

LESSON PLAN: 6

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: II GENERAL PRINCIPLES

SCOPE OF UNIT:

This unit includes medication terminology, dosage, measurements, drug forms, transcribing physician's orders, packaging, storage, infection control, and accountability.

INFORMATION TOPIC: II-6 OR DEMONSTRATION:

TRANSCRIBING PHYSICIAN'S ORDERS

(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

1. Identify the two types of physician's orders.
2. Match the terms which determine what kind of a verbal or written order the physician has given with their definitions.
3. Identify the general principles used when transcribing orders.
4. List the items to be transcribed on the Medication Administration Record (MAR).
5. List the items to be transcribed on the medication card.
6. List the items found on the prescription label.
7. Record essential information on records.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sample physician's order sheets, medication records, medication cards, and prescription labels.
2. Abbreviation list for the facility.
3. HO 11: Sample Completed Physician's Order Sheet.
4. HO 12: Sample Completed Physician's Telephone Order Sheet.
5. HO 13: Sample Completed PRN Medication Form.
6. HO 14: Sample Completed Medication Administration Record (MAR).

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 6 prior to class and be prepared to discuss the information presented.

INTRODUCTION:

No medication can be given to a resident without a physician's order, so the administration of medications actually begins with that physician's order. Once the order has been obtained, the task of transcribing the order onto the facility's Medication Administration Record (MAR) may be completed. This lesson will identify the terms and general principles related to transcribing all medication orders and describes the records used in the transcription process.

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OUTLINE:

I. Types of Physician's Orders

A. Written.

1. Directly on the order sheet by the physician or prescriber (HO 11).
2. Indirectly by a prescription (permitted in an RCF when a direct written order is not required by the facility).

B. Verbal.

1. Physician gives the order verbally, either directly or by telephone to another person who is responsible for writing it on the order sheet (HO 12).
2. State regulations determine whether a medication technician may accept verbal orders in a RCF, ICF, or SNF. The verbal order must be reviewed by a nurse or pharmacist prior to administration of the medication.

II. Terms Describing Physician's Orders

- A. Automatic stop orders – policy that puts a limit on the length of time a medication can be given before the physician must be consulted for a continuation of the order.
- B. Discontinue orders – medications are stopped and no longer administered to the resident.
- C. One-time orders – single dose is administered only one time.
- D. PRN orders – meds are administered only as needed according to a designated time frame identified in the order. All prn orders must contain a specific reason for giving the medication such as pain, fever, etc. The licensed nurse assesses the resident and makes the decision when to administer a prn medication.
- E. Renewal orders – continues the medications which were previously prescribed for the resident; usually done once a month.
- F. Routine orders – orders for medications the resident takes on an on-going basis.
- G. Short-Term Orders/Limited Orders – physician determines the number of doses or days the medication is to be administered. The medication is given only for

this prescribed time. For example: Antibiotics that are ordered to be given twice a day for 7 days.

- H. STAT orders – these meds are administered immediately, one-time only such as Nitroglycerine STAT.
- I. Change in order.
 - 1. Original order discontinued.
 - 2. New order written.
 - 3. If a label is to be changed on the medication container to reflect new directions, this must be done by the pharmacist. It is unacceptable for a CMT or nurse to write on the medication label.
 - 4. If no new label is to be used, the medication container should be flagged with a "change in order" sticker to indicate new directions.

III. General Principles in Transcription

- A. All transcription must be error-free. To reduce the chance of errors:
 - 1. Writing should be clear, neat, and legible. Print if necessary.
 - 2. Blue or black ink is preferred by most facilities. Do not use a felt tip pen as the ink can run or bleed through the MAR.
 - 3. Use only abbreviations on the the list of accepted abbreviations established by the facility.
 - 4. Keep distractions to a minimum.
 - 5. Orders should be completely transcribed all at one time. Leaving and coming back to orders may mean something is overlooked or forgotten.
 - 6. Recopy from the original order. The more an order is recopied, the greater the chance an error can occur. The medication technician should take responsibility to find the original order and copy only from it.
 - 7. Review unclear orders with the charge nurse or physician before attempting to transcribe them whenever necessary. The physician's handwriting may not be very legible. Review directly with the physician if he/she is in the facility, or review by phone if the physician is not on the premises.
 - 8. Verify verbal orders by writing them down and reading them back to the physician exactly as given. Say in words the meaning of any abbreviations used.

