

Ingersoll Support Services Inc.

Policy: Medications: Administration and Self-Administration	Policy # QAM 8 Section: Quality Assurance
Reviewed and Effective: August 9 2018 Revision Date: Sept 22/11; Sept 26/16; Aug 9/18 Date of Origin: March 19 2009	Ministry requirement – QAM 11.7(1)3.ii
<p><i>Essential best practices will be employed by ISSI staff persons to effectively support people with medication administration. Self-administration of medications by persons supported will be facilitated by ongoing assessment, documentation, and training of the person supported and of the employees assisting.</i></p> <p><i>Ingersoll Support Services Inc. must support employees in meeting their obligations through orientation, monitoring and ongoing training of resource access.</i></p>	

Procedure:

Administration of Medications

Ingersoll Support Services Inc. and employees are liable to ensure medication and treatment procedures are followed. Administration of Medication procedures are followed when it is understood that the agency and its agents bear responsibility for the medication, its care, and administration, fully or partially. These procedures are to ensure that the correct person is given the correct medication and dose at the correct time, using the correct route and documenting accordingly.

1. The person administering medication must be eighteen years of age or older. Employees are responsible for the manner in which medications and treatments are administered and are accountable to the person involved and their family member(s) or friends, the person's physician and the organization.
2. The person administering must be first oriented to medication procedures by the Supervisor or trained designate prior to administering medications. They must complete a Medication Orientation Checklist and an Administration of Oral Medication Performance Checklist BEFORE they can independently administer any medications or treatments as per Policy # QAM 9a, Medications: Orientation.

3. Medication must be in an original container with original pharmacy label. Where dosettes are used, the pharmacy shall pour. Staff may sign to indicate the person has taken meds poured in the dosette, based on the Medication Administration Record or an Individual Plan.
4. Follow any special instructions on the label or Drug Information, such as “keep refrigerated”. Administer according to medication type recommendations, as per attached document Doc.QAM8 Medication Administration Methods: Recommendations.
5. Always understand how best to approach the person receiving the medications:
 - a. Do you need to talk softly?
 - b. Do you need to use applesauce?
 - c. Do you hand it to the person or do you assist them to take it?
6. Medication must always be locked, out of reach, where it will not be exposed to extreme conditions of heat, cold or moisture etc. Medications will be locked in order to ensure everyone’s safety as per Policy # QAM 12-14 Access, Storage and Transfer of Medications.
7. Never give a medication by mouth to a person who is vomiting, who cannot swallow or is semi-conscious.
8. Concentrate when pouring and giving medications. Fully complete medication procedures for 1 (one) person at a time.
9. All recording must be in ink. For written errors, simply draw a line through the words you wish to omit and sign your name.
10. Prior to administering any new medications or treatments, each staff person must read the information in the Drug Reference Book or detailed pharmacy sheets.
11. Routine / PRN orders for medication must be filled out by the doctor. No medication or treatment can be given without Doctor’s signature.
12. The person administering a medication is responsible for filling out the Medication Administration Record (MAR). This information must be identical to information listed on orders for medication.

13. Medication administered is recorded by putting a dot in the appropriate space after you complete your second check and then initialing the appropriate box for date and time given on the MAR after medication is given.
14. A medication and/or treatment that is self-administered should be noted in the special instructions/directions on the MAR.
15. The Medication Administration Record (MAR) is to be changed monthly. Outdated MAR sheets are to become a part of the Medication History and placed in the person's individual binder under the medical section or filed away.
16. Complete the entire procedure for one person at a time.
17. NEVER administer a medication that you have not personally poured.
18. Handle medication in such a way that fingers do not come in contact with the medications.
19. NEVER leave poured medications unattended and/or in reach of other people.
20. In giving medication, be sure to give:
 - THE RIGHT PERSON
 - THE RIGHT DOSE
 - THE RIGHT MEDICINE
 - THE RIGHT TIME
 - THE RIGHT METHOD
 - THE RIGHT DOCUMENTATION

Failure to do any of these is a Medication Error. Remember people have the RIGHT TO REFUSE. Document this if it occurs. This is not a medication error. Note when a medication is withheld using the proper code.

