

# Medication Pass Fundamentals Part 2:

The 7 Rights, 3 Way Check, Basics of Preparing and Administering: Oral, Ophthalmic, Otic and Nasal Medications, Common Errors



**Omnicare**  
Pharmacy Services

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# To Access Resources:



Click on the “paperclip” button above the video player to open links to resources.

The image shows a screenshot of a video player and a presentation slide. The video player on the left displays the title "Medication Pass Fundamentals Part 1: Preparation, Errors, Safety, Security and Controlled Substances (Copy)" by Carrie Allen PharmD, CGP. The video is paused at 06:12:39.55. The presentation slide on the right is titled "Presentation Links" and lists "Slides" and "Beers Criteria". The slide also features the "Pharmacy Services" logo and the name "Carrie Allen Pharm.D., CGP, BCPS, CCHP". The slide background shows an elderly couple looking at a newspaper.

# This Program Contains Chapters

[Click Here to Access Chapters:](#)



1. Click on the **'Slide List'** button.

2. Click on the **'Chapters'** button.

Chapter 1 00:00 The 7 Rights, 3 Way Check, and The Basics

Chapter 2 17:53 Route Specific Concerns



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# Intended Audience\*

- Skilled Nursing Facilities (SNF), Assisted Living Facilities/Communities (ALF/ALC), any facility or community setting that offers medication pass as part of their services
- Clinical and non-clinical management: Directors of Nursing, Assistant Directors of Nursing, Regional Nurse Managers, Administrators
- Staff that are involved in performing medication passes or who are in training to perform medication pass: Registered Nurses (RN), Licensed Vocational or Professional Nurses (LVN, LPN), Certified Medication Aides or Technicians (CMA, CMT), etc.
- Staff that may require a refresher or re-training secondary to a medication error
- Facilities who have been permitted by their state governing body to use the training as part of a Plan of Correction

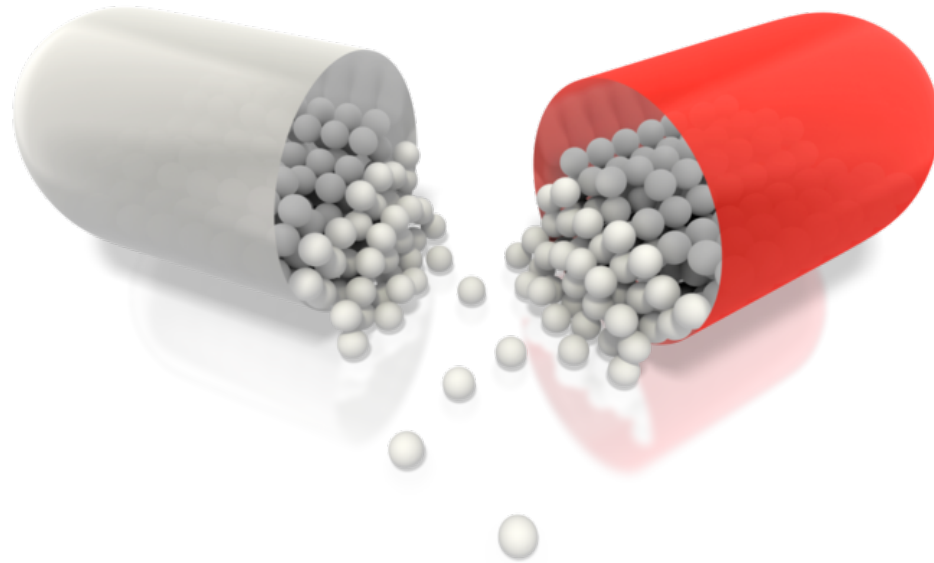
\*Though much of this information is derived from regulations for SNF, these practices will decrease medication errors in any type of facility



# Topics Covered



- Medication Pass Basics/Getting Started
- The 7 Rights
- The 3 Way Check
- Preparing Medications
- Administration of Oral, Ophthalmic, Otic, Nasal Medications
- Common Mishaps and Errors



