



Student Resource Guide

5. Medication Management, Part 2



Student Resource Guide: SESSION 5

Medication Management: Part 2

OUTCOMES

When you finish this session, you will be able to:

- ▶ Describe Community Care Licensing requirements for handling and storing prescription, over-the-counter, and PRN medications.
- ▶ Document medication-related information, including: self-administration, missed doses, errors, side effects, and drug interactions.
- ▶ Identify medication side effects and drug interactions.
- ▶ Describe required reporting procedures in cases of medication side effects and drug interactions.
- ▶ Identify appropriate responses to severe side effects that may be life threatening.
- ▶ Identify procedures for destroying medication.
- ▶ Describe procedures for packaging medication for self-administration away from the home.

KEY WORDS

Allergic Reaction: A reaction caused by an unusual hypersensitivity to a medication (or insect stings or certain foods).

Medication: Substance taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Medication Error: Any time the right medication is not taken as prescribed.

Medication (Drug) Interactions: The result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or nutrients.

Ophthalmic: Refers to the eyes.

Otic: Refers to the ears.

PRN (*pro re nata*) Medication: An abbreviation that means “as needed.” Refers to prescription or over-the-counter (OTC) medication.

Side Effects: Effects produced by medication other than those for which it was prescribed. Sometimes side effects, such as a severe allergic reaction, can be deadly.

Topical: Applied to a certain area of the skin.

Handling Medications in Licensed Care Facilities

In this session you will learn about correct handling, ordering and storing of medications, how to record and report medication errors, recording, and problem-solving when an individual refuses a dose of medication and about PRN medications. You will also learn more about observing, reporting, and recording medication side effects and drug interactions.

Ordering Medications from the Pharmacist

It is essential that medications are ordered from the pharmacist on a regular basis so that the individual always has needed medication. It is a good idea to order refills a week before running out. New medications should be ordered immediately after being prescribed by the doctor.

Some pharmacies provide extra services and package medications in ways that can be helpful, such as bubble packs. Prepackaged bubble packs are popular, but it is essential for the DSP to understand how to use them.

Storage

Community Care Licensing regulations require that all medications entering the home be logged in a Centrally Stored Medication and Destruction Log (Appendix 5-A). A centrally stored record of medications for each individual must be maintained for at least one year.

All medication in a licensed community care facility home must be centrally stored in locked cabinets or drawers, unless ordered otherwise. The medication storage area should provide an environment that is cool, dry, and away from direct sunlight.

If a centrally stored medication requires refrigeration, it must be in a locked container. It is recommended that you use a thermometer and keep the refrigerator in the 36–40 degree range.

If an individual takes medication without assistance, the medication must be locked in a secure place, like a bedside drawer, in the individual's room.

Destruction

If a medication is discontinued by the doctor or is past the expiration date on the label, or if a person leaves the home and does not take his or her medicine to the new residence, the medication must be returned to the pharmacy or destroyed by the facility administrator or designee in the presence of another adult who is not a resident. Multidose packages must be returned to the pharmacy when a medication is discontinued. Document disposition of medications on the Medication Log and on the Medication Destruction Log required by Community Care Licensing.

Each facility should have a written procedure for the destruction of medication. You may consult the dispensing pharmacy for the proper method of destruction.

PRN means the medication is taken “as needed” to treat a specific symptom. PRN medications include both prescription and over-the-counter medications. PRN medications must always be ordered by a doctor. Community Care Licensing has established specific requirements for staff to assist individuals with self-administration of PRN medications.

Community Care Licensing Requirements for PRN Medications for Children and Adults

In CCFs, how PRN medications are handled depends upon the individual’s needs and the type of facility. For every **prescription and over-the-counter (non-prescription) PRN medication** for which the DSP provides assistance there must be a signed, dated written order from a doctor, on a prescription blank, maintained in the individual’s record, and a label on the medication. Both the doctor’s order and the label shall contain at least all of the following information:

- Individual’s name
- Name of the medication
- The specific symptoms that indicate the need for the use of the medication.
- The exact dosage.
- The minimum number of hours between doses.
- The maximum number of doses allowed in each 24-hour period.

