

5 Elements of a Great Med Pass



Carrie Allen, PharmD, CGP

5 Elements of a Great Med Pass

– The Basics



1. Professionalism (name tag, appearance, med cart organization)
2. HIPAA & dignity (cover MAR, resident given respect & privacy)
3. Technical (crushing, order correctness, administration technique)
4. Infection control (hand washing, sanitizer, pill touching, eye dropper tips, clean pill counters)
5. Med safety (stored correctly, not expired, controlled substances double locked, cart locked, & keys secured)

Professionalism:
It's not all about
you...but it kind of is



It's not really about you showing your
individuality, it's about showing you are
competent to do the job

Professionalism in long term care — Carrie Allen



- ❧ Application of specialized knowledge in the workplace while simultaneously showing dedication, responsibility, courtesy & care for residents that goes beyond just doing the job/bare minimum.

Professionalism



- ❧ Name tag – wear it
- ❧ Appearance – neat, clean, professional
 - ❧ Residents can look like they've just gotten out of bed. You shouldn't.
- ❧ Med cart organization
 - ❧ Orderly- meds by route of administration –
EASIEST FIX
 - ❧ Clean
 - ❧ NO FOOD...NONE...I don't care who brought it to you

Pitfalls to Professionalism



CMA/LVN/RN intimately care for and connect with residents

The AL/NH are “homey” environments, we may get too relaxed in our approach to the job

CMA/LVN/RN are pulled in a million directions and become stressed and drained

Families may work against you unintentionally

CMA & LVN/RN don't always work together as a team

Life isn't fair



- ❧ Reviewers typically watch much more closely if you &/ or your cart look sloppy – surveyors too
- ❧ If you have food on your cart on/in your cart –
 - ❧ I often do narcotic audits on messy/food stocked carts
 - ❧ Kind of sneaky, as if the rules don't apply to you
 - ❧ Gross, food should be kept away from meds (bugs like food)
 - ❧ What if your waiter had his coke & snacks on your serving tray for personal use? Service in all industries.

Dignity & HIPAA



HIPAA

- ❧ Cover MAR & flag to the right
- ❧ Cover notes/vitals
- ❧ Blister packs – cross out rx #, name, anything that is traceable, especially if in trash
- ❧ Reorder stack- NOT on cart, keep it in cart or elsewhere

Dignity & HIPAA



Dignity (resident given privacy & respect)

- ❧ Don't do BS checks or give insulin in the hall
- ❧ Pull curtain in room
- ❧ Don't do BP at the dinner table, privacy for vitals
- ❧ Don't bring med cart into dining area
- ❧ Minimize number of meds given with meals

Dignity & HIPAA



Dignity (resident given privacy & respect)

- ❧ Identify yourself & why you are resident room
- ❧ Tell them what meds you are giving & answer any questions the resident has
- ❧ Know why you are giving each medication, specific to the resident
 - ❧ e.g. warfarin- valve, A-fib, hx DVT
 - ❧ If an aerobics instructor can do it...

Technical Aspects of Passing Medications



FYI for people who don't know:

PASSING MEDS IS NOT EASY !!!!!!!!!!!!!!!!!!!!!

The logistics are easy math:

20 people x 5 meds a piece = pass & WATCH 100
meds in an hour (often 3 times this number)

Mistakes can kill people. Lawsuits are expensive

Technical Aspects of Passing Medications



Agency for Health Care Research & Quality (Dept of
Health & Human Services)

1997 - 2008. Admissions for all medication and drug
related conditions increased in people 45 & older:

45- to 64-year-olds increased by 117 %

65 to 84 increased by 96 %,

≥ 85 and older, increased by 87 percent.

<http://www.ahrq.gov/news/press/pr2010/hospmedpr.htm>

Technical Aspects of Passing Medications



Technical

- ❧ Order correctness: MD order in chart matches MAR matches blister pack bottle.
- ❧ Use your “Change in Directions” sticker, if the med can still be used.
- ❧ In TX you HAVE to do this if meds can be used, per DADs
- ❧ Why can't you just change the label? NOT legal, scope of practice

Technical Aspects of Passing Medications



Technical - Be PREPARED with supplies

- ❧ **MEDS**, Cart (take it with you when you can), Keys
- ❧ water (dated)
- ❧ cups (med & drink)
- ❧ spoons (handle out)
- ❧ crusher & crushing envelopes (Be aware of paper cup issues)
- ❧ pudding, jelly, etc for mixing (dated & covered)

Technical Aspects of Passing Medications



Technical - Be PREPARED with supplies

- ❧ Tissues (eyedrops, nasal sprays), paper towels
- ❧ Trash & Sharps Container
- ❧ Needles (regular and filter)
- ❧ Gloves (correct size)
- ❧ Sanitizer/alcohol DOES NOT ELIMINATE NEED TO WASH HANDS (e.g. C. difficile)
- ❧ Thickener (Miralax interacts, could use Simply Thick)

