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Medication Pass Fundamentals: Part 2

(Med Pass Basics, 7 Rights, Administration of Oral, Ophthalmic, Otic, and Nasal Meds)

Revised May 2022

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This Med Pass Administration Series (“Program”) has been developed entirely by Omnicare clinical nurses and is not intended to replace your nursing standards of practices and nursing requirements. Moreover, the contents of this training are guidance only and do not supersede applicable laws, guidelines and your specific employer’s policies, procedures and processes.

The nature of nursing requires frequent updates. It is the responsibility of the healthcare professionals involved to remain current in his/her practice.

This Program will reference various sources of authority including but not limited to statutes, regulations, standards and treatment guidelines. It is the obligation of every training participant to review these sources of authority and exercise independent skill and judgment in the implementation of this information in the clinical setting.

This educational program is not intended to replace good professional judgment by the healthcare provider, nor is it intended to supersede the necessity for clinically sound prerogatives of a healthcare organization.

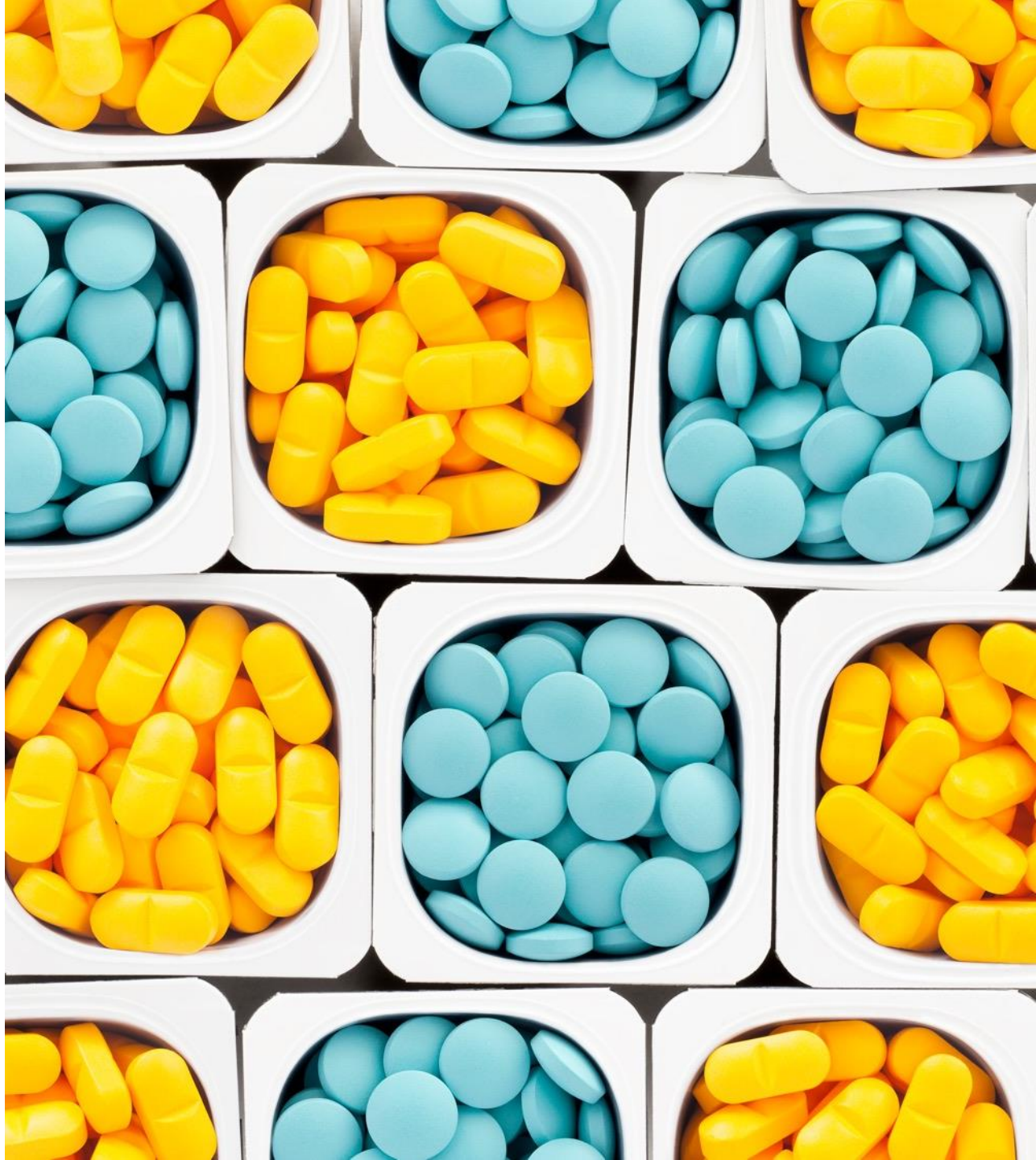
Skills validation checklists are available electronically on Omniview, Omnicare’s web portal. Omnicare’s provision of these tools are to assist practitioners in providing quality nursing services, however, these tools and guides do not replace independent skills and sound clinical judgment.

