Origins of medications- review the boxes/hyperlinks below and then watching this interesting video on med production in a factory: https://youtu.be/usd4igwnQX4

production in a factory: https://youtu.be/usd4igwnQX4	
5 sources of med ingredients when produced in the factory -plants: herbs -animals/humans: hormones, insulin -microorganisms: antibiotics -minerals/mineral products: supplements -man-made/ synthetic: a variety of meds	Categories -non-prescription: over-the-counter (OTC) -prescription: must have a doctor order -controlled: narcotic, schedule 2 -non-controlled: everything else
4 medication names for each med -chemical: precise description of composition and molecular structure- when med is produced in the factory - generic: less expensive- when med is sold to a supplier company - brand: trade name label- when med is resold at retail -official: government name of U.S. Pharmacopoeia(USP)	example: -Acetylsalicylic acid -Aspirin -Ecotrin, Bayer Aspirin -Aspirin USP
DEA (U.S. Drug Enforcement Administration) enforces drug laws for public safety and categorizes meds in a schedule 1-5 depending on acceptable medical use and potential danger for abuse/addiction Schedule 1- illicit street drugs: high danger Schedule 2- controlled narcotics: high danger but with Schedule 3- moderate to low danger Schedule 4- low danger Schedule 5- minimal danger	Schedule 1-5 examples: 1. heroine, LSD 2. controlled narcotics: Oxycodone, Ritalin 3. Tylenol with Codeine, Vicodin 4. Ativan, Xanax 5. Robitussin
Liquids: syrup- flavored concentrate, elixir- flavored liquid, suspension- thick insoluble, tincture- for external use Solids: capsule- gelatin casing, enteric coated- hard casing to bypass stomach, sustained release- variable dissolve rate, tablet-compressed powder (can be scored), capseal- sealed, lozenge- flat dissolvable, powder- dry particles, lotion- topical cream, ointment-medicated petroleum (ophthalmic for eyes), suppository- molded for body cavity insertion, transdermal- topical patch/cream/ointment	Med effects based on dose and frequency ***It is critical to observe, document and report the reaction to meds*** Desired effect- the med is working to cure or reduce symptoms Adverse effect- undesirable response to meds such as nausea, vomiting, diarrhea No apparent effect- possibly inadequate dose or not enough time yet for a med response
<u>Drug Interactions</u> meds can interact with each other and/or other substances. The more medications a person is taking, the greater the potential that medications will interact in an unpredictable way.	Variables that impact med effects Age, gender, body weight, physical/mental health, metabolism, timing
Remember the 8 "rights" of safe medication administration: 1. Resident- who the med is ordered for 2. Medication- name of med 3. Dose- strength/ amount of med 4. Route- where the med enters the body 5. Time- when to give the med 6. Reason- why the med is ordered- diagnosis/purpose 7. Refuse- client's legal privilege to say no 8. Documentation- complete all necessary notes/ reports	Always check each med label 3 times: Check the MAR Check the label Check the MAR and label
Medication "orders" are legal directions by a licensed prescriber for specific Residents and meds, following the 1-6 "rights", must be signed and dated to be valid	Pharmacy labels- official information on each med container, includes the 1-6 "rights", quantity, prescriber/pharmacy contact info
For questions/concerns about a med order, contact the prescriber	Contact the pharmacy with label questions