

MEDICATION TRAINING

Eleos Family Services

Andrea Gates, MLER

Supervisor

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MEDICATION ADMINISTRATION

SEVEN RIGHTS OF MEDICATION

- Right Individual
- Right Medication
- Right Time and Date
- Right Route
- Right Position
- Right Form



STEP 1

- Wash your hands thoroughly before handing any medication.

- Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - Individual's name
 - All medications ordered
 - Medications to be given now
 - Confirm that the previous dose was given
 - Confirm that the dose for this time has not yet been given
 - Any allergies
 - Special instructions for giving the medication



STEP 2



STEP 3

- Read the MAR to confirm the entire drug name (including strength) and the dose (amount) of medication you will be assisting with at this time.

- Read the entire label carefully including the expiration date and special instructions. Make sure the description of the drug matches the drug inside the container.
- The first check of the MAR to drug label:
 - Place the medication container beside the name of the drug on the MAR
 - Make sure the container and the MAR match exactly
 - Confirm the first 5 Rights (Person, Medication, Dose, Time, Route)



STEP 4



STEP 5

- If they do not match, do not give the medication until there is clarification from a healthcare record or healthcare professional regarding the medication. If they do match, go to the instructions for giving medications according to the type of medication or route taken. Use of the option

**MEDICATION ADMINISTRATION
RECORD (MAR)**

MAR

- **The MAR is a required document.** The MAR must be used for any EFS client who is receiving assistance with their medications from staff,

HOW TO FILL OUT MAR

ALL MARS need to identify **WHO** the medications are given to. Fill in the "Name" at the top of the MAR, along with the month and year.

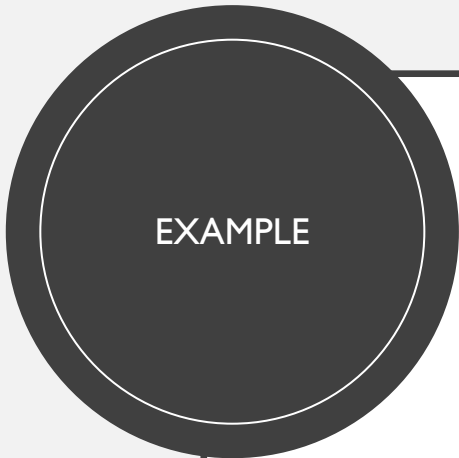


Medication Administration Record (MAR)

Name: _____ **Month:** _____ **Year:** _____

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7

- What **medication**
- What **dose** (how much? mg, ml, etc)
- What **route** (sometimes includes where)
- When** (what time, how often, how long)
- All of these are written in these boxes, under "Medication"



EXAMPLE

Example

Medication Name	Medication/ dosage/ frequency/route	Time	1
Dosage	GUANFACINE	8AM	
Route	1 MG TABLET		
	1 TABLET BY	8PM	
	MOUTH TWICE		
	DAILY		

When (time, how often)

All allergies should be completed in **RED** on the front page in the bottom right-hand corner of the MAR.

	Known allergies or adverse reactions: WRITTEN IN RED

WHAT'S THE FIRST STEP?
PASS OUT MARS

*Jane Johnson, MD
72 Center St.
Mytown, FL 32488
111-222-3333*

Name: Mark Frye

Date: November 3, 2019

DOB: 10/16/92

Rx:

Depakote 500 mg tablet

disp 1-month supply

Give one tablet by mouth each morning for 7 days, then give one tablet by mouth twice daily

11 Refills

Signed: *J. Johnson, MD*

Jane Johnson, MD

NEW MEDICATION-INCREASING DOSE

- We will begin with this prescription for Mark Frye, who is allergic to penicillin:

NEW MEDICATION

Start by writing Mark's name and allergies on the MAR, along with the month and the year.