9. Spell drug names back to physician when pronunciation is unclear. If the physician uses an unapproved abbreviation or term, repeat the order back to the physician using the correct abbreviation or term for clarification.
10. Transcribe all orders onto each document exactly as they appear on the original written order. If an unapproved abbreviation or symbol was used in the original order, clarify the order with the physician.
11. Verify all completed transcriptions with licensed nurse.
12. If an error is made, cross it out and write “mistaken entry” and your name and date above it.
13. When transcribing medication orders onto the MAR, following your facility’s guidelines regarding the timing of medications ordered daily, BID, TID, QID, etc. Pay special attention to medications that must be given before or after meals and assign them the correct time for administration.

CAUTION: Accuracy is essential in transcribing all physicians' orders.

IV. Medication Administration Record (MAR) (HO 13, HO 14)

- A. A Permanent record that is part of a resident's chart. Maybe a paper or an electronic document.
- B. Items found on medication record include:
 1. Name of resident – first name, middle initial and last name.
 2. Allergies to foods and/or medications.
 3. Date medication administered.
 4. Time medication administered.
 5. Name of the drug.
 - a. Written just as given by physician.
 - b. May be provided in generic form.
 - c. Verify that medications sent in generic form are indeed the same medication as the physician ordered.
 6. Strength of the drug.
 - a. Not all medications will have a strength designated. If strength is not specified, confirm there is ONLY one strength available.

- b. Most medication comes in more than one strength.
 - 7. Dosage – amount of medication given.
 - 8. Route of administrations (e.g., oral, rectal, topical, etc.).
 - 9. Signature of person administering drug.
 - a. Small square for initials.
 - b. Official signature (first initial, last name, and title) recorded beside the initials the person is using must appear on the MAR.
- C. Access to an electronic MAR (sometimes referred to as an e-MAR) may require the CMT to use a password to access the computer software program. It is important to be trained on the use of the software prior to administering and documenting medications using this system.

V. Medication Card

- A. Medication cards are used in some facilities to identify medications when it is necessary to remove them from their original container prior to administration. If a medication leaves the original packaging and is not administered at once, it must have a medication card(s) with it at all times.
- B. Items found on the medication card.
 - 1. Full name of the resident.
 - 2. Room number of the resident.
 - 3. Name of the medication.
 - 4. Dosage and strength of the medication.
 - 5. Times of administering the medication.
 - 6. Route of administration.
 - 7. Date the medication was ordered.
 - 8. Physician's name.

VI. Prescription Label

- A. Found on the medication container (bottle, unit dose card or pack).
- B. Check for accuracy.

- C. Information found on prescription label (Missouri Board of Pharmacy requirements).
1. Date prescription was filled.
 2. Prescription number (may be preceded by “C” for controlled substances).
 3. Resident’s full name.
 4. Prescriber’s directions for usage.
 5. Prescribing doctor’s name.
 6. Name and address of the pharmacy.
 7. Exact name and dosage of the drug dispensed including a note if a generic substitution has been made).
 8. Name of drug manufacturer if generic drug dispensed.
 9. Lot control number, expiration date, and manufacturer if single unit dose package (bubble or blister packs, foil packs, etc.).

D. Sample label:

LTC PHARMACY SERVICE	
123 Highway	
Hometown, MO 65432	Ph: (314) 246-8012
Rx# 123456	
Margaret Anderson	Dr. Heart
Take 1 tablet po every morning	5-10-00
generic equiv. for LASIX.	
lot ABC exp 11-10-00	
Furosemide 20 mg (GG)	

VII. Facility Records

- A. Each facility has their own system of record-keeping regarding administering, receiving, destroying, returning, or other disposition of medications. Controlled substance records have specific requirements.
- B. Examine and become familiar with the documents in your facility.
- C. Record pertinent information on the documents.

VIII. Summary and Conclusion

- A. Types of physician's orders.
- B. Terms describing physician's orders.
- C. General principles in transcription.
- D. Medication administration record (MAR).
- E. Medication card.
- F. Prescription label.
- G. Facility records.

Care must be taken when transcribing physician's orders. An error could be deadly for your resident. The next lesson is on packaging, storage, infection control, and accountability.

