

Medication Training for New Staff

What to expect from training

- Review and understand the medication policies
- How to process medication orders, changes and discontinuations
- Where to keep all physician's orders within the residence
- How to process after hours prescriptions and medication dispensing
- Review the Medication Administration Record (MAR) and staff responsibility
- Review medication administration
- Review process for medication errors and near misses
- Review process for pharmacy refill day

Ongwanada Medication Policies

- General Medication policy is **1-12-08**
- Medication Issuance After Normal Working Hours policy is **1-12-02**
- You must read and follow guidelines outlined in these policies
- All medications and treatments must have a physician's order
- All orders must have consent prior to being administered

Ongwanada Medication Policies

Ongwanada Medication Policies outline that:

- Prescriptions must be filled by Ongwanada Pharmacy
- After hours/weekends: may use designated pharmacies as per policy 1-12-02 These prescriptions, medications and MAR must be sent to Ongwanada Pharmacy on the first day they are open.
- Medications are administered at 0800, 1200, 1700 and 2000hr unless client schedule/med interactions require different administration time
- There are acceptable abbreviations, most abbreviations are on the ISMP Do Not Use List. Information should be written out fully to avoid errors. ([ISMP Do Not Use List](#))
- Identifies Physicians, Pharmacists and Pharmacy Techs as **QUALIFIED STAFF** permitted to write orders

Medication Administration Record (MAR)

- The Medication Administration Record is a form used to document medications and treatments given to our supported individuals
- The MAR is a LEGAL DOCUMENT
- Documentation on the MAR must be TIMELY (done immediately after medications are administered)
- If a medication is NOT signed it is assumed it was NOT given = medication error
- If a supported individual is absent, in hospital, refuses medications etc there are codes on the bottom of the MAR that are used to document

A - ABSENT
H - HOLD
R - REFUSED
D - UNSUPERVISED
P - PROGRAM
L - LEAVE
Q - HOSPITAL

Physician

Dr. [REDACTED]

Known Med Allergies

Comments

Diet

Asthma; Borderline Personality Disorder; chronic constipation;
Diabetes Mellitus; diabetic; Eczema; gastroesophageal reflux disease;
Hypertension; Hypothyroidism; Neurodevelopmental Disorder

Page

For Period: Mar 2022

Staff must initial here AFTER meds are administered

PRN administration: initial on front of MAR and document on the back of the MAR

Staff must sign and initial every month AND on every page

Codes for meds not given



Medication Orders

- Only qualified staff may write an order
- Medication orders, from Ongwanada, come in duplicate
- The white copy is considered the original – this is filed in the physician's orders binder (light blue binder)
- Yellow is the duplicate/carbon copy – this is brought to pharmacy
- Orders faxed directly to pharmacy, called into pharmacy: original will be maintained in pharmacy, a duplicate (copy) will be sent to the home
- A copy of the active medication order **MUST** be in the light blue binder in the residence prior to staff administering medication

Verbal Orders

- If a physician calls with an order and it is after hours, direct them to fax the order to a designated after hours pharmacy
- If the order is to HOLD a medication, residential counselors and treatment counselors may follow that direction. This must still be documented on a physicians order form. This is only legal for one administration time. Physician should be directed to fax Ongwanada Pharmacy for ongoing “holds”.

How to Process a New Order

- If you receive a new order to change medications you must submit the original order to pharmacy that day
- Pharmacy will require the supported individuals MARS and box of medication to be submitted for any changes
- Pharmacy will notify when MARS, copy of physician order and medications are ready for pick-up

How to manage a script received after hours

- The prescription should be sent by hospital/after hours physician to a designated pharmacy.
- If staff have the physical copy of a prescription this should be brought to a designated pharmacy.
- When staff pick up medication from a designated pharmacy ensure that a ***copy of the original prescription*** is obtained as well as the ***pharmacy receipt***.
- If the medication is purchased at a pharmacy other than a designated one the prescription fee will be paid out of petty cash. Receipt must be submitted to petty cash records.
- Staff will transcribe the order to the MAR following Ongwanada protocol and administer the medication as directed.
- Staff must bring the copy of prescription, the medication, client's MAR and box of medications to Ongwanada Pharmacy on the first day they are open.