## How to Begin

General processes for all meds passed

# ***Have your materials ready!***

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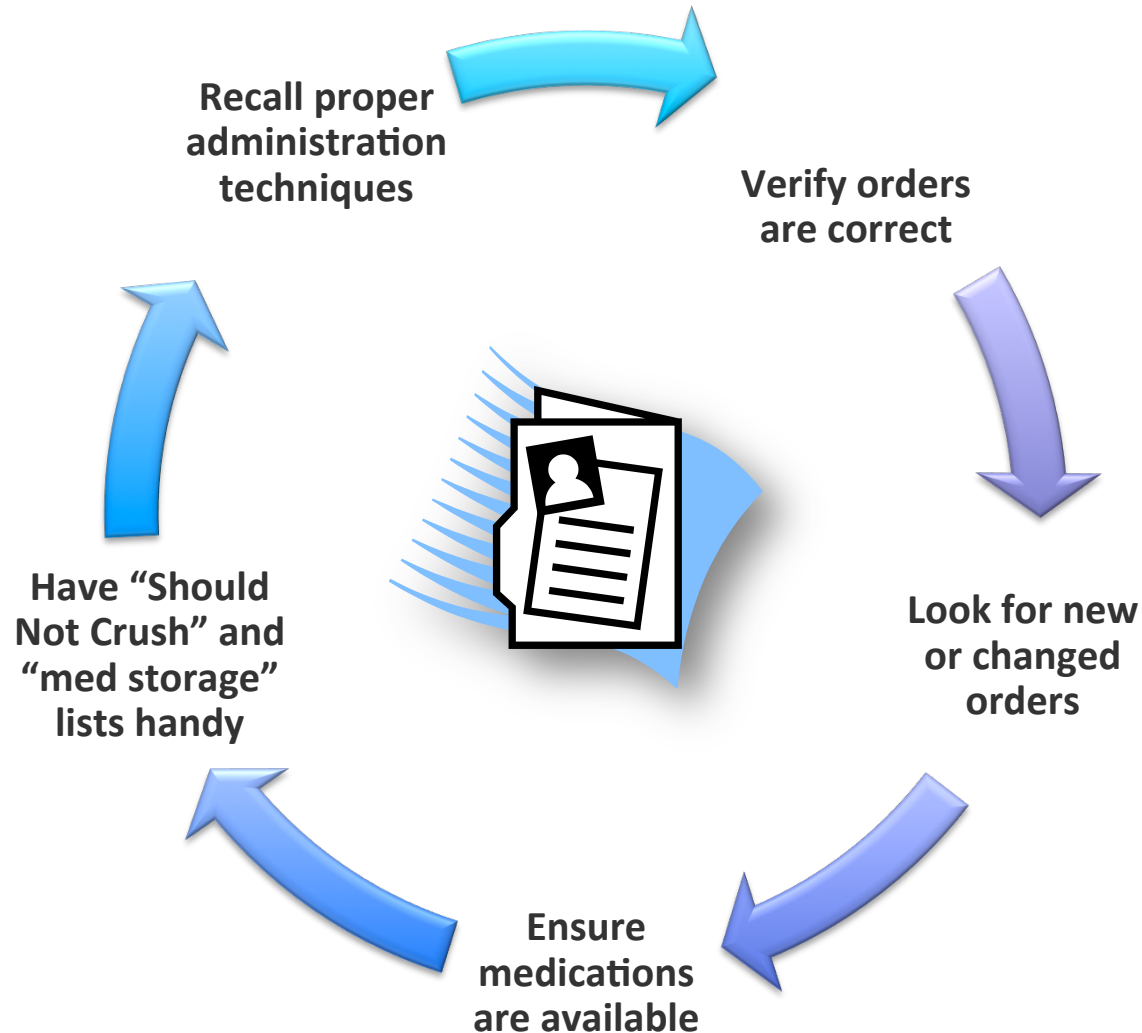
*Reminder: we covered preparation prior to med pass  
in part 1 of this 3 part series*