Each dose of PRN medication should be recorded on the individual’s Medication Log.

PRN Medications (continued)

Additional Requirements for Assisting Adults with PRN Medication

In an adult residential facility:

1. The DSP may assist an individual with self administration of his or her **prescription or over-the-counter PRN** medication when the doctor has stated in writing the individual is able to determine and clearly communicate his or her need for the PRN medication. The doctor's signed, dated statement must be kept in the individual's record.
2. The DSP may assist an individual with self administration of his or her **over-the-counter PRN** medication when the doctor had stated in writing that the individual is unable to determine his or her need for the over-the-counter medication, but is able to clearly communicate the symptoms. The doctor's signed, dated statement must be kept in the individual's record.
 - The doctor's written order must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
 - A record of each dose, including the date, time, and dosage taken, and the individual's response, must be kept in the individual's record.
3. DSPs designated by the administrator may assist an individual with self administration of his or her **prescription or over-the-counter PRN** medication when the individual is unable to clearly communicate his or her symptoms.
 - Before assisting with each dose, the DSP must contact the individual's doctor, describe the symptoms and

get directions for assisting the individual. The DSP must write the date and time of each contact with the doctor, the doctor's directions, and maintain this information in the individual's record.

- A record of each dose, including the date, time and dosage taken, and the individual's response, must be kept in the individual's record.

Additional Requirements for Assisting Children With PRN Medications

In a small family home for children the DSP may assist a child with a **prescription or over-the-counter PRN** medication without contacting the doctor before each dose when the child is unable to determine and/or communicate his or her need for the PRN medication when:

- In addition to the information on the doctor's order and the medication label required for all CCFs, the doctor's written order for children in a small family home must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
- The medication must be given in accordance with the written doctor's order.
- A record of each dose, including the date, time and dosage taken, and the individual's response, must be kept in the individual's record.

Remember: For both children and adults, for every PRN medication for which the DSP provides assistance there must be a signed, dated written order from a doctor, on a prescription blank, maintained in the individual's record, and a label on the medication.

Refusal of Medications

An individual has the right to refuse his or her medication. It is the DSP's responsibility to work with and support the individual in taking his or her medicine. If an individual refuses to take the medication, ask "Why?" Do not try to crush or hide the medication in the individual's food to get him or her to take the medicine.

Reasons for Medication Refusal and Possible Helpful Suggestions

The following is a list of some common reasons an individual might refuse to take his or her medication and suggestions on how to provide assistance.

Unpleasant Taste

- ▶ Give the individual ice chips to suck on just before taking the medication. This will often help mask the bad taste.
- ▶ Ask the doctor or pharmacist if the medication can be diluted to cover a bad taste. Ask the physician or pharmacist if there is a juice compatible with the medication that can be used (for example, apple juice). A note to this effect should be on the prescription label.
- ▶ Provide crackers, apple, or juices afterwards to help cover up the bad taste.

Unpleasant Side Effect - Drowsiness

Report the unpleasant side effect and ask the prescribing doctor if the individual can take the medication at a different time (such as before bedtime). Also ask about changing the medication or treating the side effect.

Lack of Understanding

Provide simple reminders on what the name of the medication is and what the medication does. For example, "This is Depekene medication that stops your seizures."

Denial of Need for Medication

Discuss the need for the medication, but do not argue. It may help to show the individual a statement written by the physician; for example, "Alma, you take your heart medication everyday."

Documenting and Reporting

Medication refusal needs to be documented on the medication record and brought to the attention of the prescribing doctor. The doctor may be able to accommodate an individual's medication preference or special health consideration. Any unused dose should be set aside and destroyed in an acceptable way.

Packaging of Medications for Dose Away from Home

The DSP may package a single dose of each medication needed for no more than a day to be taken at work, a day program, or elsewhere, such as on a home visit. With the doctor's written approval, the medication can be carried by the individual who will take it. Otherwise, the medication is to be given to a responsible party in an envelope (or similar container) labeled with:

- ▶ The facility's name, address, and phone number.

- ▶ The individual's name.
- ▶ Name of the medication(s).
- ▶ Instructions for assisting with self-administration of the dose.