Transcribing Orders

- Pharmacy supports staff in transcribing all *medication* changes that occur during regular business hours
- Residential Counselors and Treatment Counselors are responsible for transcribing orders that are:
 - Received outside of Ongwanada Pharmacy business hours
 - Treatments or procedures that are not medication related (ie catheter care instructions)

Transcribing Orders

STAFF 1

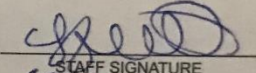
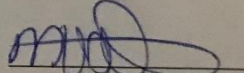
- Obtain physician's order
- In next available space on MAR you will write:
- Yellow box: Drug name and dosage/Name of Procedure
- White box:
 - Pills – number of tabs, route, times to administer
 - Liquid – volume, route, times to administer
 - Description of Procedure – ie change catheter bag weekly
- Mark times to administer in the **times** column
- Draw lines for when medication starts and (if applicable) stops
- Write in the expiration date
- Initial MAR (small box within the white box)
- Sign and date physician's order

Transcribing Orders

STAFF 2

1. Check all of staff 1's work
2. Initial MAR
3. Sign and date physician's order
4. File the order in light blue binder

Physicians Order

WEIGHT kg	ALLERGIES / ADVERSE REACTIONS				CB#				
Administer Baclofen 20mg by mouth three times a day at 0700, 1200, and 1900.					NOTED BY:				
					 STAFF SIGNATURE (STAFF 1)				
					Feb 8/20 0930 DATE / TIME				
					CHECKED BY:				
					 STAFF SIGNATURE (STAFF 2)				
					Feb 8/20 1430 DATE / TIME				
					CLIENT NAME	LOCATION	DATE	TIME	PHYSICIAN'S SIGNATURE
					Iva Gore	Training Home			
					FORM #8C REV. 05/08 POLICY #06-01-01				

Transcribing orders

Drug and dosage

Number of tabs, route and times

Expiration date

When to start/stop medication

Staff initials

Time administered

Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	1
Rx: 2400217 TAB Pantoprazole Magnesium 40mg Mylan-Pantoprazole T 40mg GIVE 1 TABLET BY MOUTH TWICE DAILY 1/2 HOUR BEFORE BREAKFAST AND DINNER AT 0730 AND 1630 HOURS	0800 1630	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rx: 2400221 TAB Vitamin D3 1000iu Web-Vitamin D3 1000iu GIVE 1 TABLET BY MOUTH ONCE DAILY AT 0800 HOURS	0800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rx: 2400225 TAB Atorvastatin Calcium 10mg Auro-Atorvastatin 10mg GIVE 1 TABLET BY MOUTH ONCE DAILY AT 1700 HOURS	1700	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
03-Jan-20 Baclofen 10mg Give 2 tablets by mouth 3 times daily at 0700, 1200 and 1900	0700 1200 1900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Medication Changes and Discontinuations



ONGWANADA

PHYSICIANS' ORDERS AND PHARMACY REQUISITION

WEIGHT 70 kg		ALLERGIES / ADVERSE REACTIONS Penicillin			CB# 1234
Prednisone 5mg po once daily x 7 days then, Prednisone 2.5mg po once daily x 7 days then discontinue.					NOTED BY:
					Staff 1
					STAFF SIGNATURE
					Feb 10/22 0900 hrs
					CHECKED BY:
					Staff 2
					STAFF SIGNATURE
					Feb 10/22 1500 hrs
CLIENT NAME	LOCATION	DATE	TIME	PHYSICIAN'S SIGNATURE	
Iva Sore	Training Home	Feb 10/22	0800	Dr. I. Care	

Medication Changes and Discontinuations

Medication name, dose, and # of days prescribed (if indicated)