21. If the person being given the medication is not with staff at the time medications are to be given, use the appropriate code on the MAR sheet.

22. When giving medication, compare the label on the medication to the MAR 3 (three) times! Each comparison needs to include checking the individual pills/capsules to ensure the right pills/capsules are in the container.
23. Carefully check that the name on the medication label is exactly the same as the name written on the MAR. Check the dose on the MAR with the dose on the bottle/blister card. It may be necessary to give ½ or multiple tablets/capsules.
24. P.R.N. medications may only be given when accompanied by a P.R.N. Order signed by a physician. Non- Prescription Medications and Treatments are to be given only with a Doctor's Standing Order as per attached form F.QAM8 Non-Prescription Medications and Treatment Orders. When administered, P.R.N. orders and Non Prescription Medications and Treatments must be entered on the MAR.
25. When a medication / treatment is discontinued as per Doctor's orders, the prescription line on the MAR sheet needs a ruled line with DISCONTINUED written on that line. The date discontinued will be noted in the log/progress notes and in AIMS within the medical tab section to ensure a history of medications/treatments is kept as per F.QAM8.
26. Any changes to a person's medications / treatments will be documented in AIMS under the person's medical tab.
27. Under the Regulated Health Care Professionals Act, employees of ISSI as unregulated care professionals, may assist or perform aspects of care traditionally provided by Registered Health Care Providers, only if it is a daily routine and they are properly trained.
28. Non-compliance with medication procedures are subject to discipline up to and including dismissal from Ingersoll Support Services Inc.

Self-Administration of Medications

1. Ingersoll Support Services Inc. recognizes each person's right to independently administer their own medications. A Medication Self-Administration Plan will be developed with the person, family members or friends and support workers to assist them in achieving their goal.

2. **Medication Self Administration Plan**

A plan may include but are not limited to the following steps:

- The person's medicine is stored with other medications. The person self-administers and a support worker records. Or,
- The person's medicine is stored with other medications. The person self-administers and signs the medication sheet. A support worker performs documented spot checks and initials medication sheet. Or,
- The person stores medicine in their room and signs medication sheet. A support worker performs documented spot checks and initials medication sheet. Or,
- A Pharmacy dispenses medication to a dosette (or other dispensing option) and the person self-administers or stores medication and self-administers. The Support Worker will monitor and document any concerns.
- When new medications are prescribed, the self-administration procedure will be reviewed and amended as necessary.
- If for the safety of others, medications need to be kept locked, the person self-administering may keep the key to their medication storage area.
- Amendments to self-administration may be made based on individual needs, areas of concern, support options, etc.
- Any medication sheets used for self-administration under any of these options MUST be kept as a matter of record.

3. **Guidelines to assessing a person's ability to Self-Administer Medications and Treatments**

- Ability to swallow medication
- Ability to voluntarily & purposefully move hands and arms
- Ability to identify the correct route, drug, time and dose
- Ability to follow proper medication procedures
- Ability to physically access the medications
- Ability to store medications appropriately
- Ability to order and check prescribed medication
- Ability to seek assistance if needed
- Recognize the 5 rights of medication
- Must have policy/procedure knowledge, monitoring and regular evaluation

Non Prescription Medication and Treatment Orders

**** NO medication or treatment may be administered without a doctor's orders ****

Name: _____

Date: _____

The following may be used as P.R.N. orders from:

_____ 20__ to _____ 20__

	Dosage & Times (Frequency)	Directions: (to be used for)
Pain medication Name:		
Antacid Name:		
Laxative Name:		
Cold Preparation Name:		
Other:		
1.		
2.		
4.		
5.		
6.		
7.		
8.		
9.		

Signature of Physician

Medication Administration Methods: Recommendations

Administration Procedures of Medications are to be fully completed for ONE person at a time.