If an individual is regularly taking a dose of medication at school or at a day program, tell the physician and pharmacist. The doctor may order a separate prescription for a particular dose of medication.

Medication Errors

Every medication error is serious and could be life threatening. The DSP's job is to safely assist individuals to receive the benefits of medications. Preventing medication errors is a priority. In this training you have learned the best way to help individuals take medication safely and to reduce the risk of errors. But even in the

 best of situations, errors may occur. When they do, you need to know what to do.

A medication error has occurred when:

- ▶ The **wrong** person took the **wrong** medication.
- ▶ The **wrong** dosage was taken.
- ▶ Medication was taken at the **wrong** time.
- ▶ Medication was taken by the **wrong** route.
- ▶ Medication was **not** taken.

Every medication error is serious and could be life threatening.

If an error does occur, it must be reported immediately to the prescribing doctor. Follow the doctor's instructions.



The error must be recorded either in the Medication Log (Appendix 5-G) or other document specific to your home. The record should include the date, time, medication involved, description of what happened, who was notified, doctor's name, instructions given, and action taken.



Any medication errors is a Special Incident that must be reported to Community Care Licensing and the regional center. Follow the procedures for Special Incident reporting outlined in Session 3 and for the home where you work.

Remember, Prevention Is the #1 Priority.

You can prevent errors by:

- ▶ Staying alert
- ▶ Following the **Five Rights**.
- ▶ Avoiding distractions.
- ▶ Knowing the individual and his or her medications.
- ▶ Asking the administrator for help if you are unsure about any step in preparing, assisting, or documenting medications.



ACTIVITY

Documenting Medication Errors

Read each scenario and identify the error. Describe what action the DSP should take and what actions can prevent this in the future.

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Scenario #1

You are working as a DSP on the evening shift. All six individuals living in the home are present. This morning, Ruth Ann Jones, age 55, moved into the home. Ruth Ann is diagnosed with mental retardation, cause unknown. You are assisting with the evening medications, and this is the first time you are assisting Ruth Ann. When you look at the Medication Log, you notice that Ruth Ann takes many medications. These include:

- Prilosec 20 mg daily (8 a.m.)
- Prozac 20 mg twice daily (8 a.m. and noon)
- Haldol 2 mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
- Inderal 40 mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
- Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Tegretol and Inderal.

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What was the error?

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What should you do?

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What can the DSP do to prevent this from happening again?

Continued

**ACTIVITY**

Continued from previous page

Scenario #2

You are a DSP working in a small family home for children under the age of 18. There are six children in your home under the age of 8. You have prepared the medications for Sarah, who is 2 years old. The medications include:

- Proventil syrup 2 mg/5ml, 5ml daily in the morning
- Tegretol 100mg/5ml, 5 ml twice daily
- Cisapride 1mg/1ml, 3 ml four times a day, before meals and before sleep

It is 8 a.m. You help Sarah take 5 ml of each medication. When you document on the Medication Log, you notice the Cisapride was ordered 3 ml four times a day.

What was the error?

What should you do?

What can the DSP do to prevent this from happening again?

Scenario #3

You have prepared morning medications for Guy. Jack calls from another room and wants assistance. You get up and go to the other room. When you return, you see Mike, Guy's roommate, finishing Guy's medication.

What was the error?

What should you do?

What can the DSP do to prevent this from happening again?

Monitoring the Effects of Medication

The unintended effects of medication, called side effects, can occur at any time. Some mild side effects may disappear after a short time. Others will persist the entire time the medication is taken and sometimes beyond. Some side effects are mild while others are life-threatening.

In the home where you work, it is important to learn about the medications each individual is taking. It's also important to know what possible side effects may occur. Be sure to ask the doctor what kind of reactions should be brought immediately to his or her attention.

The pharmacy is a good source for information about the effects of medication. Medication information sheets should come with every new medication. Pharmacists should talk with each individual receiving a new medication (or change in dose), but you may have to ask questions and request written material. Pharmacists are knowledgeable about drugs, side effects, and interactions.

Asking both the doctor and the pharmacist is a good strategy because it takes advantage of two important expert resources within the health care system. It is helpful to write possible side effects in the individual's Medication Log and attach the medication information sheet

Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be a side effect of a medication.