MEDICAL ADMINISTRATION RECORD

Ongwanada Pharmacy (Owned by Ongwanada Hospital)

Green, Gerald

Allergies

acetylsalicylic acid; codeine; Penicillins; Sulfa (Sulfonamide Antibiotics); Valium

Comments

Birthdate: 16-Jun-1970

Training home

Training Home

Room:

Bed:

Medical Conditions

Diet

Page 2

For Period: Aug 2020

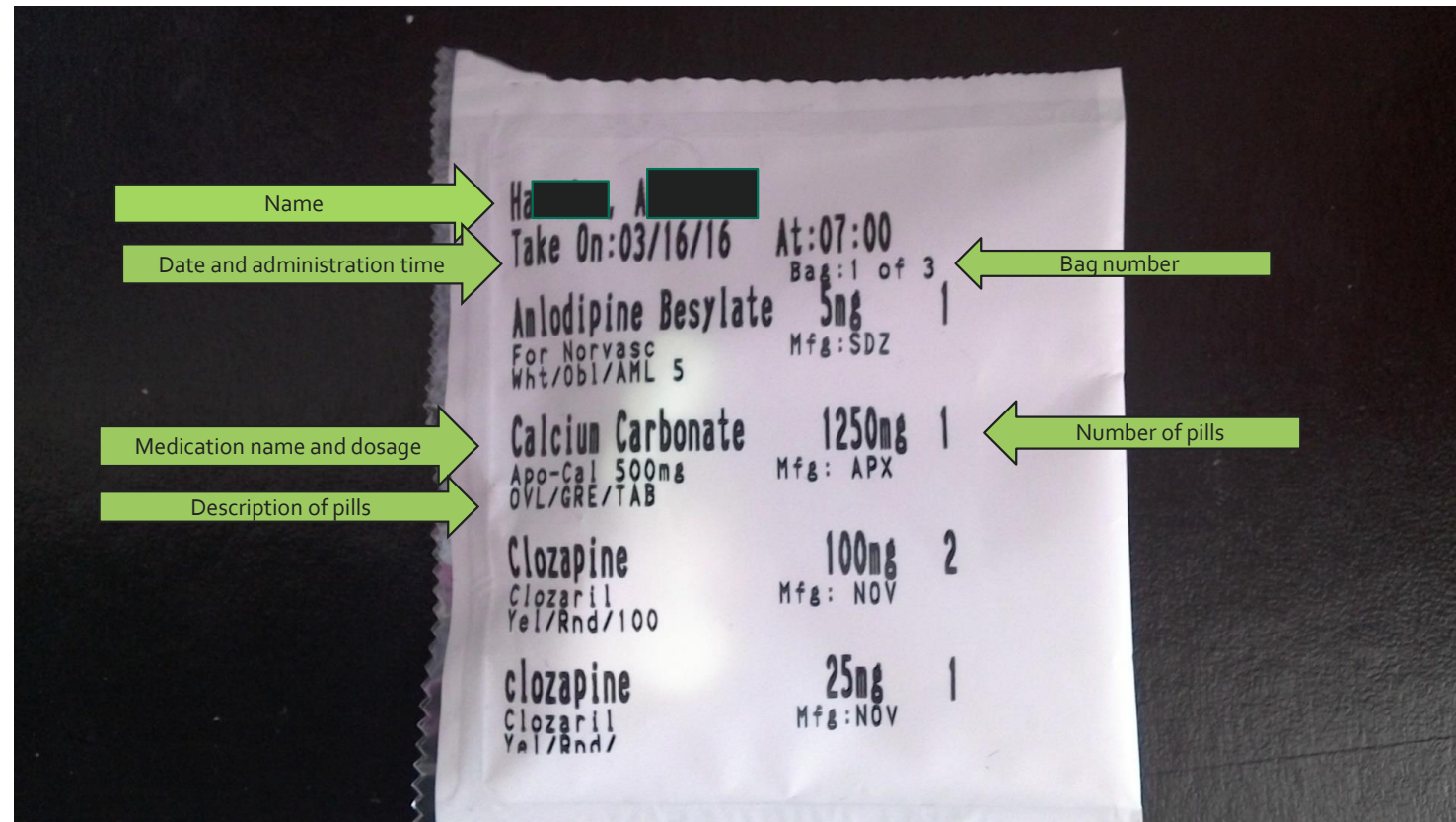
Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Rx: 2315970 14-Jan-2019 CAP Tamsulosin Hydrochloride 0.4mg Sandoz-Tamsulosin 0.4mg GIVE ONE CAPSULE BY MOUTH ONCE DAILY AT 2100 HOURS - (MAY OPEN CAPSULE AND ADMINISTER IN SOFT FOOD	2100																															
Rx: 2315971 14-Jan-2019 Melatonin 3mg SL Melatonin 3mg SL DISSOLVE 2 TABLETS UNDER THE TONGUE ONCE DAILY AT 2200 HOURS	2200																															
Rx: 2315978 14-Jan-2019 ML Valproic Acid 250mg/5ml Pms-Valproic Acid 250mg/5ml GIVE 2.5MLS (125MG) BY MOUTH AT 0730, 1200 AND 2100 HOURS	0730 1200 2100																															
Rx: 2422861 01-Apr-2020 ML Fer In Sol 75mg/ml Ferrous Sulfate 75mg/ml GIVE 4ML (300MG) BY MOUTH ONCE DAILY AT 0800 HOURS	0800																															
Rx: 2422862 01-Apr-2020 ML Docusate Sodium 4mg/ml Soflax 4mg/ml GIVE 25ML (100MG) BY MOUTH ONCE DAILY AT 2000 HOURS	2000																															
Rx: 2422863 01-Apr-2020 ML Dilantin Suspension 25mg/ml Phenytoin Suspension 25mg/ml GIVE 5ML (125MG) BY MOUTH TWICE DAILY AT 0800 AND 2000 HOURS	0800 2000																															
Prednisone 5mg po daily x 7 days AMB	0800																															
Prednisone 2.5 mg po daily x 7 days AMB	0800																															
Staff's Signature	Init.	Staff's Signature	Init.	Staff's Signature	Init.																											
AMB	AMB																															