Medication Administration Record (MAR)

Name: Mark Frye **Month:** June **Year:** 2022

Known allergies or adverse reactions: Penicillin

NEW MEDICATION

Looking at this new order for Mark, you can see that there is one medication ordered – but 2 different dosing schedules. This means you will need to write out

Write the medication name on each of two lines:

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Depakote 500 MG TABLET																	
Depakote 500 MG TABLET																	

- Then, write out each set of directions. Remember to always write out the route for the medication, how often it is taken each day, and how long the client should take the medication before stopping. If the prescription doesn't have a stop date or length of time, that means the medication should be taken as ordered until you get another order to stop the medication.

NEW MEDICATION

Next, you have to figure out the start date for each dose and the time it is given.

- a. For the first week, the Depakote is to be given only once a day, in the morning – so you would start the next day from when the prescription was written by the doctor, which would be November 4th. The order says MORNING so we will use 8am.

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Depakote 500 MG TABLET ONE TABLET BY MOUTH EACH MORNING FOR 7 DAYS, THEN																					
Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY																					

- b. The twice a day dose schedule starts 7 days later, so the starting date for that would be the November 11th. We will use 8am and 8pm.

INITIAL/ SIGN MAR

3. The next thing you MUST do, before you begin to give the medication, isto go to the bottom of the MAR, and in the spaces provided print your name, sign your name, and initials

Initial	Signature
GS	Gary Scott/ <i>Gary Scott</i>

Since Gary probably don't work every day, we also added Maria and Ana to help give him medications. In our case, most of our clients only see one staff, but in some instances we have staff that does see the same individuals weekly.

Initial	Signature
GS	Gary Scott/ <i>Gary Scott</i>
MR	Maria Rodriguez/ <i>Maria Rodriguez</i>
AV	Anna Valdez/ <i>Anna Valdez</i>

INITIAL FOR MEDICATION

4. Let's take a look at how Gary, Maria and Anna will document giving Mark medication over the next week or two:

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Depakote 500 MG TABLET ONE TABLET BY MOUTH EACH MORNING FOR 7 DAYS, THEN	8AM	_____			GS	GS	MR	MR	MR	AV	AV	_____						
Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY	8AM	_____										AV	AV	AV	GS	MR	GS	MR
	8PM	_____										GS	GS	GS	MR	AV	MR	AV

You can see that Gary, Maria and Anna initialed each time they gave a dose of Depakote to Mark.

IT IS VERY IMPORTANT TO DOCUMENT THE MEDICATION YOU ASSIST WITH RIGHT AFTER YOU GIVE THEM, DON'T WAIT UNTIL LATER.

CHANGED MEDICATION

CHANGED MEDICATION

Mark's Depakote once-a day- dose ends on 11/19/2019. Once you are no longer given the medication, the entire set of boxes should be marked over with the word changed, the date, your initials followed by highlighting the whole box. This makes it obvious that this medication is no longer in effect. Below is an example of how it should be done:

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Depakote 500 MG TABLET ONE TABLET BY MOUTH EACH MORNING FOR 7 DAYS, THEN	8AM	█	█	GS	GS	MR	MR	MR	AV	AV	█	█	█	█	█	█	█	█	█	█	█	█	█	
		Changed 11/11/2019 AV																						
Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY	8AM	█	█	█	█	█	█	█	█	█	█	AV	AV	AV	GS	MR	GS	MR						
	8PM	█	█	█	█	█	█	█	█	█	█	GS	GS	GS	MR	AV	MR	AV						

DOCUMENTING NEW OR MISSED MEDICATION

NEW MEDICATION

- This is a new medication for Mark – he must be observed for at least 20 minutes after each of the first three doses – and this observation must be documented on the back of the MAR.

PRN AND REFUSED MEDICATION NOTES

Date/Time	Medication/Dosage	Reason	Results	Initials
11/4/19 8:00am	Depakote 500mg	New medication observed for 20 minutes,	no changes	GS
11/5/19 8:00am	Depakote 500mg	New medication 2 nd dose observed for 20 minutes	no changes	GS
11/6/19 8:00am	Depakote 500mg	New medication 3 rd dose, observed for 20 minutes	no changes	MR



TWO- HOUR WINDOW

- Medication may be administered within 60 minutes before or after the prescribed time. For example, medication ordered to be given at 8:00am may be administered between 7:00am and 9:00am.
- Medications ordered to be given as AM Medications and or PM medications may be administered at a routine daily time. The routing may fluctuate up to two hours in order to accommodate the person's schedule. For example, if the person typically receives their medication at 8:00am, then on the weekends, the medication may be given between 6:00am and 10:00 am.