# How to Begin – General processes for all meds passed

- Understand your facility's policies and procedures and/or any applicable state laws, know where to find these references
- Look at the MAR - never go by memory or by just looking at the medications/ medication cards
- Check for allergies (medicine and relevant food), every single time you pass medications
  - New allergies develop
  - “Drop offs”
  - New medications are prescribed
  - A documented allergy is real until proven otherwise



# Begin with the Basics – Check Orders Before and During Med Pass



# Remember - General processes for all meds passed

- Check the resident's availability and readiness to take his/her medications before you prepare them
- Remember privacy and dignity rules
  - Do not interrupt pleasure activities (e.g., meals) unless there is an order to do so
  - Do not bring the cart into the dining area
  - Do not perform blood sugar checks or administer medications in common areas of the facility, especially: injections, meds given via tube, patches, inhalers, eye drops, ear drops



# Remember - General processes for all meds passed

- Do not pre-pour medications, prepare them immediately before administration



# Remember - General processes for all meds passed



- Only administer medications you have personally prepared
- Only use the medications specifically intended for that resident, no borrowing
  - violates professional standards of practice F281
- Inspect each dose for expiration date, contamination, particulate matter, discoloration, or defect
- “Wasted” controlled substances should be destroyed with another appropriate observer and documented as per facility policy, federal and state laws/regulations



# Remember - General processes for all meds passed



- Wash hands with soap and water before and after the medication pass process as a whole
- Wash hands with soap and water or use hand sanitizer between residents as appropriate (and even during an individual med pass as needed)
- Remember, hand sanitizer should be alcohol based, should be allowed to dry and does not kill the intestinal infection *Clostridium difficile* (must use contact precautions and wash hands before and after)

# Remember - General processes for all meds passed

- ☀ Monitor and record required vital signs; typically you may use vital signs taken within one hour, but check policies and procedures as well as specific medication information
  - Are they applicable? (i.e. are we monitoring the correct sign/symptom related to the medication)
  - Are they in a desired range? If not, take action if they are above or below a specific target
  - Remember some meds require more specific monitoring (e.g., apical pulse for digoxin)
- ☀ Are there signs and symptoms of bleeding if the resident is taking an anticoagulant?
- ☀ More generally, is the resident alert and acting normally?
  - If not, look for medications, situations and medical conditions that need to be addressed



# How to Begin - Preparing medication doses: 3 Way Check

1. Compare each medication to the order on the MAR as it is removed from the resident's medication drawer
  - Check the resident's name, drug name, dosage form, strength or concentration, dosage, administration route, frequency, duration and time it is to be given
  - If there ever is a difference between the MAR and the medication, **stop**
    - Take Action: Review the order in the chart, check with your supervisor, call the pharmacy if needed
    - Do not give the medication until you know the order is correct and the order has been corrected on the MAR

# How to Begin - Preparing medication doses: 3 Way Check

2. Compare the drug to the MAR after it is prepared/poured
3. Compare as you return the medication to storage/immediately before administration to the resident





# How to Begin- Entering room and preparing resident

- Identify yourself – knock on door, explain why you are there
- If resident likes to hold meds in their hand – are their hands clean?
- Explain what meds you are giving and why
- Ensure the resident is correctly positioned to prevent choking, you may have to re-wash hands and use gloves
- If you must set items down on a bedside table or other surface, make sure you have a paper towel handy



# Remember the 7 rights



# Remember the 7 rights



# Hand Hygiene

After administering the medications properly, perform hand hygiene before documenting the administration on the MAR



# Remember the 7 rights



- Document medication was given after giving it, before going on to the next person
- Observe and document if the resident has any ill-effects from medications (and report)
- Record the results of “as needed” (PRN) medications
  - Important with all medications, especially pain medications: record pain level and response to medication
  - Document and communicate to next shift if a response is still pending