Draw lines
to indicate
the
start/stop
of 7 days

Medication Pouch: Information on the Pouch

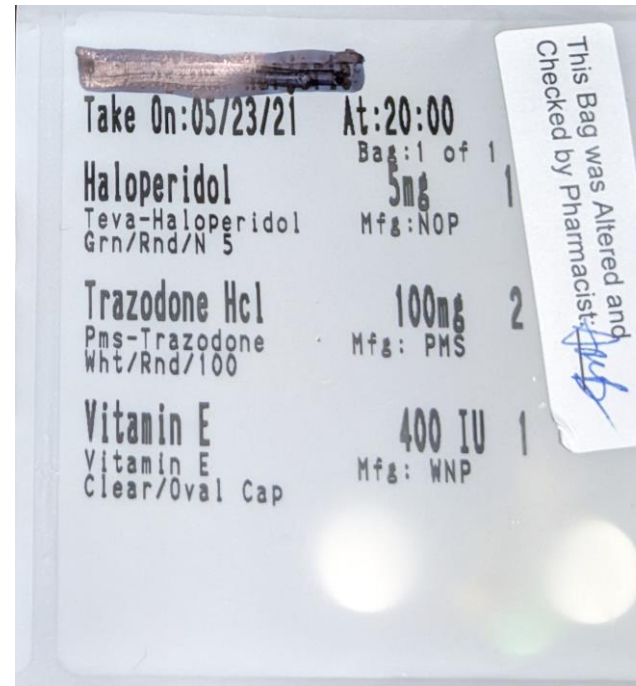
1. Supported Individual's Name
2. Date and administration time
3. Bag number (1 of 3 etc)
4. Medication name, dosage and number of pills
5. Physical description of pill

Medication Pouch: Where to find information



Medication Pouch: Altered pouches

- Only the Ongwanada pharmacist can alter pouches
- Do not give any medication if any tampering is evident. Pharmacist will place a signed tape on pouch if there is any alteration.



