels should be written according to the doctor’s order and should include:

- Resident’s name.
- Name of the drug.
- Strength of the drug.
- Quantity of drug in the container.
- Time medication should be taken.
- Any directions for use or special precautions.
- Date the prescription was filled and number of refills.
- Prescriber’s name (i.e. doctor).
- Pharmacy name, address and phone number.
- Rx number.
- Expiration date / discard date / do not use by date.

### Auxiliary labels

Sometimes, the pharmacist will place a smaller, additional label (usually colored) on the container with special instructions, such as the following:

- “Shake well before using.”
- “Do not drink alcoholic beverages when taking this medication.”
- “Medication should be taken with plenty of water.”
- “May cause drowsiness.”
- “Take with food.”

It is important to read the auxiliary labels, as well as the full prescription label. If the pharmacist is not using auxiliary labels, request them.

**Important!** You cannot make changes on a prescription label. Only a pharmacist can change a prescription label.

#### Label #1

**Billy Blanks Pharmacy**  
5566 Bang Bang way, Tuscaloosa, AL

Ph. 561-555-8787 Fax 561-555-8686

Rx#0033 Dr. John Allen

**Jack Nicholas**

TAKE 1 TABLET BY MOUTH, ONCE DAILY.

LANOXIN 0.125mg TABLETS QTY. 30

REFILLS: 01

Answer the following questions using the label above:

- Whom is the medication prescribed for?
- How many tablets should the person take?
- What is the strength of the medication?
- What is the name of the medication?
- When does the medication expire?

#### Label #2

**McMAHON PHARMACY**

200 Main Street, Boxa Raton, FL

Ph. 561-555-8787 Fax 561-555-8686

Rx#1346 Dr. Mark Freidman

**Tony Ramos**

CHEW, CRUSH OR DISSOLVE 2 TABLETS TWICE DAILY - TAKE ON EMPTY STOMACH.

VIDEX 100MG CHEWABLE TB ORANGE QTY. 120

REFILLS: 03

Discard by: 10-10-00

Answer the following questions using the label above:

- Should this medication be swallowed whole?
- What is the prescription number?
- Are there any special instructions?
- How many tablets should be taken at once?
- What is the name of the resident's doctor?

## “As needed” or “PRN” medication labels

Assistance with an “as needed” or “PRN” medication by an unlicensed person may only occur at the request of a competent resident. A resident who is unable to request an “as needed” or “PRN” medication

appropriately would require this type of medication to be administered by a licensed person, (i.e. licensed nurse).

## Medication label

Unlicensed persons can only assist competent residents with “PRN” or “as needed” medications with an appropriate medication label. The instructions must be clear and must not require any judgment on by the CNA.

The following label provides clear instructions on how this medication may be taken:

**McMAHON PHARMACY**  
200 Main Street, Boxa Raton, FL  
Ph. 561-555-8787 Fax 561-555-8686  
Rx#8989 Dr. Tom Johnson

**Mabel Poole**

TAKE 2 CAPSULES EVERY 3-4 HOURS AS  
NEEDED, BY MOUTH FOR DIARRHEA. CALL DR.  
IF SYMPTOMS PERSIST MORE THAN 3 DAYS.

MAXIMUM 6 CAPS PER DAY

GENERIC FOR IMMIDIUM

LOPERAMIDE 2MG CAPSULE QTY 30  
DISCARD AFTER: 07-30-00

All “PRN” or “as needed” medication labels should include the following:

- The **conditions** for which the medication should be given (For diarrhea).
- The **dosage** of medication to give (1-2 capsules).
- The **hours** it should be given (every 3-4 hrs).
- The **upper limit of dosages** (Maximum of 6 capsules per day. Call doctor if symptoms persist more than 3 days).

Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident<sup>[1a]</sup>.

#### Label #3:

**McMAHON PHARMACY**

200 Main Street, Boxa Raton, FL

Ph. 561-555-8787 Fax 561-555-8686

Rx#4934 Dr. Bob Johnson

**Kevin King**

25 MG CAPSULE Benadryl BY MOUTH, AS NEEDED.

QTY. 60

REFILLS: 05

DISCARD BY: 07-30-00

The previous label does not provide clear directions. To understand why this is important, answer the following questions:

- Why should Kevin King take this medication?
- How often can this medication be taken?
- Is there an upper limit to the dosage in a given time period?
- The instructions for the label above should include additional information.

For example:

- Take (1) 25 MG capsule by mouth at bedtime, as needed for sleeplessness.
- May repeat one time if needed 1 hour later.
- Not to exceed 2 capsules in a 24-hour period.

This tells you why Kevin King should take the medication, how much he should take, when he should take the medication, and the maximum dose to be taken in a given time period.

## CLARIFYING “AS NEEDED” OR “PRN” PRESCRIPTION LABELS

When an “as needed” or “PRN” medication is labeled without all of the necessary information, contact the health care provider to obtain any missing information. An unlicensed person may obtain such clarification from the health care provider, revised instructions

clarifying the order are not considered a change in the health care provider's order.

With all “as needed” medication orders, know why the medication should be taken, as well as any limits to taking the medication.

## How to clarify “as needed” or “PRN” medication orders<sup>[2]</sup>

Immediately after receiving the medication, determine what information is missing (for example, the upper dosage limits for the medication or why the medication may be requested).

Call the health care provider’s office and explain that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. Ask for the precise information that is missing. Ask the HCP’s office to fax or send by electronic means a copy of the order. This will decrease the likelihood of a medication error as a result of a hearing, interpretation, or transcription error. Ask another staff member who is trained to assist residents with medications – or a nurse – to double check this information on the

medication record. Ask the pharmacist to review the medication record including the revised directions<sup>[2]</sup>. This process will decrease the likelihood of mistakes.

Write in the revised instructions or the missing information on the medication record under the directions for use. Initial the entry. The medication record should also include a dated and signed notation indicating that the health care provider was contacted to obtain revised instructions for the medication. Include what the revisions were. This notation is often placed on the back of the medication observation record.

## MEDICATION ORDERS THAT REQUIRE JUDGMENT OR DISCRETION

CNAs are prohibited by law to assist with medications for which the time of the administration, the amount, the strength of dosage, the method of administration or the reason for administration requires judgment or discretion.

### Label #4:

**McMAHON PHARMACY**  
200 Main Street, Boca Raton, FL  
Ph. 561-555-8787 Fax 561-555-8686  
Rx#4934 Dr. Mark Johnson

**Joe Brown**  
TAKE 2 TABLETS AS NEEDED FOR FLUID RETENTION. NOT TO EXCEED 6 TABLETS PER DAY.

LASIX 40 mg QTY 20

DISCARD AFTER: 07-30-00 REFILLS: 01

Can you assist with this medication? What would you do in this case?

## Changes in medication orders

Any change in directions for use of a medication in which the facility is providing assistance with self-administration must be accompanied by a written medication order issued and signed by the resident’s health care provider. Unlicensed persons cannot implement any

changes without first obtaining a written order. To ease this process, a faxed copy of the order is acceptable. Always have a supervisor review changes.

## Implementing a change in medication

Obtain a copy of the medication order that clearly states the new directions for use from the health care provider.

Discontinue the previous entry (or the old directions for use) on the medication observation record on the day the new order is received. Record an entirely new entry, with the new directions for use, on the medication observation record.