Your responsibility is to consistently and accurately observe, report, and record any change in



the normal daily routine, behavior, ways of communicating, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual's doctor.



Monitoring for the Effects of Medication

- ▶ For each individual you support, know the intended and unintended effects of each medication he or she takes.
- ▶ Observe for intended and unintended effects of the medication.
- ▶ Document what you observe.
- ▶ Report observations to the doctor.
- ▶ Follow the doctor's directions to continue, change, or discontinue the medication.
- ▶ Monitor the individual closely for side effects when a new medication has been prescribed or the dosage increased.

Common Side Effects of Medication that You Should Report to the Doctor Include:

- ▶ Skin Rash
- ▶ Increased heart rate or feeling like the heart is racing
- ▶ Changes in sleep
- ▶ Decreased energy
- ▶ Sedation
- ▶ Changes in weight or eating patterns
- ▶ Tremors, shakiness
- ▶ Balance problems
- ▶ Shuffling when walking

Monitoring the Effects of Medication

- ▶ Confusion
- ▶ Changes in ability to concentrate
- ▶ Hyperactivity
- ▶ Abnormal movements (face, tongue, or body)
- ▶ Muscle pain
- ▶ Stooped posture
- ▶ Blank facial expression
- ▶ Feeling dizzy or light-headed
- ▶ Dry mouth
- ▶ Constipation
- ▶ Blurred vision
- ▶ Diarrhea
- ▶ Nausea
- ▶ Vomiting
- ▶ Increased risk of sunburn

Tardive Dyskinesia

Tardive Dyskinesia (TD) is a potential long-term neurological side effect of antipsychotic medications such as Mellaril, Thorazine, Risperdal, and Zyprexa. Symptoms may include rapid eye blinking, puckering, or chewing motions of the lips and mouth, or facile grimacing. Symptoms may worsen if the medication is not reduced or discontinued. TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting antipsychotic medications. You should monitor individuals for these serious side effects on a regular basis. If any possible side effects are observed, contact the health care provider immediately.

Medication Interactions

Interactions between two or more drugs and interactions between drugs and food and drink may cause adverse reactions or side effects. Who would ever guess that taking your blood pressure medicine with grapefruit juice instead of orange juice could make you sick? Or that licorice could be lethal when eaten with Lanoxin or Lasix? How could cheddar cheese, pepperoni pizza, or pickled herring combined with an antidepressant create a hypertensive crisis? Yet all of these interactions are real and could lead to disaster.

Drug interactions may be between:

- ▶ Two or more drugs
- ▶ Drugs and food
- ▶ Drugs and drink

Drug interactions may also be caused by mixing drugs and alcohol.

Alcohol in combination with any of the following is especially dangerous:

- ▶ Antianxiety drugs, such as Librium, Valium, or Xanax.
- ▶ Antidepressants.
- ▶ Antiseizure medicines.
- ▶ Antihistamines.
- ▶ Ulcer and heartburn drugs such as Zantac and Tagamet.
- ▶ Some heart and blood pressure medicines .

Guidelines for Reporting a Suspected Adverse Reaction to Medication

When you suspect that the individual is having an adverse reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the doctor and follow the doctor's advice. When you talk to the doctor, be prepared to give the following information:

- ▶ A list of current medications.
- ▶ Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
- ▶ Description of any changes in individual's behavior or level of activity.
- ▶ Description of what the individual says is wrong or is hurting.
- ▶ When the symptoms first started.
- ▶ Description of any changes in bodily function:
Is the individual eating or drinking? Does he or she have a good appetite or no appetite? Any nausea, vomiting, loose feces, constipation, problems urinating?
- ▶ Describe any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
- ▶ Describe any known food allergies to food or medication.

Severe, Life-Threatening Allergies (Anaphylaxis)

Some individuals have severe allergies to medications, especially penicillin. The **allergic reaction** is sudden and severe and may cause difficulty breathing and a drop in blood pressure (anaphylactic shock). If an individual has had a severe allergic reaction to a medication (or insect stings or food), he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication. Signs of an allergic reaction include:

- ▶ Wheezing or difficulty breathing.
- ▶ Swelling around the lips, tongue, or face.
- ▶ Skin rash, itching, feeling of warmth, or hives.