This sticker must be there if the pouch has been altered in any way (ie taped shut)

8 Medication Rights

- **Right** dose
- **Right** client
- **Right** medication
- **Right** route
- **Right** time and day
- **Right** expiry date
- **Right** documentation
- **Right** rate

Steps to safely Administer

- Ensure the individual is present in the home, and ready to receive medications
- Obtain medication box with pouches and MARs
- Wash your hands
- Pull out pouches for specified individual, noting appropriate date and time. Continue pulling out the pouches until next time is noted *this may not coincide with the correct number of bags as on occasion pharmacy may make changes*

Steps to safely administer

- Remove the pouch from the box by tearing along the smooth side
- Carefully double check all medications with MARS.
- Count to ensure the correct number of pills are available in the pouch
- Open the pouch along the serrated side and put pills into a medication cup
- Count again to ensure all the pills have made it into the pill cup
- Place a dot on the MAR

Steps to safely administer

- Repeat the steps for all required pouches
- Discard pouches in appropriate receptacle (not the garbage) to be returned to pharmacy
- Check orders for possible liquids, creams, drops, inhalers, narcotics or controlled drugs
- Narcotic and controlled drugs are kept in separate pouches in the locked narcotic cupboard
- If administering a narcotic or controlled drug you must count and document on the Narcotic Control Record
- Once all medications have been poured, double check the MAR to ensure a dot is beside all medications for that time

Steps to safely administer

- Some medications may need to be crushed – for new orders check with pharmacy/CCN to ensure this is safe.
- Refer to Medication Profile (see example in 2 slides) for information on how a supported individual takes their medications

Steps to safely administer

- Take the medications to the appropriate client and administer
- Wash your hands
- Sign off all medications that were taken

Medication Profile: How a supported person takes their medication

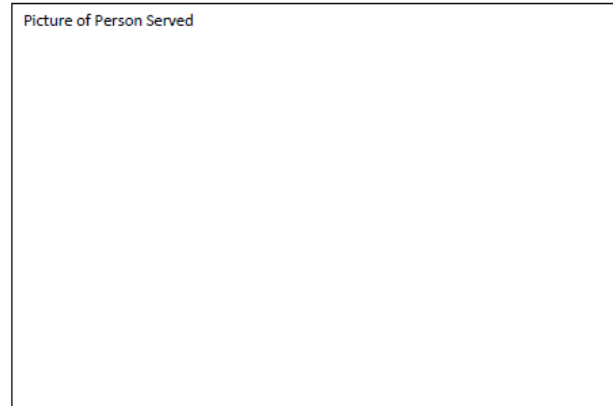
Name: _____

Date of Birth: _____

Allergy to

Medications: _____

Picture of Person Served



Medication Administration Guide

I take my medications by mouth g-tube

My pills need to be given whole crushed

I like to take my medications with: _____

High Alert Medications

- High Alert Medications will be indicated on the Medication Box by a bright coloured “High Alert” sticker
- Effective June 1 - each medication box that has a High Alert sticker will also have a list indicating which medications in that box are High Alert medications
- Each home will receive a chart indicating the additional precautions required when administering high alert medications
- Additional precautions can include things such as:
 - Wearing gloves when administering medications
 - Additional documentation
 - Special monitoring after administering
 - Special storage instructions