Place an “alert” label on any existing medications for which the directions for use have now been changed, or obtain a new medication label with the new directions from the pharmacist. “Alert” labels are used to direct staff to examine the revised directions for use in the medication observation record.

Licensed nurses may take a doctor’s order over the telephone. However, a written order must still be obtained within ten (10) working days.

When medication orders or new deliveries of labeled medications are received, check to make sure that the instructions do not require judgment.

If the instructions are not clear – or require a decision about when or how to give the medication – contact the administrator or supervisor. Advise him/her that CNAs are unable to assist the resident with the medication and the exact reason why.

Advise the resident that the medication requires judgment. If a CNA assists with the medication, call the health care provider to request clear instructions. Inform residents of the results of the conversation with the health care provider.

When contacting the health care provider about medications that require discretion or judgment, inform the health care provider that CNA is not a nurse, but assists a resident with his/her medications, as allowed in an assisted living facility. Sometimes health care providers do not understand what an assisted living facility is, or assume that all ALFs have nurses on staff who can take care of implementing doctors’ orders. Inform the provider that as an unlicensed person, you are prohibited from assisting with medication that requires discretion or judgment.

## MEDICATION OBSERVATION RECORDS

**The MOR:** A medication observation record must be kept for each resident who receives assistance with medications. Medication observation records (MOR) must include:

- The name of the resident.
- Any known allergies the resident has.

- The name and telephone number of the resident’s health care provider.
- The name of each medication prescribed and its strength and directions for use.
- A record of each time the medication was taken.

- A record of any missed dosages, refusals to take medications as prescribed, or medication errors.
- Record medication each time it is offered.

**Working with the medication observation record.** The MOR is your record of all the medications a resident is receiving assistance with, as well as the verification that you have assisted a resident in taking his/her medication. When you provide assistance to a resident, record it on the MOR immediately after.

If a resident refuses to take a medication, record the refusal code on the MOR front, and explain why the resident refused the medication on the back of the MOR. Contact with the resident's physician should also be noted.

When a resident is hospitalized, or is out of the facility and does not receive assistance with medication, indicate this on the MOR. For example, write "H" in the box that would be initialed if the resident is hospitalized, or "O" if the resident is out of the facility. On the back of the MOR, keep a record of when the resident takes his/her medications out of the facility so this matches the chart.

Record the reasons for missed dosages and medication errors on the back of the MOR. Any resulting actions should also be noted (i.e. contacting the health care provider and instructions given).

When an order is changed, the original entry on the MOR should not be altered. Instead, the original order should be marked "discontinued" and the new order must be written in a new space. The order written

on the MOR must match the prescription label exactly. If the label says "Buspar 5mg take 2 tablets twice daily," the MOR must match.

MORs should contain the signature and initials of each staff member who will be using the MOR. Abbreviations should not be used on the MOR.

**DO NOT** begin to assist the next resident until the current resident's MOR is completed, and that resident's medication has been returned to the storage area.

#### Nursing consideration #6:

What information from this label is recorded on the MOR? See the sample below.

**McMAHON PHARMACY**  
**200 Main Street, Boca Raton, FL**  
 Ph. 561-555-8787 Fax 561-555-8686  
 Rx#8976 Dr. Lee Hichu

**Paul Goldberg**  
 ONE TABLET by mouth, EVERY MORNING AND TWO AT BED TIME.

DISCARD AFTER: 08/00  
 RISPERDAL 3MG TAB QTY 90  
 REFILLS 05

What information from this label is recorded on the MOR? See the following sample:

Name of Resident _____			Name of Physician _____																														
Month _____ Year _____			Telephone # _____																														
Allergies _____																																	
ALF MEDICATION OBSERVATION RECORD (MOR)																																	
Medication	Hour	Dose	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

CODE:  
 X-Held by medical order  
 R-Refused  
 D/C-Discontinued  
 H-Home/pass

Instructions: Person assisting with self-administration or administering medications should initial box under date and opposite the medication taken. If medication is not given, then proper code initial should be placed in the space. See codes left.

DOEA/ALF Sample Form 10/99





## Centrally-stored medications

Medications must be centrally stored if:

- The facility administers the medication.
- The resident requests that the facility store his/her medications.
- A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession.
- The resident does not keep it in a secure place or keep his/her room locked when absent.
- The facility determines that because of physical arrangements, the conditions, or the habits of other residents, that the resident keeping his/her medication poses a safety hazard to other residents.
- Facility policy requires all residents to centrally store their medications.

An ALF may require all residents to “centrally store” their medications. However, if an ALF has such a policy, the facility must provide this information to all residents prior to admission.

## Medication storage tips

The medication storage areas should be well organized to reduce the risk of errors and to help save time when assisting with medications. Place medications in a systematic order; for example, in alphabetical order by resident name.

Always store medications in their labeled containers. If, for example, a tube of medication arrives in a box labeled by the pharmacy, the medication must be stored in the labeled box.

Do not expose medications to temperature extremes or moisture, unless medications are supposed to be refrigerated.

## Storage of over-the-counter (OTC) medication

An ALF cannot have a “stock supply” of over-the-counter medication. Over-the-counter medication may not be kept for use by multiple residents; however, individual residents may have their own OTC medications. Residents may be allowed to keep over-the-counter medication in their rooms if they self-administer their medications, with or without assistance. If the resident requires medication to be administered, he/she should not store OTC medications in his/her room.

## Discontinued medication

When a resident’s medication has been discontinued but has not expired, the medication should be returned to the resident (if that is a safe option) or to the resident’s representative/guardian. The facility also may centrally store the medication for future use. Check with the supervisor before returning medication to residents.

When centrally storing discontinued medications for residents, remember that only medications which have not expired may be kept. These medications must be stored separately from medications in current use – for example, in a separate drawer.

The medication must be kept in a separate area that is marked “Discontinued Medication.” Store each resident’s discontinued medication together; for example, in a plastic bag with the resident’s

All medications that are centrally stored must be kept in a locked cabinet, locked cart or other locked storage receptacle, room, or area at all times. Centrally-stored medications must also be located in an area free from dampness and at normal temperature levels – unless the medication is required to be refrigerated.

If refrigeration is required, the medication should be kept in a locked container in the refrigerator, the refrigerator must be locked, or the room or area where the refrigerator is located must be locked. Medications must be kept in their legally dispensed and labeled packages or containers, and must be kept separately from the medication of other residents.

Staff trained to assist with – or licensed to administer – medications must have access to keys to the medication storage area or container at all times.

Store medications for the eyes, ears, nose and throat separately. For example, store these medications in different drawers of a medication cart, or store them by using drawer dividers.

Keep discontinued medications separate from medications currently being used. This will prevent you from continuing to give a medication which is no longer prescribed. These can be placed in a plastic bag and marked “discontinued” to further avoid mistakes.

Ask a pharmacist about the best way set up a system and organize a storage area. Medication containers must be properly closed or sealed so that medications do not become loose or mix together.

An ALF may centrally store OTC medications for residents. When storing OTC medications for residents that have not been prescribed by the health care provider, the medications must be labeled with the resident’s name, and the manufacturer’s instructions for use must be kept with the medication.

When an OTC medication is prescribed by a health care provider, the medication must be stored in the same manner as prescription medications and must be managed according to the prescription label/instructions – just like prescribed medication.

name clearly marked on the bag, in an area marked “Discontinued Medications.”

