Medication Administration in Assisted Living

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Objectives

- To provide an overview of the process of medication administration, documentation requirements and high risk medication in assisted living programs.
Regulations

- 231C
- Chapter 67
- Chapter 69
- Chapter 6 (Nurse Practice Act)

Chapter 67

- Each program shall follow its own written medication policy, which shall include the following:
  - The program shall not prohibit a tenant from self-administering medications.
  - A tenant shall self-administer medication unless:
    - The tenant or the tenant’s legal representative delegates in the occupancy agreement or signed service plan any portion of medication setup to the program.
    - The tenant delegates medication setup to someone other than the program.
    - The program assumes partial control of medication setup at the direction of the tenant. The medication plan shall not be implemented by the program unless the program’s registered nurse deems it appropriate under applicable requirements. The program’s registered nurse must agree to the medication plan.
Chapter 67

A tenant shall keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the occupancy agreement or signed service plan partial or complete control of medications to the program. The service plan shall include the tenant's choice related to storage.

Chapter 67

When a tenant has delegated medication administration to the program, the program shall maintain a list of the tenant's medications. If the tenant self-administers medications, the tenant may choose to maintain a list of medications in the tenant's apartment or to disclose a current list of medications to the program for the purpose of emergency response. If the tenant discloses a medication list to the program in case of an emergency, the tenant remains responsible for the accuracy of the list.
Options for Medication Administration

1. Tenant totally self-administers medications.
2. Tenant wants family to set the medications up in a pill planner, then tenant self-administers from pill planner.
3. The program RN sets up the tenant’s medications in a pill planner; then tenant self-administers.
4. The program RN sets up the tenant’s medication in a pill planner; then staff administers the medications from the pill planner.
5. The program RN sets up the tenant’s medications in a pill planner; staff gives reminders for the tenant to take their medications.
6. The RN sets up scheduled medications in a medication planner and tenant self-administers medications and self-administers OTC medications and eye drops.
7. Hospice or home health sets up medications and tenant self-administers.

Any way that the medications are administered it would need to be identified on the service plan, who is doing what.

If the family/hospice/home health plays a part in any of the medication administration process they would need to be identified on the service plan.
Chapter 67

- The program shall document any medications the program has agreed to administer or store. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of medications. The medications shall be labeled and maintained in compliance with label instructions and state and federal laws.

Medication Storage

- If the tenant is self-administering medication; medications may be stored at their discretion.
- If the program, family, hospice or home health are part of the administration process, the medication must be locked up and designed where the medications being stored will need to be identified in the service plan.
- If insulin is being administered by the program, unopened insulin pens should be locked in a lock box in the tenant’s refrigerator. Open insulin pens shall be stored with the other locked medications. Remember to date the insulin pens when they are opened.
Labeling

- ONLY the pharmacy can write on any medication labels.
- The program cannot write on any cassettes, bubble packs or prescription bottles.

Physician Orders

- A physician's order is required before the program can provide any assistance with medication administration and/or treatments.
- The physician's order should be signed by the physician and noted by the nurse with a signature, date and time.
- Use the same process for discontinuation of orders. Discontinue the old order and write the new order. Draw a line at the end of the order when it will be stopped and write discontinued with the date.
- Yellow highlight the old order out.
Medication Administration Record (MAR)

- If the program is providing any part of the medication administration process, the documentation of this process must be on the MAR, this also includes reminders/cueing to take medications/treatments.
- You do not need to have a MAR for a tenant who administers their own medications without any assistance from the program. It is recommended to have a list for emergency purposes and it is the tenant’s responsibility to keep this list current.

Medication Administration Record (MAR)

- If the nurse sets up medications in a medication planner, there must be a list of all medications that are being set up and the nurse must initial the weekly set up for each medication.
- The program shall maintain a list of each tenants’ medications and document that medications were administered.
- MARs should be monitored routinely for gaps, neatness and completeness of orders.
- Each program should have a system in place for routine MAR audits.
Medication Administration Record (MAR)

- Correct errors appropriately, per nursing standards meaning:
  - Draw a single line through the error, write the work error above it and initial. Then record or explain the error with the date on the PRN or explanation sheet.
  - Do not erase.
  - Apply correction fluid.
  - Use pencil.
  - Use felt-tip pens
  - Scratch/scribble out errors made while recording.
- Correct all errors promptly.
- Avoid rushing to complete documentation.

PRN Documentation

- All PRN orders need to have the reason for administration documented on the MAR. This would include over-the-counter medications as well.
- All PRN medications must be initialed on the MAR and documented on the PRN sheet with the date, time and initial of the person giving the PRN, the reason for the PRN and if the PRN was effective or ineffective.
- All PRN medications should only offer one dose of medications to be delivered, due to non-licensed staffs inability to assess.
Each program must have a written policies and procedures in place for storing, reconciling and administer narcotics as determined by the program’s RN.

The narcotic protocol shall be determined by the program’s RN.

When developing a narcotic policy for your program, the following items should be considered:

- Storage
- Administration
- Key control
- Counting/tracking
- RN oversight
- Disposal

Narcotics can be stored at the tenant’s discretion, if the tenant has not delegated administration of narcotic to the program.