Liquid Medications

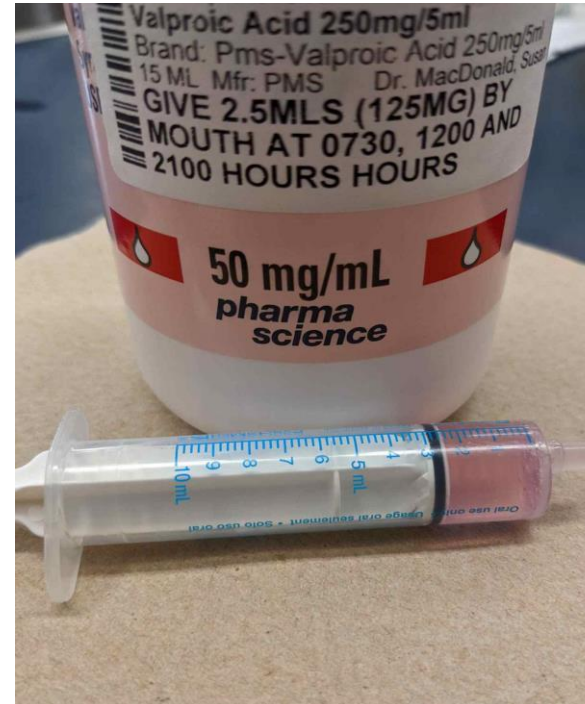
Orders will include:

- Name of medication
- Dose
- Volume
- Route
- Time

Medications need to be measured **EXACTLY**. Depending on the dosage they may need to be drawn up in a medication syringe

Liquid Medications

- Eg. Valproic Acid 125mg/2.5mL. This cannot be poured accurately into a medication cup – always use a medication syringe.



PRN medications

- As needed medications
- Order will include a specific reason for administering the medication
- Frequency is outlined on order, but generally no time is assigned
- If you administer a PRN ensure that you document appropriately on the back of the MAR sheet. Note how the supported individual responded to the medication and the effectiveness of the PRN

Medication Error

- A medication error can occur if any of the 8 Rights of Medication are not accurate
- 8 Rights: Right **Client**, Right **Medication**, Right **Dose**, Right **Route**, Right **Day & Time**, Right **Expiry Date**, Right **Rate** and Right **Documentation**
- A Near Miss is an event that may have resulted in harm but was avoided by timely intervention. This type of “close call” needs to be reported to ensure best practices. Near Misses can help identify how a system may be improved
- For example, if you find a pill in a pouch that does not match description of medication listed and you do not give the medication this would be considered a near miss event.

Medication Error

- Errors happen. What is most important is that you recognize something has happened or could have happened and you take action quickly
- If an error or near miss occurs during business hours contact CCN for direction
- After hours contact on call physician
- Ensure you document on the back of the MAR
- Complete Medication Incident in eCIMS for all medication errors and near misses.
- Monitor supported individual as needed

Medication Error

Record Medication Incident

Cancel

Save

Save & Print

Incident Who & When

Persons Served

Select...

Staff Involved

Select...

Date/Time of Incident *

Location of Incident

Location of Incident *

Select...

Location Name *

Location Details

Select...

Address Line 1 *

Address Line 2

City *

Province *

Postal Code *

Other Location Details

Medication Incident Details

Medication Incident Discovered by Pharmacy *

Yes

No

Type of Medication Incident *

Select...

Medication *

Dosage *

Description of Incident *

Notifications

Supervisor who was notified

Select...

Date/Time

How was Supervisor Notified

Select...

Add

Physician Notified *

Yes

No

Others Notified

Yes

No

Internal Staff Notifications

Select...

Direction provided by physician/pharmacist

Home/Area Supervisor Summary

Contributing Factors

Follow-up Initiated

Select...

Details and Corrective Action

Clinical Significance of Incident (completed by pharmacist)

Select...

Pharmacists Comments

Manager Summary

Chief Summary/Determination

Electronic Signature Assumed on this Form for all Staff who modify it.