MISSED MEDICATION

- Mark refused his evening dose of Depakote on the 14th – this must be documented – first by initialing and circling the entry on the front of the MAR in red, and then documenting the refusal on the back of the MAR. You will also need to fill out a medication error report for the missed medication.

Front of MAR

Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY	8AM	—————						AV	AV	AV	GS	MR	GS	MR				
	8PM	—————						GS	GS	GS	MR	AV	MR	AV				

Back of MAR

11/14/19 9:00pm	Depakote 500mg	Client refused medication, tried many times to give "I don't want it."		MR
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Remember that you have a two-hour window to give medication between 7pm and 9 pm. Please try several times within those two hours giving Mark a break in between and coming back to him to try again; if he refuse at the end of the two-hour window, then staff will document the refusal.

REFUSALS

- An individual has the right to refuse to take prescription and/or non-prescription medications.
- At no time will staff force anyone to take medication.
- If an individual refuses to take medication, staff will notify supervisory staff and/or family/caregiver immediately.
- Management staff will try to rectify the situation for up to one hour after prescribed administration time.
- After one hour staff will write “R” in the appropriate box on the MAR and document on the back of sheet the date, time, staff signature and an explanation of the circumstances
- If an individual continues to refuse his/her medication past one hour, the agency designee shall contact the prescribing physician.
- Physician’s orders will be communicated to on-duty direct care staff.
- An Unusual Incident Report Form will be completed as needed, per *Unusual Incident Reporting* procedure, **DC-14**.
- Repeated refusals to take medication will be discussed with the individual’s physician and IDT.

If there was a known error of administration the staff shall immediately:

- Call the individual's physician and follow the physician's instructions.
- Call the Executive Director to report it, document it on the MAR and in the communication log.
- Complete the Unusual Incident Report Form, prior to the end of that shift.

If there was an error of documentation the staff shall immediately ensure that it is properly identified on the MAR **(circled in red)**.

Erasures or white out are not permitted on a legal document.

- The supervisor or designee shall contact the responsible staff person within one day to discuss and clarify the matter, and ensure an explanation is recorded on the back of the MAR form.
- All findings of that inquiry shall be addressed through retraining and/or disciplinary action, as appropriate.



MEDICATION
ERRORS

**NEW MEDICATION
NOT GIVEN EVERYDAY**

*Frank Fernandez, MD
Harim Ito, APRN
345 Medical Plaza Way
Mytown, FL 32488
111-234-5678*

Name: Mark Frye

Date: November 17, 2019

DOB: 10/16/92

Rx:

Milk of Magnesia

disp 1-month supply

Give 60ml by mouth in the morning twice weekly, followed by 8 oz of water.

11 Refills

Signed: Harim Ito, APRN
Harim Ito, APRN

PRESCRIPTION

On the 17th of November, you tell the APRN at Mark's primary care clinic that he is having problems with constipation. He writes a prescription for Milk of Magnesia.

MED-NOT GIVEN EVERYDAY

Start by putting the name of the medication
 “Milk of Magnesia” on the MAR

Next, add the dose 60ml, the instructions and the time the medication will be given. Since Mark is already getting medication at 8AM, you can schedule it for then.

