

LESSON PLAN: 12

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: IV PREPARATION AND ADMINISTRATION

SCOPE OF UNIT:

Guidelines and procedures for preparation, administration, reporting, and recording of oral, ophthalmic, otic, topical, transdermal, oral metered dose inhaler, nasal, rectal, vaginal, as well as administration of oxygen by nasal cannula.

INFORMATION TOPIC: IV-12 OR DEMONSTRATION:

SPECIAL CATEGORIES OF DRUG ADMINISTRATION
(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

1. Identify responsibilities of a medication technician in administering stat medications.
2. Identify responsibilities of a medication technician in administering PRN medication.
3. Identify responsibilities of a medication technician in administering emergency drugs.
4. Identify responsibilities of a medication technician in administering controlled drugs.
5. Identify responsibilities of a medication technician in administering stock drugs.
6. Describe parenteral drugs and why they are given.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Suggested emergency tray.
2. Controlled substance record sheets (HO 16, HO 17).
3. Routine medication record sheets (HO 14).
4. Bottles of placebo tablets to simulate controlled drugs.

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 12 prior to class and be prepared to discuss the information presented.

INTRODUCTION:

There are special categories in drug administration that place certain limitations upon the medication technician. However, your observations will assist the charge nurse and the physician in the management of unusual situations which may often involve a life saving effort. This lesson deals with STAT, PRN, emergency, controlled substances, stock and parenteral drugs and the accountability systems associated with their administration.

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OUTLINE:

I. Stat Medications

- A. Definition – a medication with an order to be given immediately.
- B. Safe preparation and administration.
 - 1. Check order on order sheet.
 - 2. Check for resident allergies.
 - 3. Complete medication card as needed.
 - 4. Review stat medication order with licensed nurse or pharmacist BEFORE giving medication.
 - 5. Prepare and administer immediately.
 - 6. Document the medication on the MAR immediately after administering.
- C. Document and report stat medications.
 - 1. Reason for administration.
 - 2. Name of the drug.
 - 3. Dosage and dosage form.
 - 4. Date and time medication given.
 - 5. Route.
 - 6. Initials and name.
 - 7. Follow-up observations when applicable.

II. PRN Medications (Stock, Individual, Controlled Drugs)

- A. Definition – a medication that is ordered to be given as needed for a specific condition within a specified time frame.

NOTE: The CMT does not administer medications when the order includes

optional dosages, “PRN” administration frequency choices or other assessment requirements except as follows:

1. After an assessment by a licensed nurse when required by the physician’s order; or
 2. Upon request of the resident. If there is a question regarding the safety of the resident’s request, the CMT shall consult with the resident’s physician, a pharmacist, or the licensed nurse.
- B. Preparation and administration.
1. Identify resident’s need.
 - a. Vital signs if required.
 - b. Symptoms or complains specifically noted.
 - c. Utilize the facility approved pain scale for complaints of pain.
 2. Check for valid PRN medication order; PRN decision made by charge nurse.
 - a. Time of last dose given.
 - b. Frequency allowed per doctor’s order.
 - c. Follow facility automatic stop order policy if applicable.
 - d. Give only for specific complaint and as ordered (e.g., if acetaminophen is ordered for an elevated temperature, it cannot be given for pain).
- C. Document and report PRN medications.
1. Reason for administration.
 2. Drug.
 3. Dosage and dosage form.
 4. Date and time.
 5. Route of administration.
 6. Initials and name of person giving medication.
 7. Notify licensed nurse of results and document on the MAR.

8. Document Follow-up observations on the MAR as required including pain scale score and alternate interventions if symptoms or complaints not resolved.

III. Emergency Drug Supply (EDS)

A. Definitions:

1. A limited number of dosage units of prescription drugs for use in a true emergency.
2. Medications available for starting doses of a drug when the pharmacy cannot provide a prescription within a reasonable time based on the resident's clinical needs at the time. May be referred to as a "Starter dose."
3. True emergency drugs may be stored separately in a sealed tray or kit.
4. Non-emergency drugs are not intended to be used routinely for new orders. The licensed nurse should determine if the resident's clinical condition requires the use of starter doses from the EDS.
5. Over-the-counter (OTC) medications.
6. Medications used to provide first aid.

B. Policy.

1. A written policy must be in place.
2. Submitting a list of prescription drugs signed by a pharmacist to the Missouri Department of Health and Senior Services for approval is **NO LONGER REQUIRED**.
3. No controlled drugs are allowed in the EDS unless the facility has a registration number from the Missouri Bureau of Narcotics and Dangerous Drugs.

C. Storage.

1. Readily accessible.
2. In a locked area.

D. Preparation and administration (EMERGENCY USE ONLY).

1. Written physician's order is required.
2. Prepare and give as ordered.

3. The medication is signed out on the EDS log per facility policy so that the correct resident is billed for the medication. The EDS card is added to the resident's regularly scheduled medications. The information required when signing out an EDS card includes:
 - a. Resident's name and room number.
 - b. Date and time.
 - c. Medication dose and strength.
 - d. Signature of person removing card from the EDS.
- E. Document and report (EDS).
1. Reason for administration.
 2. Drug.
 3. Dosage and dosage form.
 4. Date and time.
 5. Route of administration.
 6. Initials and name of person administering drug.
 7. Follow-up observations.
- F. Restocking the emergency drug supply.
1. The pharmacy will check the EDS cards monthly and replace close-dated or outdated cards as needed.
 2. If an EDS card has been used, but has not been billed to a resident, the card will be replaced and the pharmacy will bill the facility for the replacement card.
 3. When the replacement EDS cards are returned to the facility from the pharmacy, the CMT or nurse will check them in on the EDS log as replaced and initial or sign as appropriate.
 4. The CMT or nurse is responsible for returning the replacement EDS cards to the appropriate slot so that they are easily found when needed.