**Remember:** Do not alter or write on the medication label when a medication is discontinued. In addition, when storing discontinued medications, write the date the medication was discontinued and the name of the health care provider who gave the order to discontinue the medication on the medication observation record. Keep a copy of this information with the discontinued medication.

If a medication that was previously discontinued (but has not yet expired) is re-prescribed, it may be used in lieu of having a new prescription filled. However, ALF staff must be sure that they are using the right medication and strength by checking with the pharmacist or the prescribing physician.

## Best practice

To reduce the risk of making any dangerous errors, follow the best practice for retrieving re-prescribed, discontinued medications as described below: When a medication is ordered for a resident, check to see if the resident has previously been prescribed the medication and if

there is medication left which may be used. Check with the resident’s representative or guardian or in the discontinued medication area. In other words, if you have Mrs. Brown’s discontinued Haldol on hand,

only use the Haldol for Mrs. Brown if it is re-prescribed for her. It may not be used for Mr. Brown (or for any other resident).

Verify the name and strength of the drug. To avoid any dangerous medications errors, only use the discontinued medication if it is the same strength as the present order. For example, if the current prescription is for 15 mg of Restoril and the discontinued medication on hand is 30 mg of Restoril, the CNA must obtain a new supply of medication in the correct strength of Restoril from the pharmacy rather than use the wrong strength. Enter the medication information on the MOR. Remove the medication from the discontinued medication area and return it to the resident's current medications.

## Disposal of abandoned or expired medications

The ALF is responsible for storing, managing and disposing of medications properly.

When a resident's stay in the ALF has ended, the medications must be returned to the resident, or to the resident's representative, unless otherwise prohibited by law. Notify the resident, or his/her representative, that the medication needs to be removed. The resident or representative may take the medications, or may request that you dispose of the medication. If there is no response from the resident or resident's representative within 15 days of the notification, the medications may be considered "abandoned." The ALF will then need to dispose of them within 30 days of being determined abandoned or expired. The disposal must be documented in the resident's record.

## When residents leave the ALF for temporary absences

Residents may leave an ALF on a temporary basis for a variety of reasons. For example, residents may attend day programs within the community; others may go away for a weekend (or longer) with family and friends. In all instances, it is important that residents continue to receive their prescribed medications.

When a resident who receives "assistance with medication" is away from the facility, the following options may be used to help the resident take the medication as prescribed:

1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. For example, for residents who regularly go out during the day, ask the health care provider if the medication can be scheduled for when the resident is regularly in the ALF.

## Medication reordering

For residents who receive assistance with medication or administration of medication, the ALF is responsible for making every reasonable effort to ensure that medications are refilled in a timely manner. Each ALF should have clear procedures for doing this. CNAs must be familiar with facility procedures prior to assisting residents with their medications.

Each ALF may have different procedures for reordering medications. Some ALFs designate a nurse to handle all health care orders, medication reordering and disposal of medication. It is imperative that each ALF has a system in place to ensure that residents do not run out of medications. Such a procedure should also address:

## Best practice

The following describe the best-practice procedures for reordering medications:

- Reorder medications from the pharmacy seven days prior to running out, or as directed by the facility's policy.

Have another staff member (or a nurse) review the health care provider's order, the MOR, and verify the medication label. Verify that the medication has not expired and will not expire while the medication is to be taken. For example, if there's enough medication for three weeks, but it expires in two weeks, make arrangements to reorder new medication prior to the expiration of the medication. Note on the MOR that a discontinued medication has been retrieved for reuse. Sign the notation and have the person who verifies this information sign also.

**MEDICATION DISPOSAL:** Medication must be properly disposed of. There are two ways to dispose of discontinued, abandoned, or expired medications:

1. The medication may be taken to a pharmacist for disposal.
2. The administrator (or person designated by the administrator, plus one witness) may destroy the medication.

2. The medication container may be given to the resident (or to a friend or family member) upon leaving the facility. This must be noted on the medication observation record. CNAs may not transfer some of the medication into another container (for example, into an envelope) to go with the resident.
3. A nurse may transfer the medication to a pill organizer and then give it to the resident or to a friend or family member upon the resident leaving the facility. This must be noted in the resident's medication record.
4. Medications may be separately prescribed and dispensed in an easier-to-use form (such as unit dose packaging) so that the resident may take the dosage needed with him/her.

- Procedures for notifying families of the need for medication refills, if the family wishes to pick up prescription medications at a local pharmacy.
- Procedures to follow if the family does not bring medications in prior to the resident running out of medication.
- Procedures to follow when family members bring over-the-counter medications or herbal therapies to residents.
- Ordering medications by mail: Handling order changes by mail. Some residents have insurance that covers prescription medications only if they are ordered by mail.
- Designation of responsibilities for medication reordering; for example, the staff who work the second shift are responsible for reordering medications, or nursing staff is responsible, etc.

- Keep a log of medications that have been reordered within the medication storage area. This way, everyone who has responsibility can see if a medication has been reordered.
- If medications are not received within three days of ordering, call the pharmacy to find out where they are and how to get them



prior to running out. Even if a designated person is responsible for ordering medications, everyone who assists with medication should be responsible for finding out when refills will arrive if they have not been received three days prior to running out.

## Assistance with self-administered medications

If residents in assisted living facilities can self-administer their own medications, they should be encouraged to do so. However, many residents need or desire some assistance with self-administration. A CNA who has successfully completed this course may assist them; however, there are limits. Importantly, unlicensed persons may not “administer” medications: Only a licensed nurse or doctor may administer medications.

**Informed consent:** Assisted living facilities are required to advise residents that assistance with medications can be provided by an unlicensed person, as well as whether or not the assistance will be overseen by a nurse. The resident or the resident’s representative must consent to this after being informed and before unlicensed staff can provide “assistance with self-administration.”

The facility must document that the consent has been received by obtaining a written and signed informed consent from the resident or the resident’s representative, prior to assisting the resident with his/

- When medications are received, check to make sure the correct prescription has arrived – prior to placing it into storage.
- Indicate that medications have been received on the log.

her medications for the first time. The facility should have a procedure for obtaining informed consent from residents who will be receiving assistance with their medications. Be familiar with that procedure.

In order to provide assistance with medications, the CNA must be at least 18 years old and must have been trained on how assist residents with their medications. A six-hour medication assistance course must also be completed. Training is provided by a registered nurse (RN), by a licensed pharmacist, or by a Department of Elder Affairs’ staff person. A certificate of completion for assistance with self-administered medication training must be documented: A copy of the original must be kept in your personnel file.

Either a nurse or trained unlicensed staff must be in the facility at all times when residents need assistance with any medications.

CNAs must be prepared to demonstrate the ability to read and understand a prescription label to their administrator.

## Providing assistance with medication

Assistance with a patient’s self-administration of medication includes the following:\*

- Taking a properly dispensed and labeled medication from where it is stored and bringing it to the resident.
- In the presence of the resident, reading the label, opening the container and removing the prescribed amount of medication.
- Closing the container.
- Placing an oral dosage (generally pills) in the resident’s hand.
- Placing the oral dosage in another container, such as a small cup, and helping the resident by lifting the container to the resident’s mouth.
- Returning the medication container to the storage area, and storing the medication properly.
- Documenting the assistance on the MOR.

**Note\* The 2015 additions to Florida law include<sup>[1a]</sup>:**

1. Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
2. Using a glucometer to perform blood-glucose level checks.
3. Assisting with putting on and taking off anti-embolism stockings.
4. Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
5. Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
6. Assisting with measuring vital signs.
7. Assisting with colostomy bags.

Some residents will only be able to complete some of these tasks. Allow each resident to do as much as possible for him or herself. Do no more than needed. Remember, the CNAs role is to assist with self-administration, not take over.

Assistance with medication also includes applying topical medications. Topical medications include lotions, creams, eye and eardrops, nose drops and sprays, and inhalers. The procedures for providing assistance with topical medications are discussed in detail later in this chapter.

Remember, when assisting a resident, keep a record of when a resident receives assistance with medication. This means recording each dose of medication for which assistance was provided on the medication observation record (MOR) as soon as it is given.

Assistance with medication does not include:

- Mixing, compounding, converting or calculating medication dosages.
- Preparation of syringes for injections and giving injections.
- Administration of medications through a tube inserted in the body
- Parenteral preparations, medications which are not taken by mouth or applied topically such as intravenous medications.
- Irrigations or debriding agents, such as for the treatment of pressure sores.
- Rectal, urethral, or vaginal preparations (such as suppositories).
- “As needed” medications which require judgment.
- Any medication which requires judgment or discretion on the part of the unlicensed person.

As an unlicensed person, you are prohibited by law from performing any of the tasks listed above.

## THE “5 RIGHTS” OF MEDICATION ASSISTANCE

Assisting a resident to take their medications includes knowing that the:

- Right resident takes the...
- Right medication and the...
- Right dosage (amount) at the...
- Right time by the...
- Right route...

Safely assisting more than one person in taking multiple medications can be complicated, so these procedures must be followed.

## Right resident

Identify the resident. New employees, or veterans with new residents, should work with staff members who know the residents. Some

facilities keep pictures of residents (upon the resident's permission) with the MOR. Always confirm the resident's identity.

## Right medication

Check the medication three times. Check the MOR. Check the medication label. Verify the labeled container with the MOR. Read the label to the resident.

## Right dosage

Check the dosage. Make sure the resident takes the correct amount of medication, whether it's in spoonfuls, tablets, or drops.

## Right time

Medications must be given at the time prescribed. Standard practice is that medications must be given within one hour before or one hour

after the time indicated on the label and MOR. Medication given outside that time span is a medication error.

## Right route

Give the medications in the manner directed.

Take the time to provide assistance safely and with consideration for residents' privacy. If you are unable to assist all the residents in taking

their medications in a reasonable amount of time – which is a safety concern – speak with your supervisor about the need for another trained person to share the assignment.

## Know when to ask for help

Do not provide assistance if you are uncomfortable or are uncertain about that task.

When unclear about medication instructions, ask a supervisor, nurse, health care provider or pharmacist for assistance.

If the resident is new or is unknown, ask another staff member who knows the resident.

For resident safety, always ask the supervisor or ALF manager any questions regarding assisting with self- medication.

## MANUAL SKILLS

### Skill No. 1 – Providing assistance with solid doses of oral medication

- Wash your hands and prepare any necessary items: Water, juice, cups, spoons, etc.
  - Obtain the medication observation record.
  - Obtain the medication from storage. Verify that the medication has not expired.
  - Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
  - Take the medication to the resident and tell him/her what medication is being provided by reading the label to him/her. Open the container in the presence of the resident.
  - Give the resident his/her medication, providing the type of assistance needed and with an appropriate liquid.
  - Observe the resident swallow the medication.
  - Record that the assistance was provided on the MOR, and then return the closed medication to storage.
- Note:** Place unused medication back into the bottle as long as it has not been contaminated. If pills or other solid medications are dropped onto a clean surface, they are probably not contaminated. Do not touch the medication.
- Place an oral dosage in the resident's hand, or in another container. Help the resident by lifting the container to the resident's mouth. Do not place the medication directly in the resident's mouth.
  - Never assist with a medication poured by someone else. It is not possible to know for sure what the medication is or if it was handled properly.

### Skill No. 2 – Providing assistance with liquid medication

- Wash your hands and prepare the necessary items.
- Obtain the medication from storage and verify that the medication has not expired.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Always use a cup or a container that contains lined measurements. Ask the pharmacist to mark the correct dosage on the cup being used.
- Shake liquids long enough to mix medication.
- Hold cup at eye level. Use your thumb to mark the correct level on the cup.
- Pour medication into the cup and stop at the mark for the prescribed dose.
- Give the cup to the resident. If necessary, assist the resident in lifting the cup to his/her mouth. Observe the resident swallow the medication.
- Record that assistance was provided on the MOR. Return the closed medication to storage.
- If the liquid is measured in drops, only use the dropper provided with the medication.

## Skill No. 3 – Breaking scored tablets and crushing tablets

**“Scored” tablets:** Sometimes a medication label will read: Take half a tablet. It is safe to break tablets and caplets that are “scored.” A scored tablet has been imbedded for easier and even breakage. This ensures the correct amount. Use a pill cutter to break a scored medication. Always wear gloves when handling pills.

**Crushing a tablet:** Crush a medication only when indicated on the medication label directions. Some medications are not meant to be crushed. In general, medications which are “sustained-release,” “controlled release,” “extended release” or which have an enteric coating may not be crushed. Pay close attention to the instructions on the label. It is a good idea to check with the pharmacist to be certain that a particular medication can be broken or crushed.

If a resident seems to be having difficulty swallowing medications, talk to the health care provider. Can the medication be crushed? Can the capsule be opened and mixed with food? Request specific directions for doing this. Could the medication be given in liquid form? Is there another medication which may be easier for the resident to swallow?

Remember the CNA’s role is to assist residents to take medications, not administer medications.

Medications cannot be “hidden” in foods for residents who are refusing them. Residents may only knowingly take a medication with food if it is easier for them and approved by a supervisor.

To crush a medication, using a pill crusher:

- Wash your hands and obtain the necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Place the pill in a soufflé cup (paper cup).
- Cover the cup with another soufflé cup.
- Lower the lid of the pill crusher onto cup top and press.
- Place crushed pill onto spoon with food (for example, applesauce). Make sure to get all of the particles of medication from underneath the cup used on top.
- Record that assistance was provided on the MOR and return closed container to storage.

## Skill No. 4 – Assisting with nasal drops and sprays

Some residents may need assistance with nasal drops and sprays. Allow each resident to do as much as possible for himself/herself. Assist a resident with nasal drops or sprays in the following manner:

- Wash your hands and prepare necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Ask the resident to gently blow his/her nose to clear the nasal passage.
- Ask the resident to either lie down or sit down and tilt his/her head back. If resident lies down, put a pillow under the resident’s shoulders and allow the head to fall over the edge of the pillow.
- Ask the resident to elevate the nares slightly by pressing the thumb against the tip of the nose.

- Hold the dropper or spray just above the resident’s nostril. Place no more than three drops at a time, unless otherwise prescribed. Do not touch the dropper or spray bottle tip to the inside of the nostrils.
- Ask the resident to inhale slowly and deeply through the nose: Hold the breath for several seconds and then exhale slowly. Remain in position with head tilted back for one to three minutes so the solution will come into contact with the entire nasal surface.
- Discard any medication remaining in the dropper before returning the dropper to the bottle.
- Rinse the tip of the dropper with hot water, dry with tissue and recap promptly.
- Wash hands.
- Record that assistance was provided on the MOR and return medication to storage.

