A Quick Guide to Medication Administration

Odyssey House of Utah
Welcome to the Odyssey House quick and easy guide to medication administration! This packet will fill you in on the basics to ensure you are ready to administer meds to clients while keeping them safe in the process. This is a big responsibility, so please look over the information with care!

This guide will teach you the following:

オー Proper Medication Administration

○ KNOW the process inside and out
  ▪ Over the Counter (OTC) drug process
  ▪ How to manage narcotic administration

○ How to administer non-traditional medications (e.g. liquids, half pills, etc.)

○ How to correctly perform medication counts

○ How to use a Medication Administration Record (MAR)
  ▪ Maintaining proper documentation on the MAR

オー What to do with a newly admitted client
PROPER MEDICATION ADMINISTRATION
The Who, When, Where, What, and How

WHO
Any Odyssey House staff who have completed the medication administration training course are considered qualified to administer medications to clients. Certified staff members are not allowed to make assessments or evaluations of clients. Completion of this course does not allow individuals to administer medications by injection or tube.

WHEN
Each facility has medication administration times that are tailored to fit their unique schedules. Clients are made aware of the designated schedule, and will come to the nursing office based on their current medication needs.

WHERE
Medication administration must always be conducted in a designated nursing office. This ensures medications are properly stored at the appropriate temperatures and are secure.

WHAT
Here are some basic definitions you will need to know when administering medications (pay attention, you will be quizzed on this):

- **Medication**: Any prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, vaccines, or over-the-counter drugs; administered to persons to diagnose, treat, or prevent disease or other abnormal conditions. (aka “med”)
- **Narcotic Medications**: Narcotics, also known as opioids, are used to relieve severe and chronic pain. Opioids are the strongest pain medicines available and may become addictive if used on a long-term basis.
- **Over The Counter Drug (OTC)**: A drug that does not require a prescription for purchase.
- **Medication Allergy (Reaction)**: A state of hypersensitivity induced by exposure to a particular drug resulting in harmful reactions.
- **High Alert Medications**: Medications that have a heightened risk of causing significant harm to individuals when they are used in error.
- **Medication Error**: A preventable event that may cause or lead to inappropriate medication use or harm to an individual served while the medication is in the control of Odyssey House.
- **Medication Abbreviations**:
  - PO: By mouth
  - Q: Every
  - MG or mg: Milligrams
  - ML or ml: Milliliters
  - MCG or mcg: Microgram
- **Medication Administration Record (MAR)**: Odyssey House uses a MAR to document each time a client is given a medication.
- **PRN**: Medications that are prescribed on an “as needed basis”. The administration time is not set to a firm schedule.
• **Med Binder**: All client MARS are located in the med binders in the nursing office.

• **Communication Notebook**: This notebook is located in every nursing office so staff can write any pertinent information for FT nursing staff to review in the morning. This is primarily used for evening and weekend shifts. If the matter is an emergency, always call nursing staff immediately.

<table>
<thead>
<tr>
<th>HOW: 10-Step Basic Medication Administration Procedure</th>
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</thead>
<tbody>
<tr>
<td>Let’s dive into the actual process of medication administration. By following these 10 easy steps, you will effectively prevent medication errors, keep clients safe, and your boss will love you 😊</td>
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</table>

**BEFORE YOU DO ANYTHING!** Make sure you leave all distractions at the door AND wash your hands and clean counter! It is critical for you to stay focused on the task at hand.

- **Step 1: The Right Client**
  When a client is ready for administration, verify their name and date of birth and match it with the appropriate MAR’s in the med binder

- **Step 2: Right Time**
  Ask client what medication(s) they need, verify that they are currently taking that medication, that it is the appropriate time to take the med, and check the last time they were dosed to ensure they are not getting the drug too soon.

- **Step 3: Pull Med**
  Pull the client medication(s) from the cabinet and verify that they are not expired.

- **Step 4: Right Drug, Dose, & Route**
  In order to ensure right drug, dose, and route **YOU MUST CHECK THE BOTTLE INSTRUCTIONS AGAINST THE MAR INSTRUCTIONS**. If there is a change note or a taper order on the MAR, that would trump the bottle instructions.

- **Step 5: Dose in Cup Using Sanitary Process & Visually Inspect**
  Now that everything is verified, (put on gloves as needed) shake the medication into the lid of the bottle and use the tweezers, as needed, to put it into the dosing cup. Visually check that the pill(s) are not falling apart, discolored, damaged, etc.

- **Step 6: Explain to Client & Client Signs Log**
  As you put the pill in the cup, tell the client what medication it is, and have them sign their initials in the P section on the MAR for that particular dose.