SAMPLE COMPLETED PHYSICIAN'S ORDER SHEET

HO11

<p>Generic equivalent may be used unless the order is specifically followed by the notation: "Use no substitutes." May send medication while on pass from facility. May leave premises with responsible party. May send medications _____ days. I recertify for _____ level of care. Medications previewed and approved as printed. I approve the overall plan of care.</p> <p>_____ Pharmacist's Signature</p>		PHYSICIANS ORDERS			
		<p>FUNCTIONAL LEVEL: UP AD LIB</p> <p>ACTIVITIES: PRN</p> <p>SOCIAL SERVICES: PRN</p> <p>ROUTINE LABS: SERUM K FEB & JUL</p> <p>RESTRAINTS: NONE</p> <p>CODE STATUS: NO CODE</p>			
MEDICATIONS	Schedule				
Multivitamin tab 1 tab po every morning 12/5/00	800A	D/C Furosemide 20mg			
		Furosemide 40mg 1 tab po every AM			
Digoxin 0.125Mg 1 tab po every morning hold if AP less than 60 or over 110 12/5/00	800A	1/11/05 Dr. Watson			
Furosemide 20mg 1 tab po every morning DC 1/11/00	800A				
Carbamazepine 200mg 1 tab po every 12 hours 12/5/00	800A				
Captopril 12.5mg 1 tab po 3 times daily 12/5/00	800A 1200N 400P				
Carafate 1mg 1 tab po before meals and at bedtime 12/5/00	700A 1100A 400P 800P				
Acetaminophen 325mg 2 tabs po every 4 hrs prn for pain 12/5/00	PRN				
Lorazepam 0.5mg 1 tab po at bedtime prn for sleep 12/5/00	PRN				
Furosemide 40mg 1 tab po q morning 1/11/00	800A	Attending Physician's Signature		Date	
Charting for 01/1/00		Through 01/31/00			
Physician	WATSON	Patient Code	Revised by Supervising Nurse		
Phone No.	123-4567				
Diet	REGULAR, NO ADDED SALT	Weight 120 lb	Date of Birth 1/10/00	Sex F	
Allergies	NKA	Med Record No. 678	Admission Date 12/5/00		
Diagnosis	CHF/SEIZURE DISORDER / GASTRIC ULCER	Habilitative/Rehabilitative Potential FAIR			
Patient	Edna Long	Medicaid No.	Medicare No.	Room No.	Bed

SAMPLE COMPLETED PHYSICIAN'S TELEPHONE ORDER FORM

Facility Name: <u>WeCare Nursing</u>				PHYSICIAN	
TELEPHONE ORDERS					
Facility Address: <u>123 Oak Street, Anytown, USA</u>					
Patient Name: <u>Edna Long</u>		Room No. <u>1</u>		Physician <u>Watson</u>	
Order Date	Prob	Code	Physician Orders	Sig.	Init.
<i>1/20/00</i>			<i>D/C Furosemide 20mg</i>		
			<i>Furosemide 40mg 1 po every AM</i>		
Nurse Signature Date 1/20/00			Physician's Signature Date 1/23/00		
<i>B. Wilson, C.M.T.</i>			<i>Mark Watson, MD</i>		
Physician please sign and return within 7 days					

SAMPLE COMPLETED PRN MEDICATION FORM

PRN Medication								
Name		Initials	Name		Initials	Name		Initials
<i>B. Wilson, CMT</i>		<i>BW</i>						
<i>D. More, CMT</i>		<i>DM</i>						
Date	Time	Medication	Route	Reason Given	Initials	Time	Result	Initials
<i>1/10/00</i>	<i>10AM</i>	<i>acetaminophen 325 mg 2 tab</i>	<i>po</i>	<i>headache pain</i>	<i>BW</i>	<i>1030P</i>	<i>Denies headache</i>	<i>BW</i>
<i>1/10/00</i>	<i>2PM</i>	<i>acetaminophen 325 mg 2 tab</i>	<i>po</i>	<i>headache pain</i>	<i>BW</i>	<i>230P</i>	<i>Denies headache</i>	<i>BW</i>
<i>1/10/00</i>	<i>10PM</i>	<i>lorazepam 0.5mg tab</i>	<i>po</i>	<i>c/o insomnia</i>	<i>DM</i>	<i>11P</i>	<i>sleeping</i>	<i>DM</i>
<i>1/11/00</i>	<i>9AM</i>	<i>acetaminophen 325 mg 2 tab</i>	<i>po</i>	<i>headache pain</i>	<i>BW</i>	<i>930A</i>	<i>Denies headache</i>	<i>BW</i>
<i>1/11/00</i>	<i>9AM</i>	<i>lorazepam 0.5 mg tab</i>	<i>po</i>	<i>c/o insomnia</i>	<i>DM</i>	<i>10P</i>	<i>sleeping</i>	<i>DM</i>
<i>1/12/00</i>	<i>4PM</i>	<i>acetaminophen 325 mg2 tab</i>	<i>po</i>	<i>c/o headache</i>	<i>DM</i>	<i>430P</i>	<i>Denies headache</i>	<i>DM</i>
<i>1/12/00</i>	<i>9PM</i>	<i>lorazepam 0.5mg tab</i>	<i>po</i>	<i>c/o insomnia</i>	<i>DM</i>	<i>930P</i>	<i>sleeping</i>	<i>DM</i>

[illegible]

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EVALUATION ITEMS:

1. What are the two types of medication orders?

a.

b.

Match the terms in Column A with the correct definitions in Column B.

