Medication 4 Hours Vivian Regalado

Source for medication content is drawn from Title 22 General Regulations 80075

1. Assistance with Medication

- a. assistance not administer can take themselves if authorized by MD LIC 602
- b. medication cannot be forced right to refuse
- c. no tricks or camouflage cannot crush or mix with food

Handout

Physician Community Report LIC 602

http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC602.PDF

"Assistance with Medication Handout," prepared by Eric Brotman from 80075 http://www.psi-ceu.com/wp-content/uploads/2015/09/m-medication-keynote.pdf

Developmentally Disability: Role of Pharmacy, California State Board of Pharmacy http://www.dds.ca.gov/Publications/docs/healthnotes_developdisabled.pdf

2. Centrally Stored and Locked

- a. Meds determined to be hazard if in client possession
- b. Safety hazard in facility
- c meds that require refrigeration 36 to 46 F
- d. drugs not stored with food except in emergency
- e. keep organized with no cleaning agents etc.
- f room temperature organized not messy
- g. accessible to staff responsible for medication
- h. medication in a staff room must be locked cabinet. Door lock not sufficient.

Handouts:

Technical Support Manual CCDS

http://www.psi-ceu.com/wp-content/uploads/2015/09/m-medications-technical-support.pdf

"Student Resource Guide Year 2 DSP Training," (applies to all medication content) This resource is complete and also has embedded the TSP manual above. http://www.dds.ca.gov/DSPT/Student/StudentYear2 3.pdf

3. Record Keeping Requirements (three years)

- a. name of the client for whom prescribed
- b. name of prescribing physician
- c. drug name, strength and quantity
- d. date filled
- d. prescription number and name of pharmacy
- f. expiration date
- g. number of refills
- h instructions and control of meds

Medication 4 Hours Page 1 of 8

Handouts:

LIC 622 Centrally Stored Medication Destruction Record http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC622.PDF

4. Prescription Labels

- a each vial identifies the contents specified record keeping above
- b. all meds are labeled per state and federal law
- c. only pharmacy can alter label staff cannot alter
- d. meds stored in original vial or bubble pack
- e. meds a re not transferred from one vial to other.
- f. expired or deteriorated drugs not given to client
- g. drug labels can be misleading and confusing

Handout:

"Can You Read This Drug Label? Consumer Reports, June 2011 https://www.consumerreports.org/cro/2011/06/can-you-read-this-drug-label/index.htm

Video: 3.11 Minutes

"Understanding Prescription Drug Labels," YouTube Uploaded Jul 17, 2012 Consumer Health Choices.

https://www.voutube.com/watch?v=QaSx4upol3M

5. Refills

- a. do not let medications run out
- b. refills ordered promptly
- d. inspect containers for accuracy
- e.log medication when received on LIC 622
- f. always discuss changes in medication with client and staff
- g. dosage changed between refills confirm with MD
- f. changes require written documentation

6. Meds permanently discontinued

- a. confirm with MD with documentation
- b. discuss with client and staff
- c. disposal of left over meds
- d. sign reverse side of LIC 622

7. Medication Disposal

- a. meds that are not taken with client on termination of services
- b. discontinued, expired or deteriorated
- c. documented by administrator or designate and one adult not client both sign record and maintain for three years
- d. record of destruction on Centrally Stored Medication Destruction Record lists
 - name of client
 - prescription number and name of pharmacy
 - drug name, strength and quantity destroyed

Medication 4 Hours Page 2 of 8

- date of destruction

8. Proper Method of Medication Disposal

- a. in accordance with Federal State and local regs for hazardous chemicals
- medication disposal "hazardous substance ins are stored in secure location not accessible to clients
- c. solid dosage form meds are removed from original vials
- d. all client information such a as name, medical record number DOB address are physically destroyed via shredding or pulping, pulverizing or incineration

Video: 5 Minutes

"Disposal of Unused Medication," YouTube uploaded, Jan 9, 2015, FDA. https://www.youtube.com/watch?v=dlkydT2PH5A

Handout

"Where and How to Dispose of Unused Medications," FDA Oct 15 2017. https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm

9. Assistance with Meds

- a. may assist with inhalers if staff receive training from licensed professional
- b. staff do not administered injections except if licensed health care e.g. RN
- c. Principles of Medication Administration consistent with assistance

Handout

"Student Resource Guide Year 2 DSP Training," http://www.dds.ca.gov/DSPT/Student/StudentYear2_3.pdf