IV. Controlled Substances

- A. Definition – drugs subject to regulations under the Controlled Substances Act.

B. Preparation and administration.

1. Identify resident's need.
 - a. Vital signs if required.
 - b. Symptoms or Complaints specifically noted.
 - c. Utilize the facility approved pain scale for complaints of pain.
2. Check for valid prn medication order. The decision to administer a prn medication is made by the licensed nurse.
 - a. Time of last dose given.
 - b. Frequency allowed per doctor's order.
 - c. Follow facility automatic stop order policy if applicable.
 - d. Give only for specific complaint and as ordered.

C. Policy

1. Storage.
 - a. Double lock – Schedule II drugs plus other drugs per facility policy.
 - b. Different key for each lock.
 - c. Only authorized nursing and pharmacy personnel may have access to the storage area and the keys shall be in the possession and control of an authorized person at all times.
 - d. Schedule II drugs may be stored with other drugs if they are packaged in single unit dose packaging, quantities are minimal, and missing doses can be readily detected.
2. Accountability.
 - a. Drug substances count.
 - 1) Schedule II controlled substance schedule medications shall be counted and reconciled each shift.
 - 2) Schedule IV controlled substance medications shall be counted and reconciled weekly or as needed to ensure accountability.

- 3) Inventories of controlled substances shall be counted and reconciled by two (2) medication personnel, one of whom is a licensed nurse or two (2) medication personnel, one of whom is the administrator when no nurse is available.
 - 4) Records of receipt and disposition of all controlled substances must be in sufficient detail to enable reconciliation at least monthly per CMS guidelines and include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of supplier and receiver.
 - 5) Controlled substance inventory records shall be used to verify that all scheduled medications have been counted and reconciled by the shift coming on duty and the shift going off duty. These records shall be maintained separate from other records by the facility for at least two (2) years.
 - 6) When self control of medication is approved, a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory count and reconciliation shall include controlled substances transferred to the resident's room.
- b. Losses, suspected theft, or errors in administration of controlled substances must be immediately reported to the Director of Nursing.
 - c. Report discrepancies to authorities.
 - 1) Missouri Department of Health and Senior Services section for Long-Term Care.
 - 2) Missouri Bureau of Narcotics and Dangerous Drugs for discrepancies in the EDS.
3. Destruction of controlled substances.
 - a. Documentation of waste of controlled substances at the time of administration should include the reason for the waste and the signature of the authorized employee witness.
 - b. Destruction of a contaminated dose, unused, or outdated dose may be witnessed by two (2) licensed nurses or a licensed nurse and pharmacist.
- D. Document and report on both the MAR and the individual controlled substance record.

1. Drug.
2. Dosage and dosage form.
3. Date and time.
4. Route of administration.
5. Initial and name.
6. Reason for administration if prn or stat.
7. Follow facility policy for accountability system.

V. Stock drugs

A. Definition – over-the-counter (OTC) or nonprescription drugs.

1. A list of all stock drugs should be posted in the medication room or nurses station.
2. Stock medications may be purchased in bulk sized bottles.
3. The notation “stock medication” may be written on the MAR to make it easier to locate medications during the medication pass.

B. Preparation and administration.

1. Identify resident’s need for PRN medications.
 - a. Obtain vital signs if required.
 - b. Symptoms or complaints specifically noted.
 - c. Utilize the facility approved pain scale for complaints of pain.
2. Check for a valid PRN medication order. The decision to administer a PRN medication is made by the licensed nurse.
 - a. Time of last dose given.
 - b. Frequency allowed per doctor’s order.
 - c. Follow facility automatic stop order policy if applicable.
 - d. Give only for specific complaint and as ordered.

- C. Safety precautions.
 - 1. Keep drugs in original container.
 - 2. Remove unauthorized OTC drugs from resident's bedside according to facility policy. A doctor's order is required to leave any medication at the resident's bedside.
- D. Document and report.
 - 1. Reason for administration for PRN medication.
 - 2. Drug.
 - 3. Dosage and dosage form.
 - 4. Date and time.
 - 5. Route of administration.
 - 6. Initials and name of person administering drug.
 - 7. Follow-up observations for PRN medications.

VI. Parenteral Drugs

- A. Definition – drugs not given in or through the digestive (enteral) system. Most commonly used to describe a drug given by injection (e.g., subcutaneous, intramuscular, IV). Except as noted below, the CMT is not permitted to administer medications by injection.
- B. Primary types of administration (by licensed nurse).
 - 1. Intradermal – under one layer of skin (e.g., PPD test).
 - 2. Subcutaneous – under the skin (e.g., heparin).

EXCEPTION: Insulin MAY BE administered by medication technician who has successfully completed the state-approved course for insulin administration and is permitted to administer insulin by the employing facility's policy.

- 3. Intramuscular – into a muscle (e.g., hepatitis vaccine).
 - 4. Intravenous – into a vein.
- C. Reasons for parenteral drugs.
 - 1. Rapid absorption.

2. Resident is nauseated or vomiting.
3. Mental and physical conditions.
4. Medication cannot be absorbed by GI tract or is inactivated when given orally.

VIII. Summary and Conclusion

- A. Stat drugs.
- B. PRN drugs.
- C. Emergency drug supply.
- D. Controlled substances.
- E. Stock drugs.
- F. Parenteral drugs.

The next lesson is on preparing and administering oral, ophthalmic, otic, topical, transdermal patch, oral metered dose inhaler, nasal, vaginal, and rectal medications. Also, administering oxygen by nasal cannula is covered.