

LESSON PLAN: 10

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: III BODY SYSTEMS, DRUGS, AND OBSERVATIONS

SCOPE OF UNIT:

This unit includes guidelines for observing and reporting.

INFORMATION TOPIC: III-10 OR DEMONSTRATION: III-10

OBSERVING AND REPORTING
(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

Information:

1. List three major problems encountered in drug use at home.
2. Identify major problems of drug use in long-term care facility.
3. Identify approaches to special problems in medication administration.
4. Name five (5) techniques used in observation.
5. Recognize physical and psychosocial changes in residents, which must be reported to the charge nurse.

Demonstration:

1. Count apical pulse.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 25: Look-Alike and Sound-Alike Drugs.
2. HO 26: Types of Hearing Aids.
3. HO 27: Operation of a Hearing Aid.
4. HO 28: Communicating with the Aphasic Resident.

INFORMATION ASSIGNMENT:

Read Lesson Plan 10 prior to class and be prepared to discuss the information presented and return the demonstration on counting the apical pulse.

INTRODUCTION

Adverse drug reactions are a serious problem regardless of age. It is essential that the medication technician develop skills in observing responses to drug therapy. This lesson includes the major problems encountered by the drug user, techniques in observations, and the changes in behavior that require immediate attention.

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OUTLINE:

I. Major problems of Drug Use at Home

- A. Availability of drugs such as herbals and over-the-counter (OTC) drugs.
- B. Self-medication.
 - 1. Prescription drugs not taken correctly due to expense, “sharing” of prescription medications, several medications from the same classification from different physicians.
 - 2. Influence of advertising.
- C. Treated by more than one physician.
- D. High cost of drugs.
- E. Inability to open containers.
- F. Forgetting to take medications.
- G. Inability to read directions due to poor vision.
- H. Limited access to pharmacy for refills.
- I. Expired medications.
- J. Improper storage of medications such as not refrigerating a medication that must be refrigerated.

II. Major problems of Drug Use in the Long-Term Care Facility

- A. Physical changes and drug effects.
- B. Disorientation.
- C. Potential for medication errors due to look-alike and sound-alike drugs (HO 25), illegible handwriting, use of improper abbreviations, incorrect orders and misplaced decimal points.
- D. Adverse drug reaction – any drug effect other than what is therapeutically intended. It may be expected and benign or unexpected and potentially harmful.

- E. Side effects – mild, but predictable, adverse reactions.
- F. Hypersensitivity reaction (allergic response) – result of an antigen-antibody immune reaction that occurs in the body when a drug is given to a susceptible individual.
- G. Anaphylactic reaction (life threatening allergic response) – immediate hypersensitivity or anaphylaxis. Typically begins 1 to 30 minutes following exposure to the offending antigen. Tingling sensations and a generalized flush may proceed to fullness in the throat, chest tightness, or a “feeling of impending doom.” Generalized rash and sweating are common. Severe reactions include life-threatening involvement of the airway and cardiovascular system.
- H. Physical or psychological dependence – certain drugs, especially those subject to abuse (e.g., narcotics for pain), cause dependence. Signs of dependence are increased tolerance to the drug. The body craves more and more analgesics.
- I. Cumulative effects – some medications are not metabolized or excreted very fast especially in the elderly, so the drug builds up or accumulates in the body. This can produce toxic or overdose-like effect.
- J. Drug interactions – when one drug is administered in combination with or shortly after another drug, the effects of one or both drugs is altered.
 - 1. Synergism – two unlike drugs whose effects are greater than those of either drug alone.
 - 2. Antagonism – two unlike drugs whose effects are less than the effect of either drug alone.
- K. Unnecessary use of drugs. An unnecessary drug is any drug used:
 - 1. In an excessive dose.
 - 2. In duplicate therapy.
 - 3. For excessive duration.
 - 4. Without adequate indication for use.
 - 5. Without adequate monitoring.
 - 6. When adverse effects indicate the dose should be decreased or the drug discontinued.
- L. Polypharmacy refers to:
 - 1. Use of a drug with no apparent need.

2. Use of more than one drug for the same purpose.
3. Use of drugs to treat adverse drug reactions.

III. Approach to Special Problems in Medication Administration

A. Confusion.

1. Speak slowly, at a normal level, and in a low-pitched voice.
2. Use short, familiar words and simple sentences. Example: "Please drink this glass of water."
3. Give positive instruction, avoiding "don't" or negative commands. Example: "Please sit down in your chair."
4. Avoid questions or topics of conversation that require a lot of thought, memory, and words. Instead, be specific about what you are doing or what you want the resident to do. Example, "Mr. James, I have your cough syrup, please drink it."
5. Avoid instructions that require the resident to remember more than one action at a time. Instead, break the task down into simpler actions. Example: "Mrs. Jennings, lie down on your bed." (After Mrs. Jennings is lying down, give the next action.) "Mrs. Jennings, please roll on your side."