## Skill No. 5 – Assisting with ear drops

Some residents may need assistance with eardrops. Allow each resident to do as much as possible for himself/herself. Assist a resident with eardrops in the following manner:

- Wash your hands.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Ask resident to tilt his/her head so that the ear needing the drops is up and slightly tilted back, so the drops will not roll into the eye.

- Ask the resident to gently pull the ear up and back.
- Place drops in the ear, according to prescription. Do not touch the ear with the dropper.
- Hold the resident’s head in position for approximately two minutes.
- Allow the resident to wipe ear with a cotton ball or a tissue.
- Wash your hands.
- Record that assistance was provided on the MOR. Return closed container to storage.

## Skill No. 6 – Assistance with eye drops or ointments

Some residents may need assistance with eye drops or ointments. Allow each resident to do as much as possible for himself/herself. Assist a resident with eye drops or ointments in the following manner:

- Wash your hands and gather the necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Assist the resident into a comfortable position, either sitting or lying down.
- If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye: From closest to the nose, to away from the nose.

- Ask the resident to pull lower lid down and out gently, or using forefinger, gently pull lower lid down and out.
- Ask the resident to look up.
- Approach the eye from the side and drop medication into center of lower lid. Do not touch the eye with the dropper. Do not apply drops directly onto the cornea. Use care so that the medication does not roll into the other eye. If assisting the resident with an ointment, gently squeeze the medication along his or her inner lower lid. Do not touch the eye with end of tube.
- Instruct the resident to close his or her eyes slowly, but not to squeeze or rub them.
- After at least 30 seconds, instruct the resident to open eye.
- Allow resident to wipe off excess solution with a cotton ball or tissue.

- Wash your hands and return the medications back to the storage area.
- Record that assistance was provided on the MOR.
- If more than one medication is prescribed, wait three to five minutes between each medication. Observe the resident's response to the medication and report redness, drainage, pain or itching, swelling or other discomforts or visual disturbances.

## Skill No. 7 – Application of transdermal medication

Transdermal medications are usually in the form of patches. You may assist a resident in applying a patch in the following manner:

- Wash your hands and gather the necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Explain the procedure to the resident that you will be using to assist him/her.
- Open the package and remove the patch.
- Date and initial the patch (include time, if appropriate).
- Remove the backing from the patch, using care not to touch medication with your hands.
- Apply the patch to a dry, hairless part of the body, according to package instructions. Look for old patches that should be removed, or for absence of a patch that should be present. Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation.
- Wash hands immediately to avoid absorbing the medication yourself.
- Record that assistance was provided on the MOR and dispose of supplies appropriately.

## Skill No. 8 – Providing assistance with creams and ointments

- Wash your hands and gather all necessary items.
- Verify the medication label with the MOR. Check the MOR, then the medication label, then the MOR, before providing the medication to the resident.
- Put on gloves, or use an applicator (such as a wooden tongue depressor or Q-tip) so that your hands do not come into contact with medication or affected skin.
- Squeeze small amount onto a tongue depressor (or similar tool). A 4 x 4 clean gauze pad may also be used to apply cream or ointment.
- Spread onto the affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin.
- Discard tongue depressor and gloves and wash hands.
- Record that assistance was provided on the MOR and return closed container to storage.
- Assist only with creams or ointments that do not require a dressing.

## Skill No. 9 – Providing assistance with inhalers

- Wash your hands and prepare the necessary items.
- Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- Explain to the resident the procedures you will use in assisting him/her. Shake or invert the container several times to mix the liquid. Remove the cap from the inhaler.
- Ask the resident to exhale, and then immediately place the mouthpiece of the inhaler into his/her mouth. Instruct the resident to close lips around the mouthpiece.
- Ask the resident to inhale slowly as either the resident or you push the bottle against the mouthpiece one time.
- Instruct the resident to continue inhaling until his/her lungs feel full, and then hold his/her breath for several seconds or as long as comfortable. Remove the mouthpiece from resident's mouth.
- Instruct the resident to exhale slowly through pursed lips.
- If a second puff is ordered, wait at least 30 seconds for valve pressure to rebuild. Again shake before reusing the applicator. Rinse the mouthpiece with warm water and recap.
- The resident may wish to rinse his/her mouth with water.
- Record that assistance was provided on the MOR and return medication to storage.

## Do's and don'ts for assistance with medication

- Wash your hands before handling medications, after coming into contact with a resident, and/or a topical medication. Wear gloves when appropriate.
- Use clean, disposable cups, spoons, etc. Ensure that the area where you will be assisting residents is clean, organized and clutter free.
- Dispose of used cups, spoons, and/or gloves immediately after each use.
- Make sure that there is good lighting.
- Avoid distractions and interruptions while assisting residents with their medications.
- Never leave medications unattended, even for a minute. If necessary, lock the cart or the area.
- All centrally stored medications must be kept in their legally dispensed and properly-labeled containers. Call the pharmacist immediately if a label becomes smeared or difficult to read.
- Avoid using discolored medications. Call the pharmacist to discuss.
- The same person who provides assistance must record that assistance was provided on the MOR. Ask for help if you are unsure, uncomfortable or have too many residents to assist at once.
- Unlicensed staff are prohibited from providing assistance with medications for which the instructions are unclear or which require judgment or discretion. Seek clarification and/or alternatives from a supervisor.
- Unlicensed persons may assist with "as needed" medication – only at the request of a competent resident.
- Medications cannot be "hidden" in foods or drinks. A resident may knowingly take a medication with food if it's easier for him/her.
- Medications should be given as close to the time prescribed as possible. A general guideline allows no more than one hour either way of the time prescribed.
- Pay close attention to specific instructions, such as "take with food," "remain in a sitting position for one-half- hour after taking," and remind residents of such instructions.

- Speak with residents about their medications and about their concerns. Listen to what they say. You may pick up side effects, confusion, lack of compliance with medications or other problems.
- Be aware of your residents' "normal" appearance and behavior. If changes are observed, consider that it may be due to medications.

Document and report changes to the supervisor and resident's health care provider.

- Check the resident frequently after first doses to evaluate the effect, particularly after administering a new medication.

## Tips for promoting safe medication habits

All staff should "be on the lookout" for unsafe medication practices and for changes in residents' "normal" appearance and behavior.

"All staff" includes housekeeping and dining services staff who see residents regularly. This staff may notice if residents are absent, notice changes to the upkeep of rooms, or notice pills on the floor. All staff should be cross-trained to observe for problems with medications and changes in residents' appearance and behavior.

Encourage residents to be independent, but to accept assistance if needed.

Speak with residents. Ask how they are doing, if they need anything, and if they have any concerns. If nothing else, the resident may appreciate concern for his/her welfare and may be more likely to share concerns when experiencing a problem.

## COMMON MEDICATIONS AND SIDE EFFECTS OF COMMON MEDICATIONS

As a general rule, caregivers are usually required to assist residents with medications because of a physical or mental condition that may limit their ability to self-administer.