Objectives

- Review medication pass basics
- Describe the 7 rights of medication administration
- Define the 3-way check
- Explain how to prepare medications
- Verbalize administration of oral, ophthalmic, otic, and nasal medications
- Describe common mishaps and errors

Med Pass Basics

- Understand the facility's policies and procedures and/or any applicable state laws, know where to find these references
- Look at the MAR - never go by memory or by just looking at the medications/medication cards
  - Medications could be discontinued
  - New medications are prescribed
- Check for allergies (medicine and relevant food), every single time you pass medications
  - New allergies could be added
  - A documented allergy is real until proven otherwise



Med Pass Basics

Check the resident's availability and readiness to take his/her medications before preparing them

Remember privacy and dignity rules

- Do not interrupt pleasure activities (e.g., meals) unless there is an order to do so
- Do not bring the cart into the dining area
- Do not perform blood sugar checks or administer medications in common areas of the facility, especially; injections, meds given via tube, patches, inhalers, eye drops, ear drops

Med Pass Basics

Monitor and record required vital signs; typically, may use vital signs taken within one hour, but check policies and procedures as well as specific medication information.

- Are they applicable? (i.e., are the correct sign/symptom related to the medication being monitored)
- Are they in a desired range? **If not, TAKE ACTION**
- Remember some meds require more specific monitoring (e.g., apical pulse for digoxin)
- Are there signs and symptoms of bleeding if the resident is taking an anticoagulant?
- More generally, is the resident alert and acting normally? If not, look for medications, situations and medical conditions that need to be addressed

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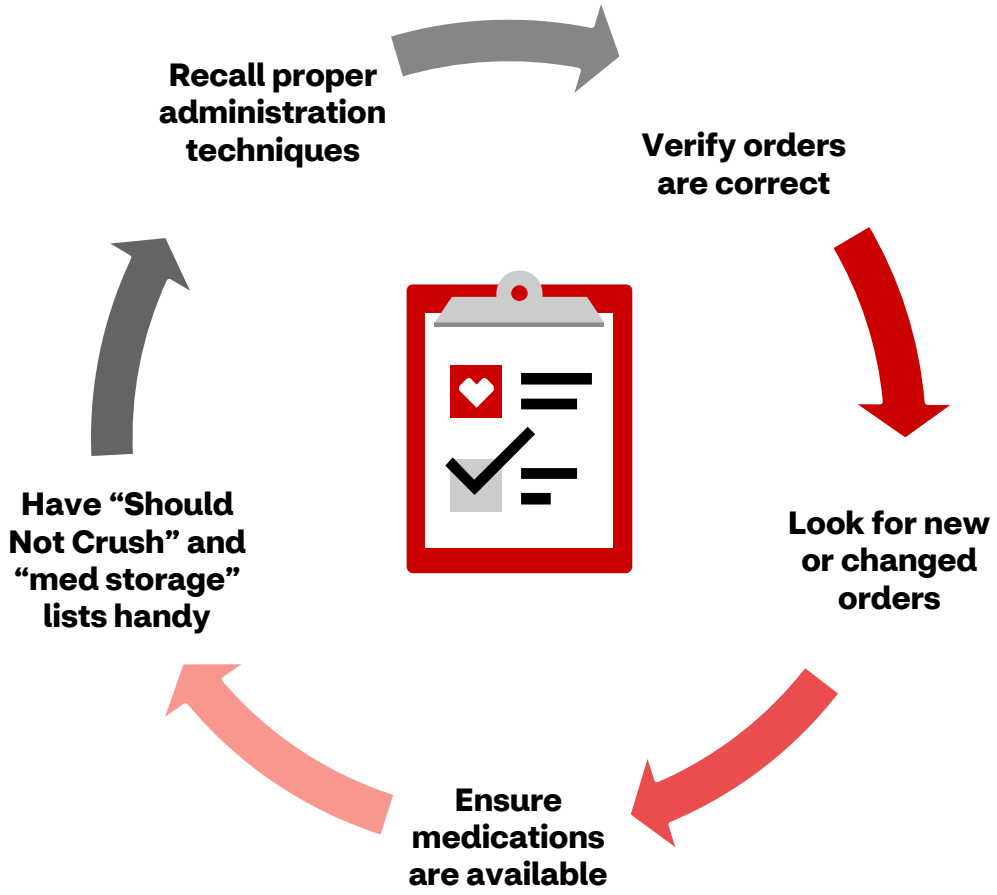
Med Pass Basics

Do not pre-pour medications, prepare them immediately before administration

Med Pass Basics: Check Orders Before and During Med Pass



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