

# Med Training Refresher

**There are a lot of words but all are important!**



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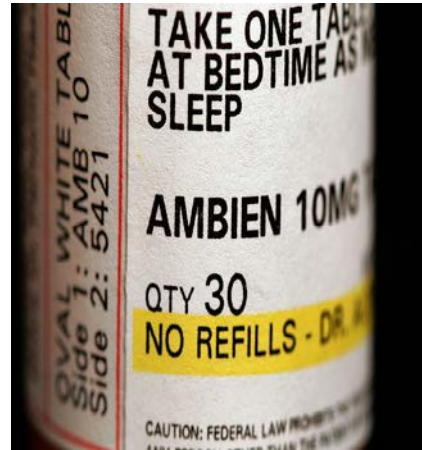
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# 6 Medication Rights

- Right patient
- Right medication
- Right dose
- Right time
- Right route
- Right documentation



(7<sup>th</sup> Right: right to refuse)

# Process of Passing Meds

- log into eMAR and change group to where you are (residential/SAFE) **this is necessary to see if there are any changes**
- Unlock Med Cart and Do Controlled Med count to make sure correct from last shift- **YOU** do not want to be responsible if there are discrepancies
- **WASH HANDS**
- Bring 1 child to med room
- Verify Medication Rights
- Scan barcode on bubble pack
- Verify it is correct and matches rights
- Dispense meds into child's med cup
- Give med cup to that one child
- Check Child mouth the make sure they swallowed medication
- Dismiss child, Wash hands repeat
- **Clean up Med room, Lock Med Cart and Make sure Med Room is locked before leaving**



# Passing Med DO NOTS

- DO NOT give meds before scanning them
- DO NOT prepare all meds at one time
- DO NOT leave a mess for the next person to clean
- DO NOT address/give meds to more than one child at a time
- DO NOT go by your memory there are psychiatrist on staff 3 weeks out of the month and kids see the pediatrician AS NEEDED at any time. This means meds are being changed all the time!

**ALL of these DO NOTS increase errors including missed meds/treatments, giving discontinued meds, or giving wrong doses**



# THIS IS NEVER OK



# MEDICATION ERROR REPORT

- **MUST BE FILLED OUT IF**
  - **MISSED DOSE** ( NURSE NEEDS TO BE NOTIFIED)
  - **LATE DOSE GIVEN**( NURSE TO DETERMINE IF OK)
  - **WRONG DOSE GIVEN** includes **discontinued medication being given** ( NURSE NEEDS TO BE NOTIFIED)
  - These numbers are reported to board monthly and Report needs to accompany report when possible

*ALL OF THESE NEED  
MEDICATION ERROR  
REPORT FILLED OUT AND  
GIVEN TO NURSE*

# Q/A report

- Every month med error numbers are submitted to Becky, who reviews them with the board.

## What we Track and Why they are Important, **besides legally we have to track.**

- Late Doses - Psychotropic meds are time sensitive.  
They need to stay on schedule to keep therapeutic levels even to help with symptom management
- Missed Doses-Behavior issues?? Were meds Missed?? Trying to make sure the kids are getting the optimal dose they need every dose at the right time
- Wrong Doses- When the Dr. changes a medication and wrong doses are being given it is hard to determine if it is at a therapeutic dose. Pharmacy can sometimes deliver wrong dose.
- Not Charted- leaves questions and second dose may be given which can cause harm to child

# PASSING MED DOs

- Only prepare and give meds to **ONE** child at a time
- Check child's mouth after taking meds
- Scan **barcode** into eMAR **before** administering meds
- **PLEASE PLEASE!** Let Nurse or Nurse assistant know if child is down to 5 or less pills of a medication (except at the around the 24-27<sup>th</sup> of each month) **DO NOT** assume the person before you did this.
- Give Food with Controlled meds - more susceptible to causing upset stomach