CNAs will be assisting residents with medications as prescribed by a health care provider. They also may be assisting with over-the-counter medications that a resident chooses to take. All medications must be used carefully. Part the CNA's role when assisting residents is to be aware that the resident may experience side effects as a result of taking a medication. All medications have side effects, and although we generally think of a medication making a person feel better, some side effects may be very dangerous or life-threatening.

Residents often take many different kinds of medications – each medication taken has a specific effect on the body. As a result, medications are classified according to how they will act within the body. Knowing how the medication is classified will help the CNA to understand its effect on the body.

It is important to have some general knowledge of common medication classifications and their potential side effects, adverse reactions, and drug interactions. Knowledge of common drug interactions can help prevent problems. A "drug interaction" occurs when a drug interacts with other drugs and/or certain foods to produce side effects.

The following are examples of classes of drugs and the most common types used:

### Cardiovascular system medications:

- **Vasodilators** relax or dilate the walls of arteries so that less force is needed to push the blood through. They are used especially to control angina. Common vasodilators are sublingual nitroglycerine (Nitrostat) and isosorbide (Isordil, Imdur).
- **Diuretics**, or sometimes called "water pills," help the body eliminate excess fluids through urinary excretion. Certain diuretics are often given along with antihypertensive drugs to treat high blood pressure. Diuretics are often used to treat congestive heart failure (CHF). Commonly used diuretics include hydrochlorothiazide (HydroDiuril), spironolactone (Aldactone), furosemide (Lasix) and Demadex.
- **Anti-hypertensives** are drugs that lower blood pressure. Hydralazine (Apresoline), captopril (Capoten), nifedipine (Procardia), propranolol (Inderal), methyldopa (Aldomet) and metoprolol (Lopressor) are some of the major antihypertensive drugs.
- **Antiarrhythmic** medications are used to treat irregular heartbeats. They calm the heart so that it doesn't beat too rapidly. Examples of antiarrhythmic medications are digitalis (Lanoxin), quinidine (Quinora) and procainamide (Pronestyl).
- **Anticoagulants**, sometimes called "blood thinners" prevent blood from clotting. Warfarin (Coumadin) is an example of an oral anticoagulant.

Most side effects from cardiovascular drugs come from over-dosage. Report any of the following side effects to the health care provider immediately: Headache, nervousness, "pounding pulse," weakness, flushing of the skin, fainting (especially when a person stands after lying down). Warning: Use of aspirin can be dangerous with anticoagulants.

### Respiratory system medications:

- **Antitussive** drugs are cough suppressants. Codeine is a narcotic antitussive. Dextromethorphan (Dimetapp-DM) is a non-narcotic antitussive.
- **Expectorants** break up thick mucous secretions of the lungs and bronchi so they can be coughed up. Robitussin DM contains an expectorant.
- **Decongestants** reduce swelling and some dry up the mucous membranes. Examples of decongestants include Neo-Synephrine, Benzedrex and Afrin.
- **Bronchodilators** cause the bronchioles to relax and expand which helps ease breathing. Bronchodilator medications are most often prescribed as inhalers and include albuterol (Proventil and Ventolin), Primatine Mist, theophylline (Slo-Bid and Theo-Dur).
- **Medications for the skin:** Each skin disorder has its own best treatment and drugs. Most of the drugs fall into one or more of the following categories:
  - **Protectives and astringents** work by covering, cooling, drying or soothing inflamed skin. Protectives form a long-lasting film. They protect the skin from water, air and clothing to allow healing. Astringents shrink blood vessels, dry up secretions from scrapes and cuts and lessen the sensitivity of the skin.
  - **Antipruritic** medications relieve itching caused by inflammation. Some of these drugs (emollients, oils, creams and lotions) are soothing and relieve the itching. Antihistamines such as Benadryl and Atarax also relieve itching.
  - **Anti-inflammatory** drugs (also called topical corticosteroids) have three actions that work to relieve the symptoms of skin disorders: (1) Relieve itching; (2) suppress the body's natural reactions to irritation; and (3) tighten the blood vessels in the area of the inflammation. Examples of anti-inflammatory drugs are triamcinolone (Aristocort, Kenalog) and hydrocortisone. These are usually to be taken with food to decrease side effects.
  - **Anti-infective** drugs kill or inhibit organisms that cause skin infections. Antibiotic ointments, such as Neosporin and Bactroban, are anti-infective ointments.
  - **Antiseptics** inhibit germs on skin surfaces. They are never given orally. Antiseptics are used to prevent infections in cuts, scratches and surgical wounds. Alcohol and Betadine are antiseptics.



- **Topical anesthetics** relieve pain on the skin surface or mucous membranes by numbing the skin layers and mucous membranes. These are often used to treat wounds, hemorrhoids and sunburn. Solarcaine is a topical anesthetic.
- **Parasitocides** kill insect parasites that infest the skin such as scabies and lice. An example of a parasiticide is Kwell.

#### Urinary system medications:

- **Antibiotics** may be used to treat urinary tract infections. Examples of antibiotics include Cipro, Bactrim and Septra.
- **Diuretics** are used to increase the output of water. Diuretics are often given to maintain normal urine production for persons with kidney disorders.
- **Gastrointestinal** (digestive) system medications: Gastrointestinal disorders may require medications and physical care. Medication alone may not be sufficient to treat the problem. For example, a person with constipation needs to eat fresh fruits and bran, drink water regularly, exercise and get on a regular bowel program.
- **Antacids** relieve gastric and ulcer pain by neutralizing stomach acid. Too many antacids can interfere with digestion. Milk of Magnesia, Maalox, Gelusil and Mylanta are antacids.
- **Acid blockers** block acid from entering the stomach and causing pain. Common acid blockers include: Ranitidine (Zantac), Axid, Prevacid and Prilosec.
- **Antiflatulents** relieve gassiness and bloating that accompanies indigestion. Phazyme, Di-Gel and Mylanta are anti-flatulents.
- **Emetics** produce vomiting in case of poisoning. Ipecac is an emetic syrup.
- **Anticholinergics and antispasmodics** are often used to treat ulcers and irritable bowel syndrome. Dicyclomine (Bentyl) and Levsin are examples.
- **Anti-inflammatory** drugs are used to treat colitis. Examples of such medications are Medrol and Prednisone.
- **Laxatives and purgatives** promote bowel movements. In small dosages, they gently relieve constipation and are called laxatives. In larger dosages, they clean out the gastrointestinal tract and are called purgatives. Purgatives are often given prior to surgery or exams. There are several subcategories of laxatives and purgatives. Some elderly people get in a cycle of use/abuse of laxatives.
- **Stimulants** help push fecal matter through the intestines and include castor oil, Senokot, Dulcolax and Ex-Lax.
- **Saline** softens feces and stimulates bowel movements. Examples include milk of magnesia and Epsom salts.
- **Bulk formers** stimulate bowel movements and include Metamucil.
- **Emollients/lubricants** are lubricants and detergents that work to allow fecal matter to pass more easily through the intestine. Also called stool softeners this group includes docusate (Colace), Peri-Colace and Senokot-S.

Time of administration is important for these medications. Some medications must be given without food. Pay close attention to instructions about giving before, after or with food.