Technical Aspects of Passing Medications



Technical – Do it Right, these are the **basics**, the MINIMUM STANDARDS

- ⌘ Again, make sure orders match meds, triple check labels/orders/resident/drug when preparing meds
- ⌘ NEVER EVER pass any medication you have not prepared personally
- ⌘ NEVER EVER pre-pour medications, save meds that weren't given, put pills back in bottles, tape meds into blister packs

Technical Aspects of Passing Medications



Technical – Do it Right, these are the **basics**, the
MINIMUM STANDARDS

- ❧ Guess what?
 - ❧ Insulins, breathing treatments, skin treatments **are medications all these rules apply**
- ❧ 6 Rights when passing meds:
 - ❧ RIGHT med, dose, time, person, route, documentation
 - ❧ Learn them, live them, love them (they save lives)

Technical Aspects of Passing Medications



6 Rights when passing meds:

❧ 1/6 RIGHT medication –

- ❧ COMPARE the medication to the medication order ,
- ❧ LOOK at the med, CMA have caught A LOT of RX misfills. THANK YOU!!

❧ 2/6 RIGHT time –

- ❧ Generally we have 1 hour before & after
- ❧ Some meds are more specific (1 hour before a meal, with a meal, at least a half hour before meals)

Technical Aspects of Passing Medications



6 Rights when passing meds:

∞ 3/6 RIGHT dose –

∞ if nurse does calculations, double check

∞ have another nurse check the calculation

Technical Aspects of Passing Medications



6 Rights when passing meds:

❧ 4/6 RIGHT person –

- ❧ COMPARE the resident name on medication label to the MAR
- ❧ COMPARE picture to resident
- ❧ VERBALLY ID the resident “ Hello Mrs. Butcher”

❧ 5/6 RIGHT route –

- ❧ Check, check, check BEFORE giving the medication.

Technical Aspects of Passing Medications

6 Rights when passing meds:

- ❧ 6/6 RIGHT **documentation** – Document before, during and after.
 - ❧ **Before:** Count & document controlled substances on count sheet the minute they are prepared to give to the resident
 - ❧ **During:** Document that meds were given during the pass, for each resident as you go,
 - ❧ Do **not** document all residents after the pass at the same time
 - ❧ **After:** if med was refused, or could not be given

Technical Aspects of Passing PO Medications

- ❧ Clean & disinfect work area/med cart.
- ❧ Ensure equipment is on hand (water & med cup, spoon, etc.)
- ❧ Do you have the vitals related to the med?
 - ❧ Are they applicable & desirable?
 - ❧ Apical pulse digoxin,
 - ❧ BP meds- is BP too low, HR affected, are orthostatic BP required,
 - ❧ is resident alert and acting normally

Technical Aspects of Passing PO Medications

Wash hands before set up of med. Possibly use Sanitizer

- ❧ Prepare the **RIGHT MED** at **RIGHT DOSE & TIME**
 - ❧ Crushing: is it crushable, keep a list in MAR book
 - ❧ Do you have crush orders
 - ❧ Crush into fine powder, no jagged edges
 - ❧ Do NOT TOUCH meds with your hands
 - ❧ Check again that you have the right med at right dose and time & med NOT EXPIRED
- ❧ Lock med storage area while meds are given. KEEP KEYS

Technical Aspects of Passing PO Medications



Identify the resident, ensure this is the **RIGHT** person

- ☞ If resident likes to hold meds in hand are their hands clean?
- ☞ Explain what meds you are giving and why (always explain reason for the meds or any treatment, procedure)
- ☞ Ensure the resident is correctly positioned to prevent choking, you may have to re-wash hands, use gloves.
- ☞ Administer meds by the **RIGHT** route

Technical Aspects of Passing PO Medications



- ❧ **Actively encourage water/fluids** – every time, not just what you think they drink usually
- ❧ **WATCH & WAIT** to ensure all meds are swallowed with no issues
 - ❧ Potassium burning?
 - ❧ Are they coughing, clearing throat?
 - ❧ C/O Reflux?

Technical Aspects of Passing PO Medications

- ❧ Dispose of supplies: cups, spoons, tissues, etc.
- ❧ Wash hands after giving meds. Possibly use sanitizer, are resident's hands clean too?
- ❧ Document immediately after giving meds. OR chart by exception
- ❧ Double check MARS, ensure all meds were given & initialed
- ❧ Circle & document omissions. Note and report any issues with pass or unusual responses to meds.

Technical Aspects of Passing PO Medications



LIQUIDS:

- ❧ Place lid to bottle on cart with inside surface facing up (avoid contamination)
- ❧ Pour medicine at eye level and double check on flat surface. Use meniscus.
- ❧ Seizure meds, high dose morphine, anything less than 5 ml, use an oral syringe.
- ❧ Never EVER put syringe into the bottle. Luer lock tops?