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Depakote 500 MG TABLET ONE TABLET BY MOUTH EACH MORNING FOR 7 DAYS, THEN	8AM	---		GS	GS	MR	MR	MR	AV	AV	---												
Changed 11/11/2019 AV																							
Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY	8AM	---										AV	AV	AV	GS	MR	GS	MR					
	8PM	---										GS	GS	GS	MR	AV	MR	AV					
Milk of Magnesia																							

<p style="font-size: 1.2em; margin: 0;">Milk of Magnesia</p> <p style="font-size: 1.2em; margin: 0;">Give 60 ML by mouth</p> <p style="font-size: 1.2em; margin: 0;">twice a week in the</p> <p style="font-size: 1.2em; margin: 0;">morning</p>	<p style="font-size: 1.5em; margin: 0;">8AM</p>

3. To fill out this MAR, you would need to know that 11/18/19 is on a Monday, so to give this medication twice a week you would give it on Monday and Thursday. You should draw a line from the start of the month to the 11/17/19. You will put an X in all the boxes the medication will NOT be given. The only open squares are the days the meds will be given, which is on Monday and Thursday. This will help prevent documentation errors. This how the front of the MAR should look below

Medication/ dosage/ frequency/route	Time	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					
Depakote 500 MG TABLET ONE TABLET MY MOUTH EACH MORNING FOR 7 DAYS, THEN	8AM	—————										—————																									
												Changed 11/11/2019 AV																									
Depakote 500 MG TABLET ONE TABLET BY MOUTH TWICE DAILY	8AM	—————										AV	AV	AV	GS	MR	GS	MR																			
	8PM	—————										GS	GS	GS	MR	AV	MR	AV																			
Milk of Magnesia Give 60 ML by mouth twice a week in the morning	8AM	—————																	AV	X	X	MR	X	X	X	GS	X	X	GS	X	X	X					

FRONT OF THE MAR

This is how the back of the MAR should look.

11/18/19 8am	Milk of Magnesia	New medication observed for 20 minutes,	No changes	AV
11/21/19 8am	Milk of Magnesia	New medication 2 nd dose observed for 20 minutes	No changes	MR
11/25/19 8am	Milk of Magnesia	New medication 3 rd dose, observed for 20 minutes	No changes	GS

REMEMBER, THE 20-MINUTE OBSERVATION WILL NEED TO BE DONE FOR THE FIRST 3 TIMES ANY NEW MEDICATION IS GIVEN.

BACK OF THE MAR

PRN



PRN

- Sometimes a medication is ordered “as needed” or “PRN.” This means that you give the medication only if specific conditions are met.
- Some examples of these conditions might be:
 - Give for fever of 101°F or greater
 - Give for complaint of headache or pain
 - Give if client has not had a bowel movement for 3 days
 - Give for anxiety, as evidenced by pacing or loud vocalizations
 - Apply to any abrasions to arms after cleaning with soap and water
- ALL PRN orders must also state how often the medication can be given, the maximum number of doses that can be given in a specified time period, and conditions for which the prescriber must be called. A complete PRN order might read:
 - Tylenol 325mg tablet, give 2 tablets by mouth every 4 hours as needed for a fever of 101°F or greater. Give no more than 6 times in 24 hours, call the doctor if fever persists longer than 48 hours.

*Frank Fernandez, MDHarim Ito,
APRN
345 Medical Plaza Way
Mytown, FL 32488
111-234-5678*

Name: Felicia Angeles

Date: Feb 3, 2020

DOB: 4/12/86

Rx:

Tylenol (Acetaminophen) 150mg tablet

Give 2 tablets by mouth every 4 hours as needed for complaints of pain or for fever of 101° or greater. Give no more than 4 times in 24 hours. Call MD or APRN if pain or fever persists longer than 48 hours.

Signed: *Harim Ito, APRN*

Harim Ito, APRN

Note that this order is written for pain or for fever – this is ok for Tylenol, ibuprofen etc. For narcotics or stronger drugs, it is best if the order is written for a specific condition – pain in left arm from fracture, mouth pain related to abscess, post-operative abdominal pain, for example.

PRN

Medication Administration Record (MAR)

Name: Felicia Angeles

Month: March

Year: 2020

Medication/ dosage/ frequency/route	Time	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		
Acetaminophen 325mg tablet Give 2 tablets by mouth every 4 hours as needed for complaints of pain or fever of 101 or greater. Give no more than 6 times in 24 hours. Call MD or APRN if pain or fever persists longer than 48 hours.																																		