Pill / Capsules:

Pills: Given as they are, unless directed that they should be crushed and dissolved in water or other substance. Pill may be crushed by pressure between two spoons. Use a pill crusher if one is available.

Capsules: To be given as they are. Capsules can only be opened if directed by the Doctor or Pharmacist.

Blister Packs:

1. **Wash hands**
2. **Unlock medication location**
3. **Gather needed equipment** – i.e. MAR sheets, pen, medication cup, spoon, bowl, apple sauce, drink of water, blister pack page etc.
4. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration, determine which medications are needed. Rip the appropriate date/time blister pack off of the page of medications
5. **The 3 Checks:**
 - 1st Check** – compare the MAR sheet to the blister pack – name, date, medication and dosage
 - 2nd Check** – compare the name and date. Compare each medication to the blister pack again placing a dot on the MAR sheet and a checkmark on the blister pack as you confirm a match
 - 3rd Check** – turn the blister pack over and compare the actual medication to the description on the MAR sheet to ensure the correct medication is in the blister pack
6. **Pour** – tear open the blister pack and pour into appropriate container for administration (i.e. med cup, bowl of applesauce etc.)
7. **Return blister pack page to locked storage place**
8. **Approach & Identify person**
 - a. Call person by name
 - b. Confirm identification
9. **Inform the person of what is happening**
10. **Follow each person's individual protocols and administer medication**
11. **Wash hands**
12. **Record accurately – initial MAR after administration**

Pill Bottles:

1. **Wash hands**
2. **Unlock medication location**
3. **Gather needed equipment** – i.e. MAR sheets, pen, medication cup, spoon, bowl, apple sauce, drink of water etc.
4. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed and remove the correct bottle from storage.
5. **The 3 Checks:**
 - 1st Check** - compare the MAR sheet to the label on the bottle – name, medication and dosage
 - 2nd Check** – Compare name and medication placing a dot on the MAR sheet as you confirm a match.
 - 3rd Check** – open lid of bottle and compare the actual medication to the description on the MAR sheet to ensure the correct medication is in the bottle.
6. **Pour** the needed pills onto the bottle lid and then into the appropriate container for administration i.e. med cup, bowl of applesauce etc.
7. **Return pill bottles to locked storage place**
8. **Approach & Identify person**
 - a. Call person by name
 - b. Confirm identification
9. **Inform the person of what is happening**
10. **Follow each person's individual protocols and administer medication**
11. **Wash hands**
12. **Record accurately – initial MAR after administration**

Liquids:

Given as measured, or diluted with water after measuring, as directed.

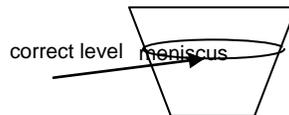
1. **Wash hands**
2. **Unlock medication location.**
3. **Gather needed equipment** – i.e. MAR sheets, pen, medication cup, drink of water etc.
4. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed and remove the correct bottle from storage.
5. **The 3 Checks:**
 - 1st Check** – compare the MAR sheet to the label on the bottle – name, medication and dosage

2nd Check – compare name and medication again, placing a dot on the MAR sheet as you confirm a match

3rd Check - compare name and medication one final time, pour medication and return the medication to storage.

6. Pour :

- a. put measuring cup on flat surface,
- b. measure at eye level and mark with thumb the desired volume on the med cup,
- c. slowly pour liquid to **correct** dosage,
- d. read the volume at the low level of meniscus



***For pouring amounts not on med cup (i.e. 6 c.c):**

- a. pour approximate level into a med cup
 - b. use a syringe to draw up the exact amount
 - c. pour into a second med cup or other method of administering, or give directly from syringe. Pour excess medication back in bottle
 - d. syringe should never come in contact with the medication bottle
- 7. After** pouring, wipe the neck of the bottle with a damp cloth or paper towel.
- 8. Return** bottle back to locked storage place.
- 9. Approach & Identify** person
- i) Call person by name
 - ii) Confirm identification
- 10. Inform** the person of what is happening
- 11. Follow** each person's individual protocols and administer medication
- 12. Record accurately** – initial MAR after administration
- 13. Wash hands**

Ear Drops:

- 1. Wash** hands
- 2. Unlock** medication location
- 3. Gather** needed equipment (i.e. MAR sheets, pen etc.)

4. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed and gather the correct bottle from storage.
5. **The 3 Checks:**
 - 1st Check – compare the MAR sheet to the label on the bottle – name, medication and dosage
 - 2nd Check – compare name and medication again, placing a dot on the MAR sheet as you confirm a match
 - 3rd Check – compare name and medication one final time, before removing the cap to administer
6. **Bring** ear drops with you
7. **Approach & Identify** person
 - i) Call person by name
 - ii) Confirm identification
8. **Inform the person of what is happening**
9. **Follow** each person's individual protocols and administer medication
10. **Rub/hold** the drops in your hand to warm them to a comfortable temperature
11. **Have the person lie** on their side with affected ear up
12. **If an adult**, gently pull their ear upward and back. If a child, gently pull their ear downward and back
13. **Instill drop**, being careful not to touch ear with dropper. **Do not let the drop fall directly on the ear drum - allow it to slide into ear**
14. **Have the person remain lying** on their side for a few minutes
15. **Record accurately** – initial MAR after administration
16. **Return medication** back to locked storage place
17. **Wash hands**

Eye Drops and Eye Ointments:

1. **Wash hands**
2. **Unlock** medication location
3. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed. Remove correct bottle from storage
4. **The 3 Checks:**
 - 1st Check – compare the MAR sheet to the label on the bottle – name, medication and dosage
 - 2nd Check – compare name and medication again, placing a dot on the MAR sheet as you confirm a match
 - 3rd Check - compare name and medication one final time, before removing the

cap to administer

5. **Bring** eye drops/ointment with you
6. **Approach & Identify person**
 - i) Call person by name
 - ii) Confirm identification
7. **Inform** the person of what is happening
8. **Follow** each person's individual protocols and administer medication
9. **Have the person lie down** with their head tilted backwards or sitting in a chair with head tilted backwards.
10. **Cleanse eyelid** and lashes from inner corner to outer corner with moistened cotton swab, using a clean swab for each eye.
11. **Draw down lower lid**, carefully steady hands on the person's face, have the person look up, allow drop(s) to go into eye pocket between lower lid and eyeball, release eyelid. Have them keep their eye closed for a minute, use a cotton swab to wipe eye.
12. **Record accurately** – initial MAR after administration
13. **Return medication** to locked storage place
14. **Wash hands**

Nose Drops:

1. **Wash hands**
2. **Unlock** medication location
3. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed. Remove correct bottle from storage
4. **The 3 Checks:**
 - 1st Check** – compare the MAR sheet to the label on the bottle – name, medication and dosage
 - 2nd Check** – compare name and medication again, placing a dot on the MAR sheet as you confirm a match
 - 3rd Check** - compare name and medication one final time, before removing the cap to administer
5. **Bring** Nose drops with you.
6. **Approach & Identify person**
 - i) Call person by name
 - ii) Confirm identification
7. **Inform** the person of what is happening
8. **Follow** each person's individual protocols and administer medication
9. **Have the person lie on back**, head turned to side and slightly back
10. **Draw** med into dropper

11. **Instill** prescribed number of drops into each nostril
12. **Have the person remain** in that position for a few minutes
13. **Record accurately** – initial MAR after administration
14. **Return medication** to locked storage place
15. **Wash hands**

Rectal Medications:

All rectal medications are considered controlled acts. Therefore each staff member must be delegated this act by an approved trainer for each person they are supporting who requires these types of medications.