Some individuals have a severe allergy to insect stings or certain foods. If an individual shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care.

Following Doctor's Orders for Tests

Some medications (Tylenol, Lithium, Depakene) can be toxic and cause damage, especially if taken for a long period of time. Some individuals respond differently to medications; that is, some use and break down medications in their body slower (or faster) than others. For this reason, physicians sometimes start a new medication at low doses and increase it in response to signs of a positive effect such

as a reduction in seizures or the development of better sleep patterns.

Checking blood serum levels by analyzing the concentrations of medications in an individual's blood can be important. Physician's orders for lab tests and follow-up appointments must be followed. Blood serum level tests help the physician determine the effectiveness of the medication and the future course of action.

PRACTICE AND SHARE

Talk to your administrator and find out or review what the facility procedures are for documenting medication errors.

Medication Management, Part 2

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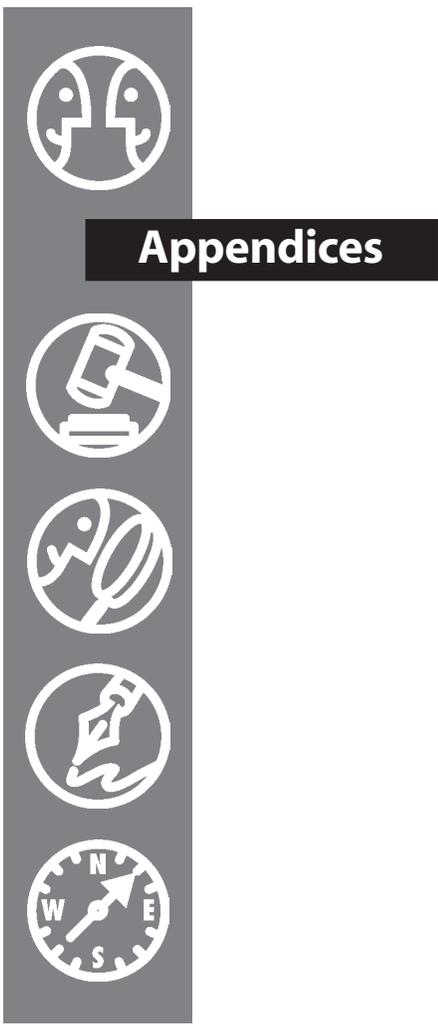
1. The “best practice” standard is for the DSP to keep a written record of:
 - A) Every medication dose and every medication error.
 - B) The first and last medication doses of each day.
 - C) Medication errors that occur two or more times in a 24-hour period.
 - D) Medication errors that might easily occur in the near future.
2. After administering medication to a person, the DSP should:
 - A) Offer a light meal to the person to prevent stomach upset.
 - B) Be alert to side effects that may occur.
 - C) Check the label to see if this was the proper medication.
 - D) Ask the person if they would like a second helping.
3. Medications can do a lot of good for individuals, but they may also cause:
 - A) Unavoidable confusion for DSPs who have to handle many of them.
 - B) Harmful secondary actions or side effects.
 - C) Respectful and careful treatment of drugs.
 - D) Individuals to have different needs from one another.
4. When a medication error occurs:
 - A) The error requires Special Incident reporting only if it is life-threatening.
 - B) Both 911 and the individual’s doctor must be informed of the error.
 - C) The error must be reported to the regional center as a Special Incident.
 - D) The facility administrator must decide whether a Special Incident Report is needed.
5. The Medication Log must be updated:
 - A) As soon as a new DSP comes on duty.
 - B) Strictly according to the directions found on the medication container label.
 - C) Whenever a prescription is changed.
 - D) At least one hour before any medication is taken by the person.
6. Community Care Licensing regulations require that all drugs in the home must be:
 - A) Kept in a locked refrigerator.
 - B) Stored as close as possible to the individual for whom they are prescribed.
 - C) Logged in a centrally stored medication record.
 - D) Available “over-the-counter” at the pharmacy.

7. **In a licensed residential facility, all medications must be stored:**
 - A) In any refrigerator.
 - B) On a shelf that no one in the facility can reach without a ladder.
 - C) In a locked cabinet or storage area.
 - D) Within easy reach of the person for whom they were prescribed.