10. As Needed or PRN Medications

- a. PRN require signed, dated and written order from MD
- b.. order must be maintained in client file
- c. PRN order must contain:
 - 1. specific symptoms that indicate need for mediation
 - 2. exact dosage
 - 3. minimum number of hours between doses
 - 4. maximum number of doses in each 24 hour period
- d. if MD states in writing client can determine and clearly communicate need for PRN staff may assist client with self-administration of PRN
- e. if MD states in writing that client unable to determine need for nonprescription PRN but can communicate his or her symptoms clearly staff my assist client with PRN med if:
 - 1. written direction from MD regarding the time or circumstance when the med should be discontinued and when MD should reevaluate.
 - 2 record of each does maintained in record LIC 622
 - f. if client cannot determine his own need for PRN and unable to communicate symptoms staff are permitted to assist with PRN med if:
 - 1. facility staff contact MD prior to each dose and describe symptoms to MD

Medication 4 Hours Page 3 of 8

- 2. receive direction from MD re dose
- 3. documented on LIC 622

Handout

Jordan, James "Usage of Psychotropic PRN Meds In Persons With DD: Chemical Restraint vs Therapeutic Intervention," NADD Bulletin Volume VII 2004. http://thenadd.org/modal/bulletins/v7n2a2~.htm

"Scenario For Jordan Bird's PRN," S-19, Student Resource Guide Year 2 DSP Training," http://www.dds.ca.gov/DSPT/Student/StudentYear2 3.pdf

11. Medication Errors when one of the "six client rights" has been violated.

- a. wrong medication.
- b. wrong dose of medication.
- c. wrong medication at the wrong time
- d. wrong route (i.e. dermatological ointment administered to eye)
- e. wrong person
- f. wrong time

Video: 19 Minutes

"Five Rights of Medication," Uploaded YouTube October 26, 2011, DDS https://www.youtube.com/watch?v=M3MXJQyTEcl

12. Avoiding Medication Errors

- a. communicating with the physician
- b. what is the main effect and side effect
- c. foods client should avoid.
- d. knows brand and generic name of each medication.
- e know what the medication looks look like

13. Over-the-counter (OTC) medications

- a. OTC medications (e.g., aspirin, cold medications, etc.) can be dangerous.
- b. centrally stored to the same extent that prescription medications are centrally stored
- c. OTC medication(s) that are given on a PRN basis must meet all PRN requirements.
- d. Physician must approve OTC medications

14. Client Right to Refuse Medication

- a. It is an individual's right to refuse medications.
- b educate and inform consumer purpose of medication and possible side effects.
- c. why meds are part of IPP
- d refusing medications is NOT considered a medication error
- e document refusal notify physician

Handout:

16 Question Medication Quiz: Students Take Quiz and Discuss http://www.psi-ceu.com/wp-content/uploads/2017/11/MEDICATION-QUIZ.pdf

Medication 4 Hours Page 4 of 8

- 15. Common ailments that are prescribed drugs in Developmentally Disabled.
 - a. Cardiovascular problems
 - c. High Blood Pressure
 - g. Diabetes mellitus
 - h. Pain
 - j. Epilepsy
 - k Sleeping Disorder
 - I. high blood pressure
 - k. infections

Handout

"Medical Conditions and Their Commonly Used Drugs," EMedExpert" http://www.emedexpert.com/lists/conditions.shtml

6. Conditions that require psychotropic medication

- a. Anxiety
- b. OCD
- c. Hyperactivity
- d. Depression
- e. Psychosis
- f. Dementia
- g. BiPolar
- h. Schizophrenia
- i. Autism

Handouts:

"Commonly Used Psychotropic Drugs." Mental Health Infrastructure Training, University of Washington http://lphi.org/CMSuploads/11.-Medication-Card ftr-64400-50667.pdf

"Medicine for Treating Autism's Core Symptoms,' Autism Speaks https://www.autismspeaks.org/what-autism/treatment/medicines-treating-core-symptoms

"Mental Health Medications," National Institute of Mental Health https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml

7. Main Effects of Medication

- a. Treatment Protocol: What the doctor is trying to treat.
- b. Course of Treatment: When is the onset and time frame of illness.
- d. Differential Effects of Medication: Medication can effect people differently.

Handout

Kalinowski, Coni MD, "Psychotropic Medications," Handout California Disability Rights http://www.disabilityrightsca.org/OPR/Empowerment/Psychotropics.htm

8. Common Side Effects of Medication

- a. fatigue
- b. high energy
- c. akathisia
- d. weight gain

Medication 4 Hours Page 5 of 8

- c. loss of sexual interest
- e. dry mouth
- f. seizures

Handout

"Medication Safety Questionnaire," S-10, Student Resource Guide Year 2 DSP Training," http://www.dds.ca.gov/DSPT/Student/StudentYear2_3.pdf

9. Extra pyramidal symptoms

- a. acute dystonia sustained muscle contractions twisting repetitive movements
- b. akathisia severe form of restlessness and compulsion to move
- c. Tardive Dyskinesia movement disorder
- d other side effects weight gain, sexual dysfunction, dry mouth, heat