Only staff assigned to administer narcotics can have access to the keys.
Narcotics and Drug Diversion

- It is important for the RN to monitor narcotic reconciliation counts.
- Theft of narcotics are becoming more of a problem in assisted living.
- Stay alert to the possibility of narcotics being stolen from your program.
- Review PRN documentation to see if anyone is given excessive amounts.
- Review requests for orders to start a new narcotic, increase the dose or frequency of a current order.
- Look for patterns.

Medication Administration Process

1. Staff should have their MAR ready and gather any other supplies that they may need prior to starting.
2. Staff should wash their hands.
3. Staff should review the six rights of medication administration before administering medications.
4. After completing the checks, put the medications into a medication cup without touching the medications.
5. Give the tenant the medications with a drink of water; make sure they take all of the medications.
6. Put medications away and sign MAR of the medications that were given.
7. Staff should wash their hands prior to leaving the tenant’s apartment.
Six Rights of Medication Administration

1. Right tenant.
2. Right drug.
3. Right dose.
4. Right time.
5. Right route.
6. Right documentation.

There is also a 7th right – right technique (giving oral medications correctly to prevent aspiration, give the right angle of an injection to prevent injury to the tenant).

Always look at allergies especially when starting a new medication or antibiotic.

Medication Errors

- Medication errors can occur whenever a medication that has been delegated to the program has not been given as ordered by the physician.
- Omission/forgot.
- Oversight/not following policy.
- Tenant is out of the facility (not in the hospital).
- Tenant is already sleeping.
- Tenant is at an activity.
- Not available from pharmacy.
- Most errors occur from not following the six rights of medication administration.
Medication Errors

- What to do when a medication error has occurred:
  - Investigate to ensure the medication error in fact did happen.
  - Notify the physician.
  - Notify the tenant/enacted DPOA.
  - Nurse to assess for adverse reaction/effect from the medication error and document.
  - Complete a medication error report form/incident report form.
  - Follow up on any corrective measures to prevent the error from happening again.

Auditing

- All patches applied to the skin should have a site listed on the MAR.
- All insulin injections should have a site listed on the MAR.
- Routinely check any parameters on the MARs.
- Education staff when to notify the nurse.
- Continuously look for expired medications and medical supplies.
- Do not keep vaccinations in refrigerator doors, they need to be stored on a shelf inside the refrigerator.
- Have routine in-services on medication administration and documentation.
- Watch staff complete medication administration.
- Re-educate any staff members that are having problems with medication administration.
High Risk Drugs

- High alert medications:
  - Medications that have a high risk of causing significant patient harm when they are used in error, including death.
  - Several classifications of drugs fall into this category.

- Opioids/Schedule II
- Narrow Therapeutic Index
- Anticoagulants
- Anticholinergics
- Proton Pump Inhibitors
- Diabetic Treatment (Oral and Insulin)
- Antipsychotic
High Risk Drugs

- Opioids/Schedule II
  - Dilaudid
  - Morphine
  - MS Contin
  - OxyContin
  - Percocet
  - Fentanyl

High Risk Drugs

- Opioids/Schedule II
  - Increase risk for diversion
  - Build-up and overdose may occur
  - Many are look alike sound alike
  - Ease of causing respirator and CNS depression
  - Severe depression and fecal impaction
High Risk Drugs

- Narrow Therapeutic Index
  - Digoxin
  - Methotrexate
  - Dilantin
  - Phenobarbital

High Risk Drugs

- Narrow Therapeutic Index
  - Methotrexate
    - Often is dosed weekly and “misinterpreted” to be given daily.
  - Digoxin
    - The dose is small and laden with decimals (0.125mg or 125mcg).
    - Odd dosing regimens (every other day or half to equal 0.0625mg).
    - Mistakes can easily occur.
High Risk Drugs

- Anticoagulants
  - Coumadin
  - Heparin
  - Fragmin
  - Prodaxa
  - Lovenox
  - Eliquis
  - Xarelto

These are “high alert medications” because they have a narrow therapeutic range.
- Some have food interactions.
- Many have drug-drug interactions.
- Dosing regimen can be complex/change often.
- They may go on longer than needed.
- Increase monitoring, especially for signs and symptoms of bleeding and mental status change is important.
High Risk Drugs

- Anticoagulants
  - Make sure you have good systems in place to administer anticoagulants or such drugs in relationship to required labs.
  - Consider having a your consultant pharmacist do a medication regimen review as soon after admission as possible with any resident admitted with anticoagulants to avoid potential interactions.
  - Reconcile medications orders carefully.