Cancel

Save

Save & Print

Important Information

- Medications must be given within 30 minutes of stated time; any variance is a med error UNLESS an acceptable explanation is provided in current notes.
- For any medication missed or refused contact CCN for direction
- Medications are prepared immediately prior to administering and you must sign off immediately AFTER administering (do not pre-sign!)
- Use codes found on MAR for meds not given.
- The MAR MUST have initials OR a code - a blank space is an error. If you discover the error you MUST notify nurse
- If you sign on the front of the MAR, you must sign your initials and signature on the bottom

Pharmacy Day

- Each home is assigned specific days to have their medication refilled – a calendar is available in each home
- All medications (anything with a pharmacy label on it) must be returned to pharmacy on that day
- Only keep the MEDICATION POUCHES required for the day
- All MARS and Narcotic Drug Records must be submitted to pharmacy
- Physician's Orders (light blue binder) must be sent for reconciliation on pharmacy day
- Ensure liquids are sealed and inside a closed ziplock bag
- Place all medications in tote or container
- All narcotics, controlled drugs and medical cannabis products must be transported in a locked container
- Staff will complete the Pharmacy Refill Day checklist (next 2 slides)

PHARMACY REFILL DAY CHECKLIST

Home: _____

Date: _____

RETURNED TO PHARMACY

Medication boxes for all supported individuals	
Liquid and powder medications <ul style="list-style-type: none"> Wipe clean and dry the bottles and place inside a plastic bag 	
Treatments <ul style="list-style-type: none"> Lotion, eye/ear drop, inhaler, shampoo etc. Anything with a pharmacy label Wipe clean and dry the containers and place inside a plastic bag 	
PRN medications	
Regular narcotic and controlled drugs <ul style="list-style-type: none"> Locked in transport box 	
PRN narcotic and controlled drug <ul style="list-style-type: none"> Locked in transport box 	
Medication Administration Record Sheets (MARS)	
Narcotic and Control Drug Count Sheets	

Items that are NOT returned on Pharmacy Refill Day

- Regular meds to be administered that day (med pouch and liquids) up to 1700hr
 - Photocopy the MAR if needed
- PRN medication that might be required
 - Keep 1 dose of medication(s) back if administration may be required (ie challenging behavior, seizure disorder)
 - If the PRN is a narcotic or controlled drug the count sheet must be updated to reflect the dose(s) being held back.
 - Staff will document under REASON "1 dose held back due to pharmacy refill day"
 - When medications are returned from pharmacy this dose can be added BACK into the count. Staff will document under REASON "1 dose returned to count as not administered"



PHARMACY REFILL DAY CHECKLIST

Home: _____

Date: _____

RETURNED FROM PHARMACY

PLEASE REMEMBER TO BRING ID WHEN PICKING UP MEDICATIONS FROM PHARMACY

Medication boxes for all individuals placed back in the med cupboard <ul style="list-style-type: none"> Compare medications received against MARS to ensure all meds are present 	
Liquid and powder medications <ul style="list-style-type: none"> Separate medications for each individual Place back in the med cupboard 	
Treatments <ul style="list-style-type: none"> Separate treatments for each individual Place back in the med cupboard 	
Narcotics and Controlled Drugs (regular and PRN) <ul style="list-style-type: none"> Confirm count on each Narcotic and Controlled drug Lock narcotic and controlled drugs in the narcotic cupboard 	
PRN medications <ul style="list-style-type: none"> Separate for each individual Place in the med cupboard 	
Confirm all Medication Administration Record Sheets have been returned	
Nursing Home Patient Listing form <ul style="list-style-type: none"> Date and sign confirming that all medications, MARS and Narcotic and Controlled drug sheets are accounted for* and return to Pharmacy 	

*Pharmacy may indicate that a medication will be supplied at a later date. Pharmacy will notify the home when that medication is available for pick up (ie they have supplied the home with 1 bottle of a medication but 2 is required)

Items that are NOT returned by Pharmacy

- If a medication is missing it is the staff's responsibility to notify pharmacy as soon as possible (pharmacy closes at 1600hr)

COMMENTS: _____

Staff signature: _____



Next Steps

- Staff must review the General Medication policy **1-12-08** and the Medication Issuance After Normal Working Hours policy **1-12-02**
- Staff should now complete the online quiz to demonstrate understanding of Medication Administration.