PRN

- Here is this order written on the MAR. Note that two ‘Medication’ spaces on the MAR were used. This is because you will need many more spaces to record the time if the client takes this medication often. As you get to know your clients, you will learn how many spaces to use. Be sure to write the allergies in red on all MARS

Back of the MAR

Paste

PRN AND REFUSED MEDICATION NOTES

Date/Time	Medication/Dosage	Reason	Results	Initials
3/3/20/10am	Acetaminophen	Headache	Effective	CB

PRN

- On the back of the MAR, Chris documented the date, time the medication was given and reason. Always sign your initials in the front and back of the MAR. Also note that Chris checked on Felicia within an hour and reported the results of the PRN medication. **Reporting the results of the PRN is required.**

PRN AND REFUSED MEDICATION NOTES

Date/Time	Medication/Dosage	Reason	Results	Initials
3/3/20/10am	Acetaminophen	Headache	Effective	CB
03/10/20 6am	Acetaminophen	Flushed, having chills	Ineffective/ no change in temp	SP
03/10/20 10am	Acetaminophen	Temp back up, fever 101.4	Ineffective / Temp still high 100.1	SP
03/10/20 4pm	Acetaminophen	Chills, Temp 103	Effective/ Temp down 98.9	CB

PRN

- The back of the MAR Notice how Saralyn and Chris both wrote down the temperature when they gave the medication and then when they checked it again a little while later.
- Please do not put the times on the front of the MAR for as needed medications. Leave the time area blank on the front and fill it in **ONLY** on the back of the MAR, like the picture below.

LIMITED TIME ORDERS

*Frank Fernandez, MD
Harim Ito, APRN
345 Medical Plaza Way
Mytown, FL 32488
111-234-5678*

Name: Felicia Angeles

Date: March 3, 2020

DOB: 4/12/86

Rx:

*Clotrimazole 1% cream, apply thin film twice daily for 14 days
to skin lesion on left forearm.*

Signed: *Harim Ito, APRN*
Harim Ito, APRN

LIMITED TIME ORDERS

- After checking the prescription against the medication label to make sure you have received the right medication, you must enter this on Felicia's MAR in a way that clearly shows the medication starts and stops. Since the medication was ordered late in the day on the 3rd, you will start this medication on the 4th.

Clotrimazole 1% cream Apply thin film twice daily for 14 days on skin lesion on left forearm	8am																								
	8pm																								

LIMITED TIME ORDER

- First, you will write the order on the MAR and the times the medication will be given. The prescription details twice daily so we can use 8am and 8pm.

Medication/ dosage/ frequency/route	Time	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
Acetaminophen 325mg tablet Give 2 tablets by mouth every 4. Hours as needed for complaints of [pain or fever of 101 or greater. Give no more than 6 times in 24 hours. Call MD or APRN if pain or fever persists longer than 48 hours.				CB							BM																					
											BM																					
											CB																					
Clotrimazole 1% cream Apply thin film twice daily for 14 days on skin lesion on left forearm	8am		————																													
	8pm		————																													

LIMITED TIME ORDERS

- Second, you use lines on the MAR to indicate when this medication starts and stops. Since it is starting on the 4th and needs to be given for 14 days, the last day to give it would be the 17th.



LIMITED TIME ORDERS

- As you can see, the medication clearly starts on the 4th, and is not given after the 17th. Anyone trying to document after the 17th would not have a place to write their initials. This is very important with medications like creams, lotions, or shampoos, because there is often medication left in the tube or bottle when the time for giving it is over.
- With medications like antibiotics that are given for an ordered number of days, the pharmacy only dispenses enough medication for that time period, so there are no extra doses to give. However, all medications ordered for a limited time are written on the MAR exactly like this, whether there is a supply of the medication left over or not.
- You should pay special attention to limited time orders if you are using medications out of a stock bottle, and not a client specific supply. If you are using stock for an order that reads, “Ibuprofen 800mg by mouth every 12 hours for 3 days,” you will not run out of medication – but you must not give the medication that way for more than 6 doses, or 3 days.
- You do not need an order to discontinue a time-limited order. The date to stop the medication is in the original order.