B. Blindness.

1. Observe for signs indicating deteriorating eyesight.
 - a. Stumbling or falling.
 - b. Holding on to objects when walking.
 - c. Using touch to find personal things.
2. Encourage use of eyeglasses; clean daily with a soft cloth.
3. Use verbal communication if resident can hear; use normal tone of voice.
4. Use touch.
4. Identify self when entering or leaving a room.
6. Keep surroundings the same – do not rearrange personal items or furniture without asking the resident.

7. When communicating with the blind resident, try the following tips.
 - a. With your guidance, show the resident the location of the glass of water.
 - b. Tell the resident how many tablets or capsules you have. Indicate if they are large or small.

C. Deafness.

1. Signs indicating hearing loss.
 - a. Loss of interest in group activity, in other persons, or in what is being said to him/her.
 - b. Apparent disregard for directions or suggestions.
 - c. An attempt to lip-read.
2. When communicating with the deaf resident, try the following tip. Write a note to the resident, (e.g., “Mr. Smith, I have your 10 AM medication”).
3. Encourage the resident to use a hearing aid and give him/her time to adjust it (HO 26, HO 27).
4. Face the resident in a lighted area; stand where he/she can see you.
5. Use moderate tone of voice; do not shout at resident.
6. Reduce background noise.
7. Attempt to learn some sign language.

D. Speech disorder

1. Dysarthria – weakness or paralysis of muscles of lips, tongue, and throat; may be due to brain damage from stroke or accident
2. Aphasia – language disorder in which resident has difficulty understanding words and using them correctly due to damage of the part of the brain that controls speech (HO 28).
 - a. Expressive – resident has difficulty saying what he/she is thinking and wants to say; may also have trouble writing and making gestures to act out what he/she is trying to say.
 - b. Receptive – resident cannot understand what is being said to him/her; gestures and pantomime may be confuse him/her; may

have difficulty understanding what he/she is reading or recognizing the words.

c. Global – a combination of expressive and receptive aphasia.

3. How to communicate to the resident with speech disorder.

a. Encourage the resident to express self in any way possible.

b. Continue to talk to the resident and encourage other to also talk to the resident.

c. Use short, simple sentences and use the same words each time when you give directions.

d. Watch the resident for gestures of body movements with which he/she may be communicating.

e. Be patient, do not speak for the resident, although you may want to help him/her with the words with which he/she is having difficulty.

f. Do not talk with another person in front of the resident if he/she cannot understand.

g. Remember the resident is still considered an adult.

h. Remember the basic principles of effective communication.

E. Disabled.

1. Do not hurry resident.

2. Assist only as needed.

F. Uncooperative.

1. Sit down, make yourself comfortable. Explain procedure, respect resident's rights, and use a positive attitude!

G. Difficulty swallowing.

1. Offer resident drink of water first to lubricate throat.

2. Place medication on unaffected side, one at a time. If tablet is large (and is scored), break tablet in half using clean technique.

3. Offer plenty of fresh water following each tablet. Do NOT hurry resident. Communicate with charge nurse, it is possible the resident may need medications crushed and/or require a liquid medication form.

IV. Techniques of Observation

- A. Vital signs.
 - 1. TPR (including apical pulse).
 - 2. BP.
- B. Using your senses, what you can tell by:
 - 1. Sight.
 - 2. Smell.
 - 3. Touch.
 - 4. Hearing.

V. Observations to Report to the Licensed Nurse

- A. Physical changes such as changes in skin color or temperature, facial expressions, drooping on one side of the mouth, wound drainage, shortness of breath, or any change from what is "normal" for the resident.
- B. Psychosocial (emotional/social) conditions associated with the aging process.
 - 1. Depressive reactions.
 - 2. Hypochondriasis/hypochondriac.
 - 3. Paranoid reaction.
 - 4. Catastrophic reaction.
 - 5. Transient situational reactions.
 - 6. Sleep disturbances.
 - 7. Organic mental syndrome (formerly organic brain syndrome).

VI. Demonstrate the Procedure for Counting Apical Pulse

VII. Summary and Conclusion

- A. Major problems of drug use at home.

- B. Major problems of drug use in the long-term care facility.
- C. Approach to special problems in medication administration.
- D. Techniques of observation.
- E. Observations to report to the licensed nurse.
- F. Review procedure for counting apical pulse.

The next lesson is on basic guidelines for medication administration.