8. **If a medication is discontinued for an individual, that medication:**
 - A) May be destroyed by the facility administrator, while another person watches as a witness.
 - B) Should be stored in a locked cabinet until the medication expires (is out of date) and then be used as PRN medication.
 - C) May be used by that individual until it is all used up, to avoid waste.
 - D) May be used only for another individual who was prescribed the very same medication.

9. **If a medication error results in a serious side effect or life-threatening situation, the DSP should:**
 - A) Speak to the individual's doctor over the phone before taking further action.
 - B) Immediately call 911 for assistance.
 - C) Wait until the individual has difficulty breathing or a high temperature, and then call 911 for assistance,
 - D) Call for an emergency meeting of the individual's person-centered planning team.

10. **When packaging a dose of medication for the person to take when away from the facility, the DSP must make sure the following information is written on or contained in the package:**
 - A) The person's name and the name of the medication.
 - B) The DSP's name and the phone number of the facility.
 - C) The doctor's name and the address of the pharmacist.
 - D) The "Five Rights."



Appendix 5-B

Common Medication Categories

Drugs are classified into categories with other medications that affect the body in similar ways. Thousands of medications are on the market in many categories. Here is the way the *Nursing Drug Handbook* categorizes medications:

- ▶ Anti-infective drugs: antibiotics, anti-fungals.
- ▶ Cardiovascular system drugs: antihypertensives, antiarrhythmics
 - Central nervous system drugs
 - Anticonvulsants, analgesics
 - Sedative-hypnotics
 - Antidepressants, antianxiety
 - Antipsychotics
- ▶ Autonomic nervous system drugs: skeletal muscle relaxants, adrenergics.
- ▶ Respiratory tract drugs: antihistamines, expectorants.
- ▶ Gastrointestinal tract drugs: antacids, antidiarrheals, laxatives.
- ▶ Hormonal drugs: estrogens, progestins.
- ▶ Antidiabetic drugs: glucagons, thyroid hormones.
- ▶ Drugs for fluid and electrolyte balance: diuretics, acidifier, alkalizers.
- ▶ Hematologic drugs anticoagulants.
- ▶ Antineoplastic drugs, alkylating drugs, antimetabolites.
- ▶ Immunomodulation drugs: vaccines and toxoids; immunosuppressants.
- ▶ Ophthalmic, otic, and nasal drugs; ophthalmic anti-inflammatory.
- ▶ Topical drugs: corticosteroids, scabicides, anti-infectives.
- ▶ Nutritional drugs: vitamins and minerals; calorics.
- ▶ Miscellaneous drug categories: antigout drugs; enzymes; gold salts.

Many drugs, because of their multiple uses, can be found in more than one category. For example, Benadryl® is an antihistamine, which relieves allergy symptoms. It's also a sedative to promote sleep.

Community Care Licensing Incidental Medical Services

Requirements for Health Related Services

By law, CCFs provide non-medical, residential services. Over the years, however, legislative and regulatory changes have permitted certain health-related services to be delivered in CCFs. These exceptions include:

- ▶ Hospice care homes for the elderly.
- ▶ Certain specialized health care services for medically fragile children.
- ▶ Incidental medical care for adults.

It is unlawful for CCFs to accept (or retain) individuals who have certain health care needs that require nursing services.

Individuals with restricted health conditions—for example, who have the need for oxygen or insulin-dependent diabetes—can be served in CCFs if the following standards are met:

- ▶ Willingness of the licensee to provide needed care.
- ▶ The condition is stable or, if not, temporary and expected to become stable.
- ▶ The individual is under the care of a licensed professional.
- ▶ A licensed health professional provides training and supervision to unlicensed staff assisting with special or incidental medical care.

Services and supports to children and adults with special or incidental medical care needs are beyond what is covered in this module and will not be discussed further. Staff working in homes that provide special or incidental medical care must be trained and supervised by a licensed health care professional and follow an individual Health Care Plan.