# Remember the 7 rights – Right Documentation

- If you are in the middle of preparing meds and realize you are missing a dose, do not stop
- Give the doses you have prepared, and the rest of the medications due for that resident at that time
- Then investigate (or ask for assistance to investigate) and make arrangements to obtain the medication
- Use the emergency kit (E-kit) if necessary
- If you skip a dose or a resident, have a HIPAA compliant process to remind yourself (e.g., flag the MAR), and return to that person as soon as possible – do not forget to document irregularities

# Remember the 7 rights



Document  
omitted doses  
and why

## MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	
Escitalopram (Lexapro) 10 mg. tablet 1 by mouth daily	0900	BZ	TC	AL	KH	CA	BZ	TC	AL	KH	CA			

# Route Specific Concerns

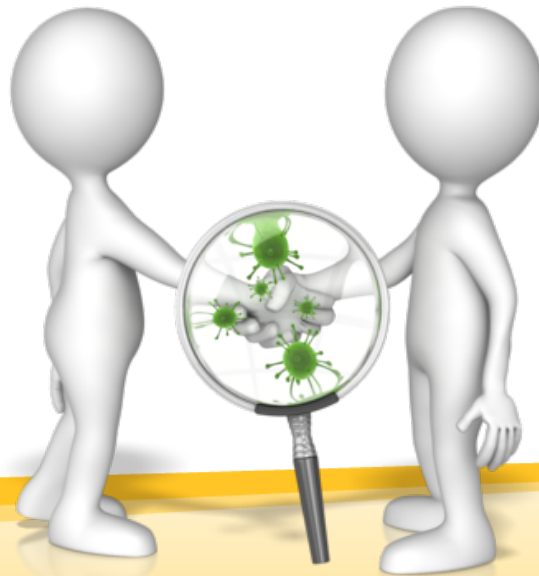
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Oral, Ophthalmic, Otic, Nasal



# Preparing Oral Medications

- Hand hygiene before, during (as needed), and after passing meds
- Do not pop pills or pour liquids while standing over an open med cart drawer, use the top surface of the med cart
- If you accidentally pop an extra pill or one comes out of the blister pack, do not tape it back in, discard it properly and remember to document waste as appropriate



# Preparing Oral Medications

- Keep gloves handy if the pill must be touched
- Use gloves to open capsules, and only open capsules that are allowed to be opened



The screenshot shows the Omnicare website interface. At the top, there is a blue header with the Omnicare logo and navigation links: FAQ | Help | Sitemap | Profile | Close | Welcome, Carrie Allen. Below the header is a search bar with a 'SEARCH' button. The main content area is titled 'Clinical Tools' and contains two links, each with a PDF icon:

- MEDICATIONS WITH THE POTENTIAL FOR SIGNIFICANT ANTICHOLINERGIC SYMPTOMS**  
Complete list of drugs organized by therapeutic class.
- COMMON ORAL DOSAGE FORMS THAT SHOULD NOT BE CRUSHED**  
Table organized by brand name of medicines that should not be crushed. Includes the reason to avoid crushing and, when appropriate, alternative ways of administering.

A red arrow points from the text 'allowed to be opened' in the list above to the 'COMMON ORAL DOSAGE FORMS THAT SHOULD NOT BE CRUSHED' link.