Technical Aspects of Passing Eye Drops

EYE DROPS: PRIVACY, drops in date

- ☞ Hands washed before, gloves worn & hands washed after
- ☞ Ensure resident is seated & can comfortably place head back .
Place drops in “pocket of the eye”
- ☞ Use separate tissues for each eye, some surveyors also require separate gloves for each eye.
- ☞ Eyedropper **cannot** touch eye or eyelashes
- ☞ Double check drops instilled correctly, no overfill
- ☞ Wait time between drops is critical (general 5 min, some meds require 10 min Cosopt, Trusopt, Timolol XE, 15 min for contacts)

Technical Aspects of Nasal Sprays



Nasal Sprays- PRIVACY (not at table), meds in date

- ☞ Hands washed before, gloves worn & hands washed after
- ☞ Resident blows nose to clear nasal passage & tilts head back
- ☞ Provide tissue for drainage
- ☞ Shake it needed. Administer correct dose into correct nostril(s). (Calcitonin)
- ☞ Clean top of sprayer (can use alcohol wipe on some, not all)

Technical Aspects of Inhalers



Inhaler administration

- ❧ Inhaler (in date) & shaken well
- ❧ Resident should breathe out fully
- ❧ Resident should breathe in deeply while canister depressed & hold breath as long as possible, breathe out slowly.
- ❧ Timing: Wait 1 minute between puffs of same medication; Wait 5 minutes between puffs of two different meds
- ❧ Steroids- rinse and spit
- ❧ Clean/wipe inhaler apparatus, store in clean area

Technical Aspects of Patches



PATCHES- PRIVACY

- ❧ Patch (in-date) package is opened, patch left inside until used
- ❧ Hands washed before, gloves worn & hands washed after
- ❧ Make sure other patch has been removed, dispose correctly
- ❧ Place patch properly in correct area (tricky), hold in place
- ❧ Date and initial patch & MAR, document WHERE patch placed, typically we rotate sites, Lidoderm no

Technical Aspects of Creams, Ointments etc



TOPICALS/TREATMENTS- PRIVACY

- ❧ Product (in-date), hands washed before, gloves worn & hands washed after.
- ❧ Remove cream from jar/tube using an applicator/tongue depressor, (Insert into jar x 1 only), do not take product containers into room
- ❧ Apply to affected area as ordered, observe infection control issues
- ❧ Change gloves and wash hands between different areas/wounds.

Technical Aspects of Creams, Ointments etc



TOPICALS/TREATMENTS- PRIVACY

- ❧ Does the topical make sense
- ❧ Has issue resolved? Is it prophylactic?
- ❧ If PRN, PRN what?
- ❧ Capsaicin- no mucous membranes...could resident get it in their eye nose mouth, anus vaginal area?

Technical Aspects of tube meds & insulins



- ⌘ GENERAL: PRIVACY, DATES, CRUSHABLE
- ⌘ Insulin: **in date –date when opened/expires**, privacy, gloves, never pull up more than one insulin at a time, If mixing know what can and cannot be mixed.
- ⌘ Tubes: have crush orders, **are meds crushable (list)**, equipment ready, check placement, correct flushes, use gravity – don't push, mixing of meds (crushing & feedings)
- ⌘ To be continued...

Aspect 4: Infection control



- ∞ Infection control, med storage away from contaminants, insulin in date (sterility vs. stability)
- ∞ Hand washing vs. sanitizer between residents and mucous membranes- don't come to work ill
- ∞ Don't touch your face, nose, mouth, hair etc with out washing your hands before resuming med pass
- ∞ Rings can tear gloves, necklaces can catch on resident clothing, fake nails breed fungus

Aspect 4: Infection control



- ❧ NO pill touching, NO applicator/apparatus touching
- ❧ Know your bugs (C. difficile)
- ❧ Clean apparatus & clean storage: eye dropper tips, nose sprays/drops, inhalers
- ❧ Clean pill counters, crushers, med carts (tops & insides)

Med Safety



- ❧ Meds stored correctly (temp, clean area, not mixed with other routes of administration)
- ❧ D/C & expired meds are removed from meds with “good orders” ASAP. On same shift discovered.
- ❧ Controlled substances double locked (different keys)
- ❧ If cart is traded off (for any reason) controlled substances are counted, keys are secured

Med Safety



- ❧ Shift to shift counts are performed and all signatures are in place
- ❧ Cart locked when not physically being touched/used, keys secured (not “hidden” in med book)
- ❧ Cart visible to nursing station or locked away when not in use

REVIEW

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The Basics

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Thank You

- ❧ There is no such thing as perfection, we can only get better as we develop the skill to keep all these items straight
- ❧ Med passes are important, med passes are technically difficult
- ❧ Remember these are frail people depending on you
- ❧ Think of these 5 elements as ways to be caring using the special skills of your profession
- ❧ Most importantly, these elements all came about from actual harm coming to a person. They aren't arbitrary. You are helping people by following them.

QUESTIONS?



PLEASE CONTACT US WITH QUESTIONS

NO QUESTIONS ARE STUPID, WE ALL LEARN FROM ONE ANOTHER