DISCONTINUING MEDICATIONS



DISCONTINUING MEDICATIONS

- The last thing you need to learn about MAR documentation is how to discontinue a medication on the MAR. In this case, Felicia has been taking Spironolactone 25mg tablet by mouth each morning for several years. Her APRN has sent you an order to discontinue it on March 9, 2020, after Felicia took the medication that morning - so you will discontinue starting the 10th.

DISCONTINUED MEDICATION

If the physician changes or discontinues the individual's medication at the time of an office visit:

Ensure the physician has written order discontinuing the previous medication and/or dosage is obtained and filed in the individual's record.

Ensure that the physician writes a new prescription or order, and that it includes the name of the medication, whether a substitution is allowed, the dosage and clear directions for its administration.

Make a copy of the new medication prescription and drop the original off at the pharmacy.

Document the medication change in the communication log and update the MAR (see below, letter.

File all change or discontinue physician's orders in that individual's script sleeve in the MAR binder.



DISCONTINUED
MEDICATION

- If the physician changes or discontinues an individual's medication through a verbal or telephone order the change shall immediately be documented by the staff receiving the change order.
- If new medication is needed, the staff person receiving the change order shall obtain the medication from the pharmacy as soon as it is available.
- The Supervisor or designee shall obtain a written prescription for the change within 24 hours or by the first following business day and file the written order in that individual's script sleeve in the MAR binder.

- Medication shall be properly disposed of under the following circumstances:
 - Change or discontinuation of prescription
 - 1 month following the death of an individual, providing there are no questions as to cause of death
 - Medication is dropped or contaminated
 - Expiration of medication
 - Medication label is illegible.
- Contact the pharmacy to ascertain if they will accept the medication for disposal.
- Medication must be destroyed beyond possible reclamation. For example, dissolve with water and coffee grinds, cat litter or dirt.
- Once mixed, hide in trash receptacle. Do not flush it down the toilet, as this pollutes waterways.
- Disposal **MUST** be witnessed by another person or guardian



DISPOSAL OF MEDICATION



DISPOSAL OF MEDICATION

- Document the following information on the back of the individual's MAR:
 - Name of medication
 - Date of disposal
 - Number of pills/amount of liquid or cream
 - Method of disposal
 - Reason for disposal
 - Signature of person disposing of medication
 - Signature of witness

Danielle's Law: PL. 2003, c191 was signed on October 26, 2003, by Governor James E. McGreevey following the passing of Danielle Grukowski after she was delayed care.

If you believe a person you support is experiencing a life-threatening emergency, follow these steps:

- **CHECK** the person to determine if he/she is experiencing a life-threatening emergency
- **CALL 9-1-1 IF the condition is life threatening, then call your supervisor**
- **CARE** for the person until help arrives
- If you are unsure, whether a situation is a life-threatening emergency, **call 9-1-1.**
- If the situation is not life-threatening, call your supervisor and provide appropriate care, including obtaining medical attention.



DANIELLE'S
LAW



LIFE THREATENING EMERGENCIES

- According to the NJ Department of Human Services, *Division of Developmental Disabilities*, Life-threatening emergencies may include:
 - Unconsciousness, unusual confusion/disorientation or losing consciousness
 - Difficulty breathing, not breathing, or breathing in a strange way
 - Having persistent chest pain, discomfort or pressure which persists for more than 3 -5 minutes or that goes away and comes back
 - Severe bleeding from a body part
 - Broken bone that is showing through the skin or severe disfigurement of body part
 - Severe headache with slurred speech
 - Seizures that are not typical or back-to-back (3 in a row)
 - Seizures lasting longer than 5 minutes
 - Seizure resulting in serious injury; seizure in someone who is pregnant; seizure in someone who is diabetic; seizure in someone for the first time
 - Serious injury to head, neck or back

PRACTICE SESSION