**REPEAT STEPS 1-6 UNTIL ALL MEDS ARE IN CUP**

- **Step 7: Client Takes Medication(s)**

- **Step 8: Mouth & Method Check**
  Perform a visual mouth check and at least one method check (blow, cough, whistle) to ensure the client swallowed the medication(s)

- **Step 9: Staff Signs Log**
  Sign the time section on the MAR in military time (use the clock in the nursing office) and write your initials in the W space for each medication administered. **DO NOT** have anyone else do this for you! Never allow another person to document medications that you administered, especially clients (even though they may be trying to be helpful).
Step 10: Quantity Check & Put Medication(s) Away
Make sure there is enough medication to last the client more than 10 doses. If the medication looks a little low, document the need for a refill in the med log. Put the medication(s) away in their appropriate storage area.

HOW: Over the Counter (OTC) Medication Administration Process

Over the counter medications have a slightly different process than prescribed medications because it is documented on a different OTC form and a unique process.

STEPS: 1) Before administering question the client regarding their need for the medication. 2) Ensure need is valid based on your knowledge of the client and medication they are asking for. 3) Take note of how many times* client has received OTC medication in your decision. 4) Assess pain (if pain medication) from pain scale posted in nursing office. 5) Log all OTC medication on an OTC Medication Administration Record sheet. Each client will have their own sheet. 6) Follow-up with client one hour after administering OTC to assess pain. This is your responsibility as well as the clients.

You must follow the dosage, frequency, and route directions on the OTC bottle. Do not dose above the recommendations.

*Clients are allowed to take OTC cold medicines for up to 5 days and other OTC meds for up to 3 days. If a client wants to continue taking the med longer than the above times, they are required to see a nurse.

If you notice that an OTC has been documented for more than the allowed consecutive days, write a note in the med log in the nursing office so FT nursing staff can create a traditional MAR and see the client.

Make sure that you continue to follow the 10 step medication administration process outlined above to ensure the client is receiving the correct dose, time, and route. Document all the requested information on the OTC form.

HOW: Narcotic Medication Administration Procedure

When you administer narcotic medications to clients, you need to take it very, very seriously. These are the drugs that can cause serious harm to clients if given incorrectly.

The narcotic administration process has more safety measures in place to ensure the proper administration occurs. Here are some of the important changes you must remember with narcotics:

- Narcotic medications have a unique MAR form.
- Narcotics are kept in a triple locked location providing heightened security.
- Narcotics meds are counted before and after administration.
- At the end of your shift, you are responsible to ensure that the count on the MAR for all narcotics is consistent with the count in the bottle. Both staff must sign off on the shift change checklist. If there is a discrepancy, notify staff on call.

5-Step Narcotic Medication Administration Procedure:

Step 1: Before Count
Along with another staff member, count the beginning quantity of the medication before you administer the medication. Write the initial total in the space labeled B, for “Before”.

Step 2: 10-Step Medication Administration Procedure


Use the 10 Step Medication Administration procedure to administer the medication to the client. Do it separately from any other medications.

☐ **Step 3: After Count**

Count the amount of pills that are in the bottle after you dose. Write the ending total in the space labeled A, for “After”.

Do not let others count the medications for you. Do not let others write the before and after counts on the MAR for you.

☐ **Step 4: Sign as Witness**

Sign in the W box, for “Witness”

☐ **Step 5: Shift Change Count**

Check MAR count against bottle count with another staff at every shift change.

### HOW: Administering Non-Traditional Medications

Follow the medication procedure above including these steps:

**Sublingual Tablets:** These are medications that are placed under the tongue.

- Instruct client to place tablet under their tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.
- Advise the client not to swallow until the tablet is entirely dissolved.

**Oral Liquids:** Medications that are poured, measured, and swallowed.

- Check to see that the cap of the bottle is on securely.
- Read instructions to determine if contents are to be shaken.
- Remove the cap.
- Locate the marking on the medication syringe for the amount of medication to be dosed.
- Draw the medication up to the amount required. Take care to not draw more than is needed.
- Clean the lip of the bottle, if necessary, before recapping.

**Halved Pills**

- Use designated pill cutter devise located in each nursing station to cut pill(s). Build proper dose into pill cup, and place remaining half back in pill container.

**Note:** Clients can self-administer inhalers, eye drops, nasal sprays/drops, and ear drops. If another administration method is prescribed that is not detailed above, it is to be performed by full time nursing personnel only (e.g. injections).