Video: 3.00 minutes

"Psychotropic Medications: Adverse Drug Reactions: Generalized Side Effects Handout," YouTube uploaded Feb 19, 2015, Health Education and Training. https://www.youtube.com/watch?v=RF5s8DbByqg

Vide: 3.28 Minutes

"Psychotropic Medication Series: Assessment and Intervention" Uploaded Youtube Jan 6, 2014 HEAT Inc., Health Education & Training https://www.youtube.com/embed/xdw6qYOzKmw

Video: 10.51 minutes

"Recognizing Extrapyramidal Symptoms," Uploaded YouTube Dec 17, 2010, RDDA86 https://www.youtube.com/watch?v=WAg2iLEWVh0

Video; 3.10 minutes

"Tardive Dyskinesia," Uploaded YouTube July 16, 2012.

https://www.youtube.com/watch?v=t_NKRS8ILWA

Video: 1.46 minutes

"What is Akathisia?" Uploaded YouTube Oct 26, 2017 MISSD Foundaiton. https://www.youtube.com/watch?v=x86aCDtvbT0

Handout

The Side Effects of Common Psychiatric Drugs, Citizens Commission on Human Rights International.

http://www.cchr.org/sites/default/files/The Side Effects of Common Psychiatric Drugs.pdf

"Anti-Psychotic Side Effect Checklist (ASC Overview) Stable Resource Toolkit, Community Care Network of North Carolina"

https://www.communitycarenc.org/media/files/antipsychotic-side-affect-checklist.pdf

Summer Heat and Sun Risks For Anti Psychotic Medication Takers State of New Jersey Division of Mental Health and Addiction Services

http://www.state.nj.us/humanservices/dmhas/publications/miscl/Summer_Heat_Risks_ENG.pdf

Medication 4 Hours Page 6 of 8

Barry King MD. "Psychotropic Meds in Persons with Developmental Disability an Overview For Families and Care Providers," Lanterman Regional Center https://lanterman.org/uploads/Publication_30977_Psychotropic_Meds.pdf

9. Drug Interactions

- a. metabolism
- b. food and other drugs interactions -
- c. absorption
- d. allergies rash

Handouts:

"Drug Interactions and What You Should Know," Council on Family Health, FDA https://www.fda.gov/downloads/drugs/resourcesforyou/ucm163355.pdf

"Avoid Food and Drug Interactions," National Consumer League and FDA. https://www.fda.gov/downloads/Drugs/.../.../UCM229033.pdf

10. Medication Compliance

- a. resistant resident often supported by the family.
- b. noncompliance with medication parents adjust medication without MD
- c. drug seeking behavior more associated with mental health population
- d. dealing with families that are opposed to medication open communication
- e. FDA approved digital pill pill that once absorbed transmits signal via patch anti-psychotic
- f. most common reason for non adherence is side effects

Handouts

"Why Do Some Individuals with Serious Mental Illness Refuse to Take Medication?" 2014, Treatment Center Advocacy Backgrounder. http://www.treatmentadvocacycenter.org/storage/documents/why%20do%20some%

20individuals%20with%20serious%20mental%20illness%20refuse%20to%20take%2 0medication%20final.pdf

"First Digital Pills Approved to Worries about Biomedical Big Brother," NY Times Nov 13, 2017 https://www.nytimes.com/2017/11/13/health/digital-pill-fda.html

11. Communication

- a. be prepared who communicates client status to MD?
- b. client likely to say "I am fine"
- d. bring notes and record of observations when speaking with MD be prepared

12. Chemical Restraints

- a. refers to use of medication that is used for discipline or convenience and not required to treat medical symptoms
- b. Discipline: to punish resident
- c Convenience: control behavior with least effort not in clients best interest
- c. what if the client is violent and a danger to others?
- d. does this apply to acute care?
- e. does the client engage in aggression that is understood and defined.
- f. are positive behavioral supports in place e.g. prevention and replacement

Medication 4 Hours Page 7 of 8

g. associated with mental illness s.g. paranoid delusions

h. purpose of medication currently be treated

Handouts

Video: 3.25 Minutes

"Concern Over Inappropriate Use of Psychotropic Medication in People with Developmental Disability." YouTube Uploaded Sept 12, 2015, The BMJ.

https://www.youtube.com/watch?v=XrB360yAMWQ

Jordan, James, MA "Usage of Psychotropic PRN Medications in Persons with Developmental Disabilities: Chemical Restraint vs. Therapeutic Intervention" National Association Dual Diagnosis

http://thenadd.org/modal/bulletins/v7n2a2~.htm

Medication 4 Hours Page 8 of 8