Medication Pass Fundamentals Part 2:

The 7 Rights, 3 Way Check, Basics of Preparing and Administering: Oral,

Ophthalmic, Otic and Nasal Medications, Common Errors



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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



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!

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

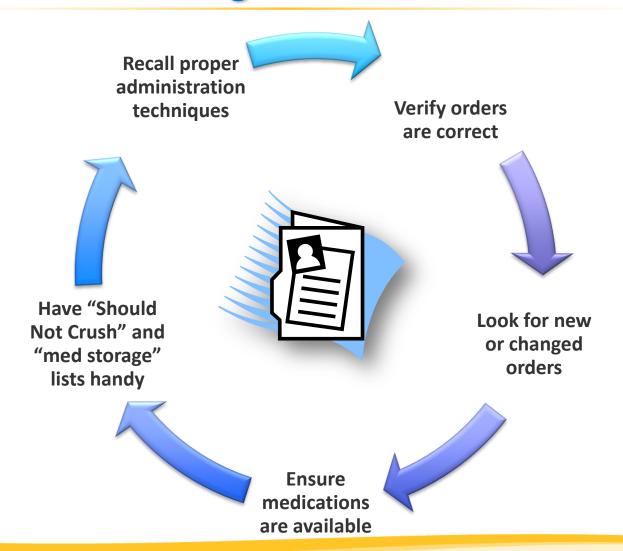


How to Begin – General processes for all meds passed

- 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





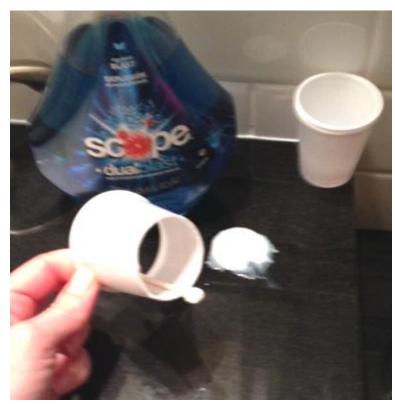
- Check the resident's availability and readiness to take his/her medications before you prepare them
- Remember privacy and dignity rules
 - Do not interrupt pleasure activities (e.g., meals)
 unless there is an order to do so
 - Do not bring the cart into the dining area
 - Do not perform blood sugar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



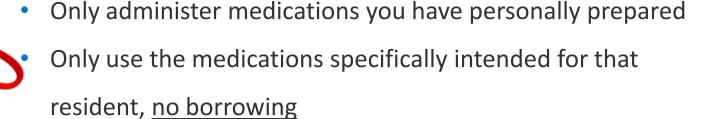


Do not pre-pour medications, prepare them immediately before administration









-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





- 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)

- 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

- 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 it has been corrected on the MAR



How to Begin - Preparing medication doses: 3 Way Check

- 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



MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5 6	5 3	7 8	9	10	11	12
Escitalopram (Lexapro)		ßZ	TO	AL	KH	CA	βz	.To	AL	KH	CA)
10 mg. tablet	0900	, ,									9	
1 by mouth daily				-		1						
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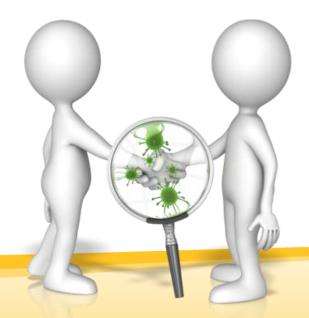


Route Specific Concerns

Oral, Ophthalmic, Otic, Nasal



- Hand hygiene before, during (if 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





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



- 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



- 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 it is allowable 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





- 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





- 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 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



- 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



- Buccal Tablets: Place tablet in upper or lower buccal pouch
- Sublingual Tablets: Place tablet under resident's tongue until completely dissolved
- Nitroglycerin Spray: Spray under or onto tongue





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



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)

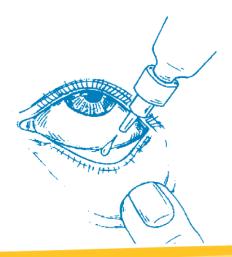




- Determine which eye requires medication and verify dose for each eye
- Have resident in a private location, explain the procedure
- Have resident lie supine or sit with head tilted back
- Wash hands, put on gloves
- Remove cap and place it "threads up" on a clean surface (this is where paper towels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



- 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





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

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







<u>Sufficient Contact Time per SOM*:</u>

"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.)"





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



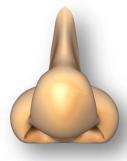
Ear Drops

- 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 <u>and</u> change gloves in between ears, if both ears require medication



- 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)





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





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





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 <u>internal quality assurance measure</u> 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
Medication Administration												
Administration of Eye Drops	X					Х						
Administration of Eye Ointment	Х						Х					
Blood Glucose Monitoring Procedure		Х						Х				
Administration of Nasal Medication			Х						Х			
Administration of Metered Dose Inhaler			Х							X		
Administration of Enteral Tube Medication				Х							Х	
Administration of Small Volume Nebulizer					Х							Х
Documentation review / policy and procedure	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
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/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. 11-0212. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-02.pdf