### HOW: Counting Pills

- Use the pill counter tray and spatula (small stick for moving pills).
- Dump all pills into the tray.
- Use the spatula to move five pills at a time into the bottle, counting as you go.

### HOW: Maintaining Proper Documentation in the MAR
The MAR is a very important document that requires your love and care. Please adhere to these rules when documenting information in the MARs:

- See sample MAR at the back of this guide for instructions on how to complete a MAR.
- If a mistake occurs, draw a single line through the mistaken entry and write your initials and the date of the error.
- Use ink, never pencil.
- Never use white-out or erase.
- If the medication cannot be given (e.g. medication is expired, pills are damaged) or a client refuses a medication, initial the W box, circle your initials, provide an explanation on the back of the MAR, and document the event in the communication notebook or call the Director of Nursing if needed.

### TRADITIONAL MAR

<table>
<thead>
<tr>
<th>Date of the Month</th>
<th>Drug Name</th>
<th>Time</th>
<th>P</th>
<th>W</th>
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<td>0923</td>
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<td>JD</td>
<td>SM</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>JD</td>
<td>HC</td>
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### NARCOTIC MAR

<table>
<thead>
<tr>
<th>Administration Time (Military)</th>
<th>Drug Name</th>
<th>Time</th>
<th>P</th>
<th>W</th>
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</thead>
<tbody>
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**LEGEND**
- **Time**: Enter time of dosage in military time.
- **P**: Where client signs initials after receiving dose.
- **W**: Where staff sign initials after administering dose.
A new client is admitted to program with meds or a family member brings in meds for an existing client. Here is what you do:

**Step 1: Verify that the medication is appropriate for the client:**

**PRESCRIPTIONS**

A. Ensure prescription is in original prescription bottle
B. Perform and document in the communication notebook a count of the medication at intake.
C. Verify that the client’s name & DOB match the name & DOB on the bottle
D. Check the expiration date
E. Check that the medication and pill match the description on: [www.drugs.com/pill_identification](http://www.drugs.com/pill_identification)
   - Agree to the website terms, and enter in the color, shape, and markings on the physical pill.
   - Make sure the website information matches with the bottle
   - **IF THE MED DOES NOT MATCH, DO NOT ADMINISTER MEDICATION**
F. Fill out a blank MAR for each prescription medication brought in. This includes the medication name, the times for administration, and black out any dates on the calendar that have passed
G. Place the new MARS in the medication log.

**OTC MEDICATIONS**

A. The bottle must be new and sealed. Look for tampering.

**NARCOTICS**

A. If the client brings in a narcotic and requires a dosage that night or during the weekend, call nursing staff for them to come in and manage the drug.

**CONCERNING OR PROHIBITED MEDICATIONS**

A. If a client brings in a medication that you are not familiar with, contact nursing staff to verify that it is acceptable to have in the facility.
   a. See list of prohibited medications on the following page
B. If you know that a medication was brought in and it’s not allowed, count the amount of pills in the bottle, and place in the safe immediately.
**Step 2:** Create a medication envelope for the medications listing the client’s name.

A. Place the medications in the envelope
B. Store the envelope in the medication cabinet

**IF YOU HAVE ANY QUESTIONS AT ALL, CALL NURSING STAFF**
# PROHIBITED MEDICATIONS

**Lyrica** - Due to high classification rating and potential for abuse

**Tramadol** - Due to high potential for abuse

**Suboxen** - Allowed for withdrawal prevention only under a 16 day or less taper order

**Methadone** - Allowed for withdrawal prevention only under a 16 day or less taper order

**Phenergan (promethazine)** - Due to high potential for abuse

**Muscle Relaxers**
- Clexoral
- Cyclobenzaprine
- Soma
- Baclofen
- Carisoprodol
- Diazepam
- Dantrolene
- Any others not listed above

**Cold Medicines**
- Nyquil
- Codeine Cough Syrup
- Sudafed
- Any others not listed above

**Benzodiazepines**
- Clonazapam
- Diazepam
- Lorazapam
- Any others not listed above

**Sleeping Medications**
- Any OTC Sleep Aids
  - Unisom
  - Tylenol PM
  - Nyquil
  - Any others not listed above
- Any Prescription Sleep Aids
  - Lunesta
  - Ambien
  - Any others not listed above

**Tranquilizers**
- Valium
- Ativan
- Zanex
- Any others not listed above

**ADD Stimulants (Allowed at the Adolescent Program)**
- Adderall
- Ritalin
- Concerta

**The Parents Programs do not allow the following in their facility:**
- Neurontin (Gabapentin)
- Wellbutrin (Buproprion)