Incidental Medical Services

Prohibited Health Conditions

Individuals who require health services or have the following health conditions cannot be served in community care licensed Adult Residential Facilities (ARFs):

- Naso-gastric and naso-duodenal tubes
- Active, communicable TB
- Conditions that require 24-hour nursing care and or monitoring
- Stage 3 and 4 dermal ulcers
- Any other condition or care requirements which would require the facility to be licensed as a health facility

Restricted Health Conditions

Individuals with the following conditions may be served in an ARF if the requirements for restricted health conditions are met:

- Use of inhalation-assistive devices
- Colostomy or ileostomy
- Requirement for fecal impaction removal, enemas, suppositories
- Use of catheters
- Staph or other serious, communicable infections
- Insulin-dependent diabetes
- Stage 1 or 2 dermal ulcers
- Wounds
- Gastrostomies
- Tracheostomies

Appendix 5-D

Eye Drops

Ophthalmic medications are those put into an individual's eyes.

1. Wash hands.
2. Explain procedure to individual and position him or her, either sitting with head tilted back or lying down.
3. Have a clean separate tissue, gauze, or cotton ball available for each eye.
4. Wipe the lid and eyelashes clean before instillation of the eye drop. Always wipe from inside to outside. Always use fresh gauze or tissue to clean each eyelid.
5. If an eyedropper is used, draw up only the amount of solution needed for administration.
6. Hold the applicator close to the eye, but do not touch eyelids or lashes.
7. Instruct the individual to look up. Place index finger on cheekbone and gently pull lower lid of the eye down to form a pocket.
8. Instill the correct number of medication drops. Avoid dropping medication on the cornea, as this may cause tissue damage and discomfort.
9. Release lower lid and let individual blink to distribute medication.
10. Wipe excess liquid with gauze or clean tissue and make comfortable. Observe.
11. Instruct the individual to keep eye closed for one to two minutes after application to allow for absorption of the medication. Caution the individual not to rub his or her eyes.
12. Recap medication and store bottle away from heat and light in locked medication storage area.

Ear Drops

Otic medications are those put into an individual's ears.

1. Wash hands.
2. Explain to the individual what you are going to do as you warm the drops to body temperature by holding the bottle in your hand for a few minutes before applying.
3. Have the individual lie on his or her side with the ear to be treated facing upward.
4. For adults, pull the cartilaginous part of the external part of the ear up and back. Point the dropper in the direction of the eardrum and allow the drops to fall in the direction of the external canal.
5. For children under 3 years of age, pull the external part of the ear down and back. Point the dropper in the direction of the eardrum and allow the drops to fall on the external canal. Take care not to contaminate the dropper by touching the external ear.
6. Have the individual remain on his or her side for 5 to 10 minutes after administering to allow medication to reach the eardrum and be absorbed.
7. If both ears require medication, leave individual on his or her side for 5 to 10 minutes and then repeat procedure in the other ear. Give individual a tissue but caution him or her not to wipe out medication.
8. Never pack a wick tightly into the ear. On occasion a doctor may pack one in. Special instructions will be given to you if that happens.
9. Recap medication and store bottle away from heat and light in locked medication storage area.

Appendix 5-F

Topical Medications

Topical medications are those applied to an individual's skin or mucous membrane surface.

1. Wash your hands and put gloves on carefully. Provide explanation of procedure to individual. Very frequently, if an individual has a problem requiring topical application of a liquid, cream, or an ointment, the skin will not be intact but will have breaks or sores on the surface.
2. Being mindful of privacy, assist the individual with having the area where the topical medication is to be applied exposed. Make sure clothing and bedding are protected.
3. Open the container and remove just a small quantity of the product to be applied.
4. Apply the lotion or cream with gentle firm strokes. Be sure medication is rubbed in well.
5. Remove gloves carefully and dispose of using standard precautions.
6. Wash hands carefully.
7. Put lid back on container and return to locked storage area.

Appendix 5-G

Errors and Omissions

Date	Time	Medication Involved	Description of what happened (How discovered, effect upon person, sequence of events and individuals)	Who was notified, e.g. Doctor, Administrator, Emergency Services, etc.	Initials

INSTRUCTIONS FOR USE: Circle the date and time of error or omission on reverse side. Complete report on each error or omission indicated on this page.