- If a pill drops on/in the cart, floor, trash etc., discard it properly and prepare another dose
- Do not touch the inner surface or rim of the med cup or beverage cup, if you do, discard it and use another one

# Preparing Oral Medications

- If it is allowable in your state and facility to split pills, use gloves and a pill cutter, do not split un-scored tablets
- If you have an order to crush medications, use a pill crusher or mortar and pestle, crush meds into fine powder, mix in applesauce or other item (water for enteral tubes)
  - *FYI: not all medications that are scored can be crushed [e.g. Toprol XL (metoprolol succinate)]*
- If a mortar and pestle is used, clean after each use



# Preparing Oral Medications

- Be sure to adequately shake liquid suspensions so that the dose given is accurate
- Pour liquids into a graduated medication cup that is sitting on the top of the med cart, judge the meniscus at eye level
- Do not pour excess liquid back into the bottle, discard it properly



# Preparing Oral Medications

- Pour liquids with label facing you and wipe up spills immediately, wipe drips on the bottle away from the label and the container opening
- Use oral syringes for fractionated doses, doses less than 5 ml, and for any narrow therapeutic index liquid (e.g., liquid forms of seizure medications)
- Thick liquids may be diluted with water to help residents ingest the full dose, some liquids must be diluted for safety (e.g., potassium liquid)



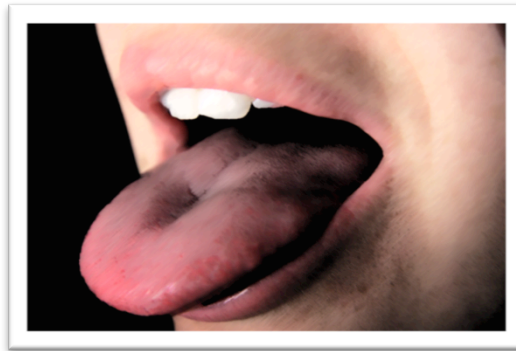
# Passing Oral Medications



- Do not touch the rim or inside of the med cup or drinking glass as you assist residents with taking oral medications
- Encourage water/fluids, but do not rush or force resident to drink too quickly
- Watch the resident take the entire dose of each medication (e.g., even Miralax in 8 ounces of water)
- Ensure all meds are completely swallowed with no issues (e.g., cough, potassium burning throat, complaints of reflux)
- If the resident is vomiting, hold medication, report the issue to the physician, another route or an antiemetic may be indicated
  - *Note: This is another good reason to give medications one at a time*

# Passing Oral Medications

- **Nitroglycerin Spray:** Spray under or onto tongue
- **Buccal Tablets:** Place tablet in upper or lower buccal pouch
- **Sublingual Tablets:** Place tablet under resident's tongue until completely dissolved
- **Orally Disintegrating Tablets (ODT):** Place on the tongue and allow to disintegrate until the particles can be swallowed
- **Buccal, sublingual, ODT:** Do not cut, chew, crush or swallow



# Passing Oral Medications

## Common errors:

- Crushed medication particles left in container/entire dose not given
- Crushing a “Should not Crush” medication without a physician’s order
- Failing to position resident correctly or to elevate head of bed
- Failure to demonstrate appropriate infection control techniques