Column A

Column B

- | | |
|--------------------------|--|
| ___ 2. Limited order | a. Medications are cancelled so they are no longer administered. |
| ___ 3. Verbal order | b. Medication the resident takes on an on-going basis. |
| ___ 4. stat order | c. Physician voices order directly or by telephone. |
| ___ 5. Routine order | d. Continues medications previously prescribed. |
| ___ 6. Written order | e. Physician determines number of doses or day the medication is to be administered. |
| ___ 7. PRN order | f. Administered immediately, one-time only. |
| ___ 8. Discontinue order | g. Single dose administered only one time. |
| ___ 9. One-time order | h. Administered only as needed according to a designated time frame. |
| ___ 10. Renewal order | i. Physician puts in writing the medication order. |

Circle the letter of the best answer.

11. Which statement is NOT true regarding the principles of transcription?

- a. Transcription of medication orders must be error-free.
- b. Black ink is preferred for transcribing physician's orders.
- c. Only approved abbreviations may be used when transcribing orders.
- d. When an order is being transcribed the first consideration is speed.

12. Which statement is NOT true regarding the principles of transcription?
- a. Recopying of medication orders should be done from original order.
 - b. When a medication technician has completed transcription of orders, it should be verified by another medication technician.
 - c. If the physician's pronunciation of a drug name is unclear in giving the order, the medication technician should spell the drug name back to him/her for clarification.
 - d. If a medication technician has any doubt about a medication order, he/she should question the licensed nurse about any point of concern.
13. List the items to be transcribed on the medication record.
14. List the items to be transcribed on the medication card.
15. List the items found on a prescription label.

Circle the correct word(s) to complete the following statements.

16. Transcription of medication orders must be (error free) (nearly correct).
17. (Red) (Black) ink is preferred for transcribing physician's orders.
18. (Any) (Only Approved) abbreviations may be used when transcribing orders.
19. When an order is being transcribed the first consideration is (speed) (accuracy).
20. Recopying of medication orders should be done from (original order) (a clear copy).
21. When a CMT has completed transcription of orders, it should be verified by (the licensed nurse) (another CMT).
22. If the physician's pronunciation of a drug name is unclear in giving the order, the CMT should (spell the drug name back to the doctor for clarification) (try to look it up).
23. If a CMT has any doubt about a medication order he/she should (hurry up and give the dose at the prescribed time so there will be time to look up information) (question the charge nurse about any point of concern).
24. There should be (no variances) (only minor discrepancies) in the information on the MAR, physician's order, and prescription label.
25. What is found on the prescription label when there is a change in directions for administering?
26. What is the purpose of the pharmacy's name, address, prescription number, and phone number being on the prescription label?

Demonstrate your understanding of documentation of medication orders in the following scenario.

27. You are on duty at WeCare Nursing Facility and receive a telephone call from Dr. Watson. Today, he orders the following for your resident Edna Long: Zantac 150 mg, 1 tab po at 8 a.m. & 8 p.m., Aspirin EC 325 mg, 1 tab po at 8 a.m., and Milk of Magnesia, 30 mL po daily prn constipation. Fill out the PHYSICIAN'S TELEPHONE ORDERS form, the PHYSICIAN'S ORDERS sheet, and the MEDICATION ADMINISTRATION RECORD. Also document on the forms the administration of all three drugs for today.

Facility Name: _____			PHYSICIAN TELEPHONE ORDERS		
Facility Address: _____					
Patient Name: _____		Room No. _____		Physician _____	
Order Date	Prob	Code	Physician Orders	Sig.	Init.
Nurse Signature Date			Physician's Signature Date		
Physician please sign and return within 7 days					

Question 28: (Continued).

<p>Generic equivalent may be used unless the order is specifically followed by the notation: "Use no substitutes." May send medication while on pass from facility. May leave premises with responsible party. May send medications _____ days. I recertify for _____ level of care. Medications previewed and approved as printed. I approve the overall plan of care.</p> <p>_____ Pharmacist's Signature</p>		PHYSICIANS ORDERS			
MEDICATIONS		Schedule			
				<p>Attending Physician's Signature</p>	
				<p>Date</p>	
<p>Charting for _____ Through _____</p>					
Physician		Patient Code	Revised by Supervising Nurse		
Phone No.					
Diet			Weight	Date of Birth	Sex
Allergies			Med Record No.		Admission Date
Diagnosis			Habilitative/Rehabilitative Potential		
Patient			Medicaid No.	Medicare No.	Room No. Bed

Medication	Schedule	•Put initials in appropriate box when med. given •Circle initials when med. refused •Record reason refused •PRN Meds. Record reason given DC=discontinued, O=not given Medication Administration Record R=Refused, V=Vomited																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31