#### Endocrine system:

- **Antidiabetic** agents such as glipizide (Glucotrol), metformin (Glucophage) and glyburide (Micronase, Diabeta) are oral medications used to control blood sugar levels. Injectable antidiabetic agents include insulins such as Humalog, Novolin and Humulin.
- **Hormonal** drugs are used for disorders related to problems with thyroid and pituitary glands, adrenal, pancreas, and ovaries and

testes by regulating hormones. Common hormonal drugs include Thyroid, Synthroid, Vasopressin (Pitressin), and Corticotropin (ACTH).

Ensure that residents take these medications at regularly scheduled times. Do not miss dosages with these medications. The health care provider should be contacted immediately if a resident stops taking his/her medications.

#### Nervous system:

- **Anticonvulsants** are used to treat seizure disorders. Phenytoin (Dilantin), Depakote, carbamazepine (Tegretol), and clonazepam (Klonopin) are examples of anti-convulsant medication. If you have a resident on anticonvulsants, know what to do for a seizure.
- **Psychiatric medications:** Psychiatric medications are given to decrease the symptoms of mental disorders. Each medication helps a certain set of symptoms.
- **Anti-depressants** are used to decrease symptoms of depression such as trouble concentrating, loss of enjoyment, changes in sleeping and eating patterns, or thoughts of wishing to die. Examples include: Elavil– amitriptyline, Paxil – paroxetine, Prozac-fluoxetine, Wellbutrin – bupropion, Zoloft – sertraline.
- **Anti-anxiety** medications are given to decrease symptoms of anxiety such as intense fears, panic, repetitious thoughts, stomachaches, fast breathing and heartbeat, and tremors. These medications are often habit forming. These include: Ativan – lorazepam, Klonopin – clonazepam, Librium – Chlordiazepoxide, Valium – diazepam, Xanax – alprazolam.
- **Anti-psychotic** medications are given to decrease symptoms of psychosis such as hallucinations, delusions or disorganized thinking. Examples: Ativan – lorazepam, Mellaril – thioridazine, Thorazine – chlorpromazine, Risperdal – risperidone, Haldol – haloperidol. Anti-psychotic medications can take as long as a month of consistent administration before they are effective. Close observation is important.

Some side effects associated with anti-psychotic medications are particularly dangerous. Tardive dyskinesia is often seen in persons taking anti-psychotic medications. Left untreated, the symptoms characteristic of tardive dyskinesia can become permanent. These symptoms include involuntary movements such as facial tics, facial grimacing, eye blinking, lip smacking, tongue thrusting, foot tapping, shuffling gait, head nodding, and moving one's head to the back or to the side. If you notice any of these symptoms, notify the health care provider as soon as possible.

- **Mood stabilizing** medications are used to treat the symptoms of bipolar disorder, such as not sleeping for several nights, frantic highs (mania), and drastic lows. Examples: Lithium Lithobid – lithium, Tegretol – carbamazepine, Depakote Depakene – valproic acid. Lithium toxicity is a potentially life-threatening side effect. It occurs when the body has too much lithium. It can happen because of high dosage or dehydration.

Dehydration can result from diarrhea, too much alcohol, a really bad sunburn, vomiting; anything that causes the person to lose a lot of body fluids.

A person who is lithium toxic would have some or all of the following symptoms: Mental confusion, slurred speech, vomiting, diarrhea, severe muscle tremors, severe drowsiness, poor coordination, and coma. If a person seems to be showing signs of lithium toxicity, contact the health care provider or call 911 immediately.

## Understanding side effects of medications

A side effect is the body's reaction to a medication which is different from that of which it was intended by the health care provider.

While it may not be possible to know all of the potential side effects of the medications your residents are taking, there are some general

side effects that you should be aware of. Some mild side effects can be taken care of by simple techniques. More severe side effects should be reported to the resident's health care provider immediately. On the following pages are guidelines for handling these general side effects.

There are also a number of guides or handbooks that you might keep on hand for easy reference and which can usually be purchased at a local bookstore. Sometimes, a leaflet is included with a medication. Keep this and other up-to-date resources handy. There is a table included at the end of this chapter that may also be used as a quick reference guide.

The facility should have clear procedures for responding to changes in a resident's condition. Such procedures should describe the type of changes which should be documented in the resident's record, when changes should be reported to the administrator, nurse, or health care provider and who should call the health care provider. The CNA must know the facility's procedures prior to providing assistance with medication: He/she is responsible for safely assisting residents to take medications.

#### **Common mild to moderate side effects:**

When any of the following effects occur, take appropriate action and report symptoms to the doctor on the next visit.

Symptom.	Action to be taken.
Eyes sensitive to strong sun or light.	Wear sunglasses, hat or visor; avoid prolonged exposure.
Dryness of lips and/or mouth.	Increase fluid intake; rinse mouth often with water; keep sugarless gum handy; ice chips.
Occasional upset stomach.	Drink small amounts of water; eat dry saltines or toast. DO NOT TAKE antacids without consulting the health care provider or pharmacist.
Occasional constipation.	Increase water intake; increase physical exercise; eat leafy green vegetables or bran cereals, etc.
Occasional dizziness.	Get up slowly from sitting or lying-down position.
Tiredness.	Take a brief rest period during the day; consult health care provider about switching daily dosages to bedtime.
Dryness of skin.	Use mild shampoo and soap; use hand and body lotion after each bath; wear seasonal protective clothing.
Mild restlessness, muscle stiffness or feeling slowed down.	Exercise; take short walks; stretch muscles; relax to music.
Weight gain.	Increase exercise; watch diet and reduce overeating.

If no relief is obtained by following these suggestions, call the health care provider.

#### **More serious side effects:**

If any of the following symptoms occur, call the health care provider. Call immediately for any wheezing or trouble breathing, for any swelling in the face, lips or throat and for a rash or hives.

Symptom.	Action to be taken.
Blurred vision.	Difficulty focusing eyes.
Drooling or difficulty swallowing.	Spasms of swallowing muscles.
Body tremors or spasms.	Involuntary shaking or tightening of muscles.
Diarrhea.	Liquid stools (for more than two days).
Severe constipation.	Unable to move bowels (for more than two days).
Muscle rigidity.	Difficulty moving (e.g., masklike face).
Nervousness, inability to sit or lie still, or inner turmoil.	Muscle restlessness in body, arms or legs.
Rash/hives.	Skin eruptions; pimples on body (Notice where they begin and pattern of appearance. A rash can involve internal lesions or peeling skin can be dangerous).
Skin discoloration.	Excessive pigmentation.
Sexual difficulty or menstrual irregularity.	Delayed ejaculation; impotence; breast changes; unusual erections; changes in periods.
Sunburn.	Sensitivity to sun's rays.
Tardive dyskinesia.	Slow, involuntary movements of mouth, tongue, hand or other parts of body.
Sleepiness during the day.	Excessive sedation.
Extreme difficulty urinating.	Bladder tone relaxed.