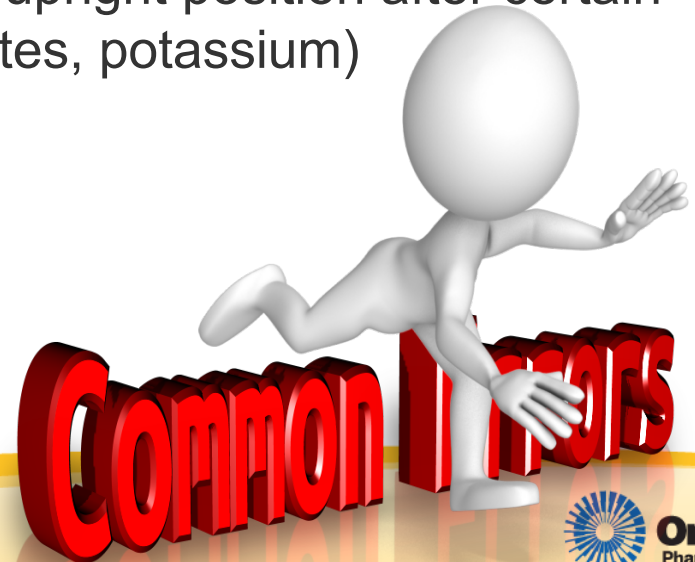




# Passing Oral Medications

## Common errors:

- Omission of dose
- Incorrect dose
- Residents chewing or swallowing sublingual, buccal or orally disintegrating tablets
- Medications such as potassium, bulk laxatives (e.g., Metamucil), NSAIDs (e.g., ibuprofen) are not given with adequate fluids or food
- Resident is not maintained in an upright position after certain medications (e.g., bisphosphonates, potassium)



# Eye Drops and Ointments

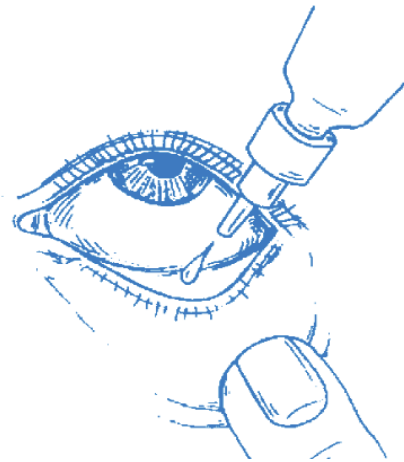


- Determine which eye requires medication and verify dose for each eye
- Have resident in a private location, explain the procedure
- Have resident lie supine or sit with head tilted back
- Wash hands, put on gloves, if using a suspension shake well
- Remove cap and place it “threads up” on a clean surface (this is where paper towels are handy)



# Eye Drops and Ointments

- Hold clean tissue in non-dominant hand just beneath eye lid
- Before instilling medication, instruct resident to look up and away
- Gently pull down lower lid to expose conjunctival sac (make a "pocket")
- Hold dropper/tube in dominant hand above conjunctival sac
- Do not touch dropper/tube to eye or lashes



# Eye Drops and Ointments



- Drops:

- Count drops as they are administered
- After administering, have resident gently close their eyelid to wash the medication over the eye
- Wait time between drops is critical

Same medication: 3-5 minutes

Different medications: generally 5 minutes, though some require 10 to 15 minutes, read manufacturer's instructions

# Eye Drops and Ointments



## Sufficient Contact Time per SOM\*:

“The eye drop must contact the eye for a sufficient period of time before the next eye drop is instilled. The time for optimal eye drop absorption is approximately 3 to 5 minutes. (It should be encouraged that when the procedures are possible, systemic effects of eye medications can be reduced by pressing the tear duct for one minute after eye drop administration or by gentle eye closing for approximately three minutes after the administration.)”

# Eye Drops and Ointments



- Ointments:
  - Apply a thin ribbon, twist tube to “cut” the ribbon
  - After administering, have resident gently close their eyelid and roll the eye around to distribute ointment
  - Ointments may blur vision, so make that a consideration with timing and resident activity after administration
- Recap bottle or tube
- Discard gloves properly and wash hands

# Ear Drops



- Have resident in a private location, explain the procedure
- Have resident lie down with affected ear up
- Wash hands, put on gloves
- Remove cap and place “threads up” on a clean surface (again, this is where paper towels are handy)
- If using a suspension, shake well

# Ear Drops



- Gently pull up and back on ear lobe
- Instill drops into the ear without touching the dropper to the ear/skin/hair in any way
- Have resident remain lying with ear up for 5-15 minutes, lightly placed cotton ball is ok, if allowed by prescriber
- Wash hands
- Wash hands and change gloves in between ears, if both ears require medication

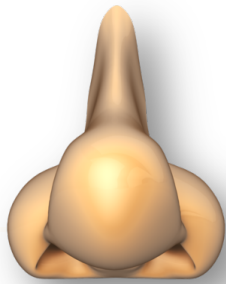


# Nasal Drops, Sprays and Aerosols

- Have a cup or emesis basin present in case drops cause irritation by dripping down the throat
- Wash hands, put on gloves
- Instruct resident to blow nose and breathe through the mouth (note: resident should not blow nose again for ~15 min after nasal medication is administered)



