# Med Pass Overview

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## Objectives

- Adapting habits for an efficient med pass
- Interpret "Rights" of medication administration
- Summary of med administration and documentation
- Managing medication and refills
- Discuss medication storage
- Describe meds and med pass errors
- List side effects of medications
- Discuss overprescribing anti-behavioral meds

#### Path to an Effective Med Pass

- Organize the cart
- Secure medications
- All necessary Supplies on the Cart
  - Medications restocked
  - Cups, spoons, hand sanitizer, pudding/jelly/applesauce, etc.
- Uninterrupted during pass

## "Rights" of Medication Administration

- Right patient-photographs, wrist bands, etc.
- Right drug-generic to name brand reference
- Right dose
- Right route
- Right time
- Right documentation

### **Medication Administration**

- Prepared, administered, and documented by same licensed healthcare personnel
- Check for drug allergies
- Triple check the label to MAR
  - ▶ 1st Check when removing from cart
  - ▶ 2<sup>nd</sup> Check when med punched/poured out
  - ▶ 3<sup>rd</sup> Check when returning to cart
- Observe patient when medication is consumed
- PRN Medications
  - Only given after nurse evaluation
  - Only given for ordered indication
    - ▶ Pain, nausea, GI issues, chest pain, etc.

### Narcotic Administration & Documentation

- Record dose on control sheet/perpetual inventory
- Initialed on EMAR
- PRN documentation completed
- Patches documented when removed and destroyed
- Witnessed documentation: 2 nurses or nurse/CMA
- Narcotic inventory during change of shifts

#### Time of Med Passes

- Per Facility Time Policy
  - One hour before and one hour after
  - ▶ Range administration time a.k.a. liberalized med pass
- ▶ Before vs. After Meals-ex: bisphosphonates, thyroid medications
- ▶ No Pre-Punching—truly doesn't seem to save any time
- ▶ No breaks or interruptions during med pass

## Proper Documentation

- Punch, Initial, Give (P.I.G. Method) or Punch, Give, Initial key is consistency
- Documenting refusals
  - Explanation entry on EMAR is needed
- PRN documentation
  - ► EMAR initialed
  - Name of Medication
  - Date/Time
  - Complaints/symptoms
  - Response
  - Signature/initials from medical personnel

## Managing Medications

- Labeling
  - Prescription label matches exactly with MAR
  - OTC medications in original container with resident's full name (or per State guidelines)
  - ► Check for changes in directions and update
- Expiration date of medications
  - ▶ Short-dated medications—date when opened—ex: Insulin, Eye drops, Inhalers
  - ▶ Implement plan & procedure to monitor for expired medications routinely

## Managing Medications Refills

- Contact pharmacy 3 5 days in advance
- Investigate if meds do not arrive at facility
  - Call pharmacy
  - ► Check electronic order program
  - ► Notify nurse in charge
- Come up with plan and resolve the issue

#### Discontinued Medications

- Only active meds in room/cart
- Remove discontinued and expired medications
- Medication reconciliation
- Documentation for destruction
  - ▶ Paperwork completed and medication secured in designated area
- Controlled medications secured for proper disposal under double lock

## **Medication Storage**

- Med room/carts locked at all times
- Only licensed personnel should have access to room/keys
- Med carts are organized and free from clutter
- External vs. Internal
  - External topical, otic, nasal products
  - Internal (stored in med cart) ophthalmic, respiratory inhalers, meds in PLO gel, suppositories, nitroglycerin ointment/patches
- Refrigerated medications
  - ► Medications & medication adjuvants ONLY!
  - ► Temperature range (36 48°F)

#### **Medication Errors**

- Crushing or splitting a pill
  - ► Example: Extended-release tablets
- Inadequate intake of liquid
  - Example: Full glass of water with certain medications
- Inadequate water for reconstitution
  - ► Example: Too much or too little water
- Swallowing ODTs or SL tablets
- ▶ Not obtaining pre dose parameters (pulse, blood pressure, pain scale, etc.)

#### **Medication Errors Continued**

- Mix-up of patients and drugs
  - ▶ No Borrowing
  - Similar/Same Patient names (ex: Edward Jones)
- Giving expired medications
- Inaccurate dosing
- Missed dose
- Improper technique
- Improper storage (ex: refrigeration required stored at room temp)

## Meds Most Commonly Missed

- New orders missed—Don't refer to EMAR but Pass by memory
- ▶ OTC meds—May be in a bottle in a different place on the cart
- Unique dosing regimens
  - Weekly patches
  - Weekly bisphosphonates
  - Warfarin
- Nasal sprays
- Eye drops & ear drops
- Inhalers
- Topicals

## Common Side Effects of Antihypertensives

- Orthostatic hypotension
- Dry cough (ACE inhibitors)
- Dizziness
- Headache
- Fatigue
- ► Electrolyte imbalances
- Rash/skin reactions
- Changes in heart rate
- Swelling

## Common Side Effects of Analgesics

#### NSAIDs

▶ GI issues, cardiovascular effects, kidney & liver damage, fluid retention, BP changes, bleeding

#### Opioids

➤ Sedation, dizziness & drowsiness, constipation, respiratory depression, N&V, tolerance & dependence, confusion, mood changes

#### Tylenol

► Liver damage, N&V, mild stomach discomfort, interactions with other meds, overdose

## Common Side Effects of Antipsychotics

- Extrapyramidal symptoms (EPS)
  - Akathisia, dystonia, parkinsonism, tardive dyskinesia (TD)
- Sedation
- Orthostatic hypotension
- Weight gain
- Constipation
- Blurred vision
- Cognitive impairment

## Overprescribing Meds for Behavior

- Overlooks non-pharmacological interventions
- Therapeutic duplications
- Masks underlying issues
- Gradual dose reductions
- Tolerance

## Top Drugs Causing Fall Risks

- Benzodiazepines
- Opioids
- Blood Pressure Medications
- Diabetic Medications
- Anticholinergics
- Antidepressants (TCAs)
- Antipsychotics
- Anticonvulsants
- Sleep Meds (Ambien)

## Questions???



### References

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf