Medication Management

Whether you administer medications, assist residents in taking medications, or just remind residents to take medications, you need training. Lack of knowledge is one of the main causes of medication errors.

Some states allow CNAs or other unlicensed personnel who receive extra training to administer medications under supervision. These staff members are often called medication aides, medication technicians, or unlicensed assistive personnel. Other states allow unlicensed personnel to assist residents in medication matters. Your supervisor should be able to explain the medication rules in your state.

Medication management is a process that involves the following:

- Prescribing: The physician orders the medicine
- Transcribing: A nurse or pharmacist interprets the physician’s order
- Dispensing: The medicine is prepared
- Administering: Staff give the resident the medicine
- Monitoring: Staff observe the resident’s response to medications

Medication errors

The United States National Coordinating Council for Medication Error Reporting and Prevention defines a medication error as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.”

Mistakes can occur at any point in the process of getting medication, from the writing of the prescription to the administration of the medication to the resident. The purpose of medication management is to prevent these errors.

The following are some of the most common types of medication errors:

1. The wrong dose
2. The wrong drug
### How to prevent medication errors

One of the best ways to prevent medication errors is for everyone who takes part in a resident’s care—from the physician, to the pharmacist, to the CNA—to be educated about each medication the resident takes. Everyone who handles medication should know basic techniques for administering or assisting with medications, the proper abbreviations for common medications, and the six rights of medication administration.

#### Basic techniques for assisting or administering

Every facility has its own policies and procedures for handling medications. Some states and facilities may allow CNAs to administer over-the-counter medicines, while others may not allow them to even assist with the process. Always follow your state laws and facility rules.

Most medications that CNAs work with are formulated to be administered by tablet, capsule, liquid, topical solution, or inhalant. Do not leave these medicines out in the open. Store all medications in their proper places at all times. Note whether drugs are out of date, should be stored in the refrigerator, or should not be exposed to light.

The following are tips for dealing with each type of medication:

1. **Human factors**, including lack of knowledge, not paying careful attention, not following procedures correctly, and not being aware of a resident’s allergies.
2. **Communication**, including oral and written miscommunication, transcription errors, handwriting errors, misuse of zeroes and decimal points, confusion of dosing units, confusing drugs with similar names, and inappropriate or misinterpreted abbreviations.
3. **Work environment factors**, including workload and time pressures, lack of standardized protocols and procedures, insufficient resources, and issues with lighting.

#### The wrong route

Medication errors are an especially important concern for nursing home residents and staff because a large number of victims of these errors are elderly.

Consider the following statistics:

- Medication errors account for more than 250,000 deaths per year in the U.S.
- It’s been estimated that 800,000 medical errors occur annually in nursing homes.
- Almost half of the deaths occur in people over age 60.
- Medicine-related problems account for nearly 10% of all hospital admissions.
- More than 50% of medication errors occur in nonhospital settings and residents’ homes.
- Medicine-related problems cost the U.S. healthcare system up to $136 billion annually.

The most common causes of medication errors are:

1. **Human factors**, including lack of knowledge, not paying careful attention, not following procedures correctly, and not being aware of a resident’s allergies.
2. **Communication**, including oral and written miscommunication, transcription errors, handwriting errors, misuse of zeroes and decimal points, confusion of dosing units, confusing drugs with similar names, and inappropriate or misinterpreted abbreviations.
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**Tablets and capsules**

- When opening a medication container, do not touch the medication.
- Do not crush a medication unless you have a doctor’s order. Do not crush coated, sustained- or extended-release, or effervescent tablets, or tablets designed to go under the tongue.
- If you must break a tablet, use a tablet splitter.
- Make sure the resident swallows all the medication.
- Check the resident’s dietary restrictions before giving food with a medication.
- If you drop a tablet or capsule, discard it. Discard unused portions of tablets according to your facility’s policies.

**Liquid medications**

- Shake medications well.
- If you pour more medication than you need when measuring, discard the excess. Never pour excess liquid back into the original bottle.
- Pour medication away from the container’s label to protect the label from drips.
- Put the medication cup on a flat, level surface and measure the medication at eye level.
- When instructed to dilute a medication, use the correct liquid. Some medicines must be diluted in acidic liquids to work properly, so follow the instructions. Some liquid medications might irritate the resident’s stomach if taken without being properly diluted.
- Liquid iron products may discolor the teeth, so it is helpful to give the resident a straw so the liquid can bypass the teeth.
- Antacids may interfere with the absorption of some medications.
- The order in which medications are given and the amount of time allowed between taking medications is important; these instructions must be followed exactly.

**Topical medications**

- Directly apply topical medications to the skin.
- Always use disposable gloves when applying topical medications and wash your hands before and after each application.
- Rest the cap of the medication container on a flat surface with the inside facing up.
- Clean the skin if needed. Apply the medication with your gloved hands or an applicator. Never put a used applicator back into the container.
- To avoid contaminating the product, do not let the medication tube touch the resident’s skin.
- Topical medications are usually used sparingly. Follow dosage instructions carefully.

**Asthma inhalants**

Note: There are many types of inhalers, and they require various procedures. Always check the product’s directions and follow your facility’s policies and procedures.