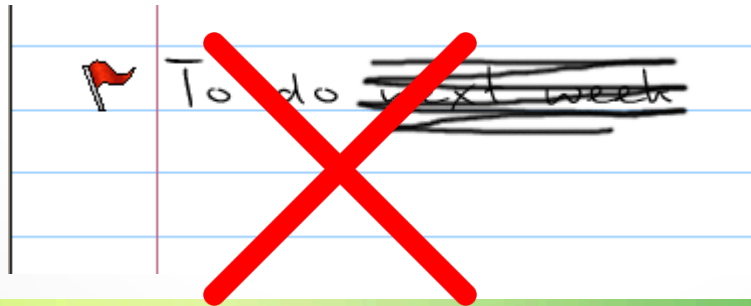
# Packing Off site meds

- **Determine** what shifts of meds child will be offsite
  - **Example** leaving Friday at 2 pm and Returning Sunday at 10 am
  - One envelope for each medication. Fill in child's name, date, medication, dose and directions for the medication: *1 tab by mouth at breakfast and bedtime*
  - Needs Friday     bedtime  
                        Saturday breakfast, lunch and bedtime  
                        Sunday     breakfast
  - Breakfast meds X 2, Lunch Med X 1, Bedtime meds X2
  - If he takes clonidine at breakfast and lunch there will be 3 pills in the envelope
  - If he takes Guanfacine at Breakfast and Bedtime there will be 4 pills in the envelope
  - In eMAR go to that date click on the 3 lines choose patient offsite and at the bottom click pending before saving
  - Fill out Consent to Pass medication for Sign and have person picking up child sign

# Correcting an Error

- Put one single line through mistake
- Write Error
- Initial
- Correct Example : ~~Monday~~<sup>error</sup> Tuesday August 1, 2017

- **DO NOT** scribble out wrong writing
- **DO NOT** use whiteout





# STANDING ORDERS

- Standing Orders are OVER THE COUNTER medication orders that have been set by Dr. Hokari and Dr. Strgar and authorized by parent or legal guardian while child is with us.

**Below examples are ok to give without contacting nursing staff unless pain is from an injury that needs to be reported**

- Cough/ Sore throat- cough drop, tea with honey
- Itch/Rash- anti-itch cream
- Bug bite- calamine lotion – anti-itch can be used to calm itch
- Heart burn- TUMS
- Pain/Fever- Ibuprofen or acetaminophen
- Allergies- Loratadine or certirizine

# CALL THE NURSE/ASSISTANT

**For the Following Situations contact nurse for direction**

- **Irregular rash not responsive to anti-itch cream-  
ANTIFUNGAL ONLY TO BE USED WHEN DIRECTED BY  
NURSE -to be effective they must be used for minimum of  
7-10 days**
- Allergic Reaction to food or plants causing a concerning  
reaction more than a rash/itch. More like swelling and  
shortness of breath
- Injury that needs follow-up or possible send out
- If child is chronically complaining about constipation,  
having a hard time having a bowel movement or too full to  
eat.



# Health log vs Injury Report

- When to fill out injury report( *please also fill out health log nurse does not see injury reports fast enough to know what is going on without healthlog being done which can be viewed as soon as it is saved*):
  - Accident occurred injury child
    - Fall
    - Injury during hold
    - Collision with peer
- When to fill out health log only: anything out of the ordinary plan
  - PRN MEDS Healthlog and follow-up linked visit or addendum
  - Scratch, Tick, Follow-up from initial injury
  - LICE Checks
  - Complaints of Pain

# PRN medications

- IF PRN MEDICATION IS GIVEN FOLLOW-UP and MAKE HEALTHLOG
  - Examples
    - fever Tylenol given document temperature , 1 hr later recheck fever document new temperature to see if medication is helpful or not
    - Ibuprofen given for pain, 2 hrs later recheck for pain OK to state “child noted playing with peers no sign of continued knee pain”

**BENADRYL IS NOT A FIRST LINE  
MEDICATION FOR ALLERIGES! USE **Loratadine**  
or **Cetirizine first!** VERIFY WITH NURSE  
BEFORE BENADRYL IS GIVEN!  
DO NOT USE BENADRYL AS A SLEEP AID!!**

# Controlled Substances

- Schedule IV- low abuse and physical dependence risk
  - Ex- alprazolam, phenobarbital, clonazepam
- Schedule III- less abuse and physical dependence risk
  - Ex-anabolic steroids, Naloxone
- Schedule II- High Abuse Risk, may lead to severe physical dependence
  - Ex- Methylphenidate, amphetamines, codeine
- Schedule I meds-NOT accepted as SAFE for medical use
  - Ex- Heroin, lysergic acid

# Controlled Substances

- MUST BE COUNTED **BEFORE AND AFTER** EACH MED PASS/SHIFT
- 2 person count **REQUIRED**
  - Why? If a scheduled med come up missing and you were the only signature the shift before, YOU are now responsible. Are you in legal trouble??
    - POSSIBLY---don't risk it.
    - If you notice count off call nurse/nurse assistant immediately(should be done before ANY meds are passed)
- CONTROLLED MED MUST BE DOUBLE LOCKED.
  - We keep all meds double locked, med room door and med cart
  - Controlled meds triple locked- door, cart and lock box

# ANNUAL EPIPEN TRAINING

- Watch Video in Agency Training Folder
- Reasons-
- Who can have one?
- Step 1-
- Step2-
- Step3-
- Step 4-
- Can Benadryl Be given
- Can expired Epi-Pen be used



# Questions

The only stupid question is  
the one left unasked!

The floor is now open to you!