1. **Wash hands**
2. **Unlock** medication location
3. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed. Remove correct medication from storage.
4. **Put on gloves**
5. **The 3 Checks:**
 - 1st Check** - compare the MAR sheet to the label on the bottle/box – name, medication and dosage
 - 2nd Check** – Compare name and medication placing a dot on the MAR sheet as you confirm a match.
 - 3^d Check** – open lid of bottle/take medication out of box and compare the actual medication to the description on the MAR sheet to ensure the correct medication is in the bottle.
6. **Pour** medication into med cup if applicable
7. **Return** bottle/box to locked storage place
8. **Approach & Identify person**
 - i) Call person by name
 - ii) Confirm identification
9. **Inform** the person of what is happening
10. **Follow** each person's individual protocols and administer medication
11. **Have the person lie on their left** side with their right knee at right angle keeping the person covered as much as possible and their buttocks slightly elevated
12. **Lubricate** index finger. You do not need to lubricate index finger for enema, pre-packaged fleet enemas are already lubricated
13. **Displace** all air from the enema. Enema should be between room temperature and body temperature
14. **Insert** solid medication so that it is between the stool and rectal wall
15. **The enema is inserted into the rectum 2 – 3 inches.** The fluid is allowed to flow.
Once you have started to squeeze the fleet enema bottle do NOT release until

it has been removed from the rectum

16. **Hold** buttocks together for a few minutes to prevent expulsion
17. **Provide for discomfort** – place on back and ask to retain suppository/enema 15 – 20 minutes if possible
18. **Remove gloves and wash hands**
19. **Record accurately** – initial MAR after administration
20. Record results

Inhalers:

1. **Wash hands**
2. **Unlock** medication location
3. **Read MAR sheet** to determine who the medication is for. Give only the medication listed. Dependent of the time of administration; determine which medications are needed
4. **Select and remove** the correct medication from storage and any other equipment you may need to administer (i.e. spacers)
5. **The 3 Checks:**
 - 1st Check** - compare the MAR sheet to the label on the inhaler – name, medication and dosage
 - 2nd Check** – Compare name and medication placing a dot on the MAR sheet as you confirm a match
 - 3rd Check** – do one final check of comparing the MAR sheet to the label on the inhaler prior to removing the cap. – name, medication and dosage.
6. **Bring** inhaler with you
7. **Approach & Identify** person
 - i) Call person by name
 - ii) Confirm identification
8. **Inform** the person of what is happening
9. **Follow** each person's individual protocols and administer medication
10. **Record accurately** – initial MAR after administration
11. **Clean** all equipment and inhaler as directed and return medication to storage area
12. **Wash hands**

Approved Standard Abbreviations

<u>ABBREVIATIONS</u>	<u>MEANING</u>	<u>ABBREVIATIONS</u>	<u>MEANING</u>
@	at	p.c.	after meals
a.c.	before meals	per	by
ad lib.	As desired	p.m.	afternoon
a.m.	morning	p.o.	by mouth

b.i.d.	twice a day	p.r.n.	when required/needed
c	with	pt., or O	pint
cc.	cubic centimeter	q.	every
dc (disc)	discontinue	q.d.	every day
Gm.	gram	q.h.	every hour
gt., or gtt.	Drop, or drops	q. (2,3 etc.) h.	every (two, three etc.)
h (hr.)	hour	q.i.d.	4 times a day
h.s.	at bedtime (hour of sleep)	q.o.d.	every other day
L	liter	Rx	take, treatment
mg.	milligram	s.	without
ml.	milliliter	ss	one half
NPO	nothing by mouth	soln	solution
od	right eye	tab.	tablet
os	left eye	t.i.d.	3 times a day
ou	both eyes	tsp.	teaspoon
oz.	ounce	T (tbsp.)	tablespoon
		ungt., ung.	Ointment

CONVERSIONS

24 HOUR CLOCK SYSTEM		<u>VOLUME CONVERSIONS</u>	
eliminates use of a.m. & p.m.			
12:01 a.m.	= 0001 hrs. (1 min after midnight)	1 c.c.(cubic cm)	= 1ml = 1 mm
8:00 a.m.	= 0800 hrs.	1 tsp.	= 5 ml
8:00 p.m.	= 2000 hrs.		
11:59 p.m.	= 2359 hrs.	1 T.	= 20 ml
12:00 midnight	= 2400 hrs.		