- Shake the inhaler well prior to each use, if indicated.
- Remove the cap from the mouthpiece and make sure the canister is firmly in place.
- Hold or have the resident hold the inhaler up to his or her open mouth. Follow the physician’s orders or your facility’s policies and procedures regarding open- or closed-mouth technique.
- Ask the resident to exhale completely and then to breathe in deeply and slowly through the mouth while fully depressing the top of the metal canister with the index finger. Then tell the resident to hold his or her breath as long as is comfortable before exhaling.
- Rinse the applicator and store it. If more than one inhalation of the same product is prescribed, wait at least one minute between inhalations.
- If two or more inhalants are ordered, use them in the proper order. Wait at least five to 10 minutes between using different inhalants.
- If the resident has difficulty using an inhaler, tell your supervisor. The doctor may order a spacer to aid in proper drug delivery.

**Documentation**

Tracking and documenting are essential when handling medications. Documentation forms are called by a variety of names, but they are most commonly referred to as the medication administration record (MAR).

Each facility will have its own rules about how to record
anything done with medications. Follow your facility’s list of standard abbreviations when documenting.

The six rights of medication administration

There are six important rules, called the “six rights,” to remember when providing medication assistance or administration.

They are as follows:

• Right person: Read the resident’s name out loud, checking that the medication paperwork and container match, before you hand any medications to a resident. Even when you know the resident well, it is good practice to say, “Mrs. Smith, here is your morning medicine.” Follow your facility’s policies for using resident pictures or identifiers.

• Right drug: Compare the name of the drug on the medicine container to the name of the drug on the medication paperwork to be sure they are the same.

• Right dose: Check the dosage on the medication container and verify that it is identical to the dosage written on the medication paperwork. Be precise—the resident must take exactly the right number of pills and the exact amount of liquid medication.

• Right dosage form: Medication comes in many forms. Is the medication supposed to be a tablet, capsule, suppository, liquid, or some other form?

Check whether the medication is supposed to be immediate or extended release. Every letter and number on the medication order must match the medication package. If the order states “SR” for sustained release, the package must state “SR” also.

• Right time: Check and double-check the date, day of the week, and time of day. All three must be the same on the medication paperwork and container and must match the current date, day, and time. Most facility’s policies require that residents take medications within 30 minutes before or after the scheduled time.

• Right route: The route refers to the way a drug is taken—by mouth, under the tongue, injected, inhaled, or applied to the skin. Be sure that the resident takes the medicine in the manner written on the medication container and paperwork.

Responding to medication errors

Even the best healthcare workers make errors. When you are involved in or find out about a medication error, report it as soon as you discover it. Reporting these mistakes will save lives.

Also report a resident’s mistakes in taking medications. When an error is made, do not make any decisions about how to respond to the mistake—only a physician can decide what, if anything, should be done.

Anyone can have a bad reaction to a medication at any time, even if he or she has taken the drug before. Just because a resident has a reaction to a medicine or has a new side effect does not mean that a medication error has occurred. Report all medication reactions to the appropriate supervisor.

Not all medication errors will hurt a resident, but only the resident’s physician can decide whether an error is potentially harmful. Report every medication error so appropriate action can be taken to prevent harm. Even when harm does not result, an error may indicate a problem with the medication system that must be fixed before a similar mistake hurts someone else.

If everyone involved in medication management—from prescribing to transcribing to dispensing to administering—works together to prevent mistakes, the number of medication errors will decrease.

Common abbreviations for medications

Whether you administer, assist with, or simply observe medications, you need to understand what certain abbreviations stand for.

The following are the most common abbreviations:

- **ml**—milliliter
- **cc**—cubic centimeter (same as milliliter)
- **dr**—dram
- **m**—minim
- **g, G, or gm**—gram
- **mg**—milligram
- **gr**—grain
- **kg**—kilogram
- **L or l**—liter
- **lb**—pound
- **oz**—ounce
- **mcg**—microgram
- **t or tsp**—teaspoon
- **T or tbls**—tablespoon
- **po**—by mouth (per os)
- **si**—under the tongue (sublingual)
- **top**—applied to the skin
- **inh**—inhaled
- **sq**—injected under the skin (subcutaneous)
Medication Management

Directions: Read each question carefully, then determine the best answer. Check the corresponding box on your answer sheet. Do not write on this posttest.

1. You can pour liquid medicine accurately by holding the medicine cup up to the light.
   a. True
   b. False

2. If a resident needs food in order to take a medication, it is always safe to give him or her a chocolate chip cookie with it.
   a. True
   b. False

3. Antacids may ________________ the absorption of some medications.
   a. interfere with
   b. assist with
   c. double
   d. all of the above

4. In the event a resident cannot swallow his or her tablet whole, it is okay to crush it, no matter what kind of medication it is.
   a. True
   b. False

5. When you learn that there has been a medication error, you should ________________.
   a. only report it if someone is, or might be, harmed
   b. only report it if you are the one who made the mistake
   c. report it at once to your supervisor
   d. stop all medication for that person immediately

6. Which of the following abbreviations do NOT mean the same thing?
   a. cc and ml
   b. g and gm
   c. ml and mg
   d. t and tsp

7. If the medication record or orders call for "Bactrim DS," and the container reads "Bactrim," it is okay to give the medicine anyway because the "DS" is not important.
   a. True
   b. False

8. The most common causes of medication error include all of the following, EXCEPT ________.
   a. Lack of knowledge
   b. Workload time pressures
   c. Issues with lighting
   d. Being aware of a resident’s allergies

9. If you know a resident well, you don’t need to verify that you’re giving him or her the proper medication every single time.
   a. True
   b. False

10. It is possible for a resident to have a new reaction to a medication even if he or she has taken the medication for years.
    a. True
    b. False