- Anticholinergics
  - Anticholinergics are problematic because:
    - Medications in many categories contain anticholinergic properties.
    - The use of multiple medications increase the change of cumulative effects.
    - Anticholinergic side effects are very common and problematic for the older individual.
High Risk Drugs

- Anticholinergic
  - Medications with anticholinergic properties:
    - Antihistamines
    - Antidepressants
    - Cardiovascular medications
    - GI medications
    - Muscle Relaxant
    - Urinary Incontinence Medications
    - Antiparkinsonian Medications
    - Antivertigo Medications
    - Antiemetic

High Risk Drugs

- Anticholinergic side effects
  - Unsteadiness
  - Bloating
  - Decrease bowel mobility
  - Nausea and vomiting
  - Dry mouth/swallowing difficulties
  - Delirium
  - Drowsiness
  - Convulsion
  - Distress/nervousness
  - Impaired attention
  - Cognitive decline

- Confusion/disorientation
- Hallucination
- Memory loss
- Restlessness/irritability
- Dizziness
- Lethargy/fatigue
- Muscle weakness
- Excessive warmth
- Urinary retention
- Increased heart rate
- Slurred speech
- Vision impairment
High Risk Drugs

- Proton Pump Inhibitors
  - These drugs reduce stomach acid production and use is indicated for active peptic ulcer disease or stress ulcer prophylaxis.
    - Nexium
    - Prevacid
    - Prilosec
    - Protonix
    - Aciplex

- Can increase the absorption of digoxin.
- Can decrease the absorption of warfarin, causing elevated INRs.
- Can be a risk factor for developing C-Diff.
- Long-term use may predispose the elderly to hip fractures.
- When active peptic disease is not present the consideration of the discontinuation of these medications is recommended.
High Risk Drugs

» Diabetic Treatments:
  » Oral Agents
    » Glimepiride
    » Glipizide
    » Glyburide
    » Metformin
  » Insulin
    » Regular Isophane Humulin R
    » Lispro Isophane insulin suspension combination Humulin N
    » Lisproprotamine Humalog 70/30
    » Humalog mix

High Risk Drugs

» Diabetic treatments
  » These are “High Alert Medications” because serious harm and death may occur associated with hypoglycemic and hyperglycemic reactions.
  » Errors in dosing, especially with insulins are easily made.
  » Dosing errors can occur with regard to timing and food with oral and insulin.
  » Lots of look alike sound alike medications in this group.
High Risk Drugs

- Antipsychotics
  - Conventional 1st Generation:
    - Haldol
    - Millaril
    - Stelazine
    - Throazine
  - Atypical 2nd Generation:
    - Abilify
    - Zyprexa
    - Seroquel
    - Risperdal

High Risk Drugs

- Antipsychotics - side effects:
  - Sedation
  - Anticholinergic effect
  - Extrapyramidal symptoms
  - Orthostatic hypotension
  - Weight gain
  - Photosensitivity
  - Elevated prolactin levels
  - Neuroleptic malignant syndrome
  - Heatstroke
  - Tardive Dyskinesia
  - Seizures
  - Arrhythmia
High Risk Drugs

- **Antipsychotics**
  - Many health care professionals and families believe that these behaviors are “abnormal” and are caused by the dementia and need medications to stop.
  - Most health care professionals and families believe these medications are effective at stopping these abnormal behaviors.
  - There is poor evidence that antipsychotic use is effective treatment for dementia.
  - Antipsychotic effects take 3-7 days to start working.
  - FDA Black Box Warning issues in 2005 that there is increased mortality in the elderly who are treated with antipsychotics (heart failure, pneumonia, sudden death).

High Risk Drugs

- **Antipsychotics**
  - Antipsychotics should only be used for the following conditions or diagnosis:
    - Schizophrenia or schizoaffective disorder
    - Delusional disorder
    - Mood disorder (mania, bi-polar disorder, depression with psychotic features or major depression)
    - Psychosis NOS, atypical anti psychotic or brief psychotic disorder
High Risk Drugs

- **Antipsychotic**
  - Diagnosis alone does not warrant the use of these antipsychotic. The clinical conditions must also meet one of the following:
    - Symptoms are due to mania or psychosis.
    - Behaviors must present a danger to self or others.
    - Symptoms are significant and the resident/tenant is:
      - Inconsolable
      - Has persistent distress
      - Has significant decline in function
      - Has substantial difficulty receiving needed care

High Risk Drugs

- **Antipsychotics**
  - Inappropriate use:
    - Wandering
    - Poor self care
    - Restlessness
    - Impaired memory
    - Mild anxiety
    - Insomnia
    - Unsociability
    - Indifference to environment
    - Uncooperativeness
High Risk Drugs

- Nitroglycerin (SL) in Assisted Living
- Nitroglycerine is a vasodilator
- Is given every 5 min x 3 doses
- Need to monitor vitals signs when giving nitroglycerine
- Watch for syncopal episode/orthostatic hypotension
- Can you delegate nitroglycerin SL to unlicensed staff?
  - Make sure they are VERY aware of what this drug is used for and what are the side effects.
  - Make sure staff is monitoring tenant’s vitals signs every 5 minutes, after 3 doses they know they are to call 911.
  - Make sure staff notifies the RN when nitroglycerin is given to a tenant.

High Risk Orders on the MAR

- Blood pressure parameters
- Blood sugar parameters
- Sliding scale insulin
- Coumadin orders
- Daily weight parameters
- Administering medications every other day, 3x week, once a week, etc.
- Oxygen orders
- Transdermal patch daily applications
- Orders with decimal points in them
Questions?

Thank You

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