**Common side effects and drug interactions:**

Category.	Frequently Used.	Watch for:
Heart.	Digoxin, Procardia, Nitropatch, Calan.	Slow pulse, weakness, agitation, dizziness, headache, and local skin irritation from nitro ointments.
Diuretics.	Lasix, Bumex, Hydrodiuril, Demadex.	Nausea, vomiting, loss of appetite, rash, dizziness, headache.
High blood pressure.	Tenorin, Capoten, Aldomet, Zestril. No grapefruit juice with Procardia.	Fatigue, low blood pressure and/or pulse, nausea, vomiting, diarrhea, rash, difficulty breathing, headache, dry cough, swelling tongue.
Respiratory tract.	Antihistamines, expectorants, inhalants. Bronchodilators: Atrovent, Isuprel, Alupent, Theo-Dur, Benadryl.	Restlessness, nausea, vomiting, diarrhea, palpitations, dizziness, headache.
Antibiotics.	Penicillin, Ceclor, Tetracycline, Erythromycin, Cipro, Amoxicillin. Watch antacids and milk products.	New rash, itching, nausea, vomiting, stomach/abdominal pain.
GI tract.	Antacids, anti-diarrheals, laxatives, anti-ulcer (Tagamet, Axid, Zantac).	Dizziness, nausea, vomiting, rashes, itching, constipation.
Steroids.	Medrol, Prednisone.	Delayed wound healing, gastric ulcer common uses, but last resort treatment. Do not stop suddenly.
Sedatives.	Nembutal, Seconal, Restoril, Halcion, Ambien, Dalmane.	Lethargy, hangover, rash, itching, nausea, vomiting.
Antidiabetic agents.	Oral: Glucotrol, Diabeta, Micronase injections: Insulin-Humulin, Novolin.	Nausea, heartburn, rash, facial flushing, dizziness. Low blood sugar, itching, local reaction at injection site.
Thyroid hormones.	Synthroid, Armour Thyroid, Levothyroid.	Nervousness, insomnia, tremor, nausea, diarrhea, headache.
Seizures (anti-convulsants).	Dilantin, Dilantin with Phenobarbital, Klonopin.	Slurred speech, dizziness, insomnia, twitching, headache, increased eye movement, confusion.
Antidepressants.	Elavil, Wellbutrin, Prozac, Pamelor, Zoloft, Desyrel, Paxil. No alcohol.	Drowsiness, dizziness, rapid pulse, blurred vision, nausea, vomiting, rash, itching.
Anti-psychotics.	Thorazine, Clozaril, Haldol, Prolixin. No alcohol.	Low blood pressure, sedation, dry mouth, urinary retention, constipation, rash, muscle stiffness.
Parkinson's.	Eldepryl, Sinemet, Levodopa.	Aggressive behavior, involuntary grimacing or jerking motions, blurred vision, nausea, vomiting, loss of appetite, dry mouth, bitter taste, urinary frequency.
Anticoagulants.	Coumadin: Watch foods high in Vitamin K, watch aspirin.	Bruising, hemorrhage, nausea, vomiting, diarrhea, rash.
Ophthalmic (eye) agents.	Pilocarpine drops, Betoptic drops, Timoptic, Xalatan.	Diminished vision, burning or stinging eyes, headache, nausea, vomiting, cramps.
Analgesics for pain and fever.	Aspirin, Tylenol, Motrin. Narcotics: Tylenol No. 3, Darvocet N, Percocet.	Rash, itching, GI tract sensitive to many of these. Watch for signs of distress, i.e., nausea, vomiting, diarrhea, and ANY SIGN OF BLEEDING (bruising, blood, dark tarry stools). Lethargy, sleepiness, overexcitement, tremors, dizziness.
Miscellaneous.	Fosamax. Miacalcin nasal spray.	Wait 30 minutes after administering before taking any food or medication or lying down. Take with 8 oz. water. Store in refrigerator (keeps two weeks after opening).

Many of the most common side effects of medications are incorrectly interpreted as signs of aging in the elderly including:

- Confusion.
- Forgetfulness.
- Depression.
- Tremor.
- Lack of appetite.

- Constipation.
- Weakness.
- Dizziness.
- Lethargy.
- Diarrhea.
- Ataxia.
- Urinary retention.

**Talking with a resident's health care provider**

When you or another staff member contact a resident's health care provider, be prepared to provide organized information to ask for direction. Review the resident's record prior to contacting the health care provider. Determine the specific conditions or behavior you wish to discuss, including the amount of time the resident appears to have been experiencing such conditions and any other pertinent information you have about the resident. Have the phone number for the pharmacy available. If another staff member speaks to the health care provider,

be sure you find out the results of the contact. Document all calls and instructions given.

Important questions to ask:

- What is the medicine for?
- Will the medicine interact with other drugs the resident takes?
- Are there any special instructions? Does the medication need to be taken with food? Can the resident continue to have alcohol?
- Are there any side effects and should we report them?

- Can we prevent or mitigate the side effects?
- What should we do if the person misses a dose?

If a call is made to the health care provider because the resident appears to be experiencing problems with the medication, do not hang

up until a plan of action has been established. The health care provider might ask the CNA to monitor for certain symptoms or discontinue the medication. Document the conversation in the resident's record.

## Conclusion

One of the most important roles of the CNA is assisting residents to safely self-administer medication. The CNA must complete a training program that includes Florida state law, reading prescription labels, the five rights, common classes of medication, side effects and adverse reactions and procedures to follow, record keeping and medication storage and disposal.

CNAs must always remember that they are assisting residents to self-administer – not administer the medication themselves. They

must recognize when the assistance requires judgment, which can be performed only by licensed staff, not the CNA. They must assist only when they thoroughly understand the prescription label and know when to seek assistance.

The CNA must collaborate with supervisors, pharmacists, and healthcare providers to and stay current with changes in the law and best practices for patient safety.

## Reference

1. State of Florida. Statutes Title XXX, Chapter 429.(2016) [www.leg.state.fl.us/index.cfm?Tab=statutes&submenu=-1](http://www.leg.state.fl.us/index.cfm?Tab=statutes&submenu=-1). Accessed August 26, 2016
- 1.a State of Florida Assisted Living Facility Legislation Effective July 1, 2015. a [http://www.myfloridahouse.gov/Sections/Documents/loadaddoc.aspx?FileName=\\_h1001er.docx&DocumentType=Bill&BillNumber=1001&Session=2015](http://www.myfloridahouse.gov/Sections/Documents/loadaddoc.aspx?FileName=_h1001er.docx&DocumentType=Bill&BillNumber=1001&Session=2015) Accessed August 26, 2016
2. Department of Elder Affairs: State of Florida. Assistance with Self –Administration of Medication. [http://www.falausea.com/Files/DOEA%20MED%20GUIDE%205th%20Edition%20\(May%202016\)%20DRAFT.pdf](http://www.falausea.com/Files/DOEA%20MED%20GUIDE%205th%20Edition%20(May%202016)%20DRAFT.pdf). Accessed August 26, 2016

## ASSISTANCE WTH SELF-ADMINISTERED MEDICATIONS

### Test Your Knowledge

1. Medications ordered by the physician or health care professional with prescriptive authority are to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.  
☐ True ☐ False
2. The 2015 additions to Florida law do not include: Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.  
☐ True ☐ False
3. Unlicensed staff are prohibited from providing assistance with medications for which the instructions are unclear or which require judgment or discretion. Seek clarification and alternatives from a supervisor.  
☐ True ☐ False
4. If any of the following symptoms occur, call the health care provider: Call immediately for any wheezing or trouble breathing, for any swelling in the face, lips or throat and for a rash or hives.  
☐ True ☐ False
5. If a call is made to the health care provider because the resident appears to be experiencing problems with the medication, do not hang up until a plan of action has been established.  
☐ True ☐ False