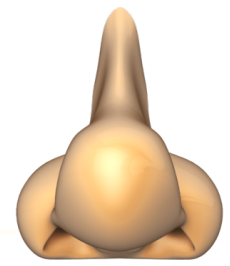
# Nasal Drops, Sprays and Aerosols



## Drops:

- Position resident in supine position
- Push tip of resident's nose up and position dropper just above nostril
- Count drops administered
- Have resident keep head tilted back for 5 minutes and breathe through the mouth
- Clean dropper with warm water, dry and recap

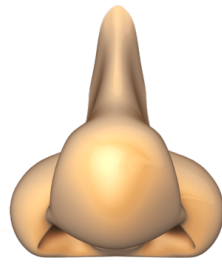
# Nasal Drops, Sprays and Aerosols



## Sprays:

- Resident should be sitting upright with head tilted back slightly
- Occlude one nostril with finger and insert atomizer tip into open nostril
- Instruct resident to inhale and squeeze atomizer once, quickly and firmly
- Repeat after approximately 1 minute if more than one spray is ordered
- Wipe adapter tip and repeat process on other side if ordered
  - note: some medications will not be given in both nostrils (e.g., calcitonin is given in one nostril one day and alternates nostrils each day)
- Instruct resident to keep head tilted back for several minutes and breathe slowly through nose

# Nasal Drops, Sprays and Aerosols



## Aerosols:

- Shake aerosol well immediately before use
- Position resident upright with head tilted back
- Insert adapter tip into nostril,(no more than ¼ inch in most cases), while occluding the other nostril with finger
- Press adapter and cartridge together to release one measured dose of medicine
- Have resident remain with the head tilted back for several seconds to allow medication to reach the surfaces of the nostril
- Repeat in same or opposite nostril as ordered
- Remove medication cartridge and wash nasal adapter in lukewarm water, dry before placing cap
- Discard gloves properly and wash hands

# Common Errors for Eye, Ear and Nose Medications

- Incorrect positioning of resident
- Omission of dose
- Incorrect dose
- Failure to shake suspensions
- Improper storage of medication/expired medication
- Infection control
  - Failed to use gloves or wash hands
  - Touched tip of applicator to body
  - Placed cap threads down on an unclean surface
- Resident's rights/privacy



# Recommended Monthly Schedule of Medication Administration Review for Clinical Staff

- As mentioned in part 1 of this 3 part series, it is recommended that clinical management consistently review med pass techniques with current and new staff as an internal quality assurance measure to ensure competency
- Breaking tasks down month by month may help make this a manageable task, an example of a potential approach to this is below:

Policy/Procedure Review/Observation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Medication Administration</b>												
Administration of Eye Drops	X					X						
Administration of Eye Ointment	X						X					
Blood Glucose Monitoring Procedure		X						X				
Administration of Nasal Medication			X						X			
Administration of Metered Dose Inhaler			X							X		
Administration of Enteral Tube Medication				X							X	
Administration of Small Volume Nebulizer					X							X
Documentation review / policy and procedure	X	X	X	X	X	X	X	X	X	X	X	X
Other:												

**Don't forget to “lead by walking around” and coach on all med-pass irregularities observed on a day-to-day basis**

# Resources

- Omnicare Facility Procedural Manual
- Omniview: Medication Administration Policies
- Centers for Medicare and Medicaid Services. State Operations Manual, Appendix PP Guidance to Surveyors.  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- DHHS, CMS Center for Clinical Standards and Quality/Survey & Certification Group Memorandum to State Survey Agency Directors. Clarification of guidance related to Medication Errors and Pharmacy Services. Ref: S&C: 13-02-NH. 11-02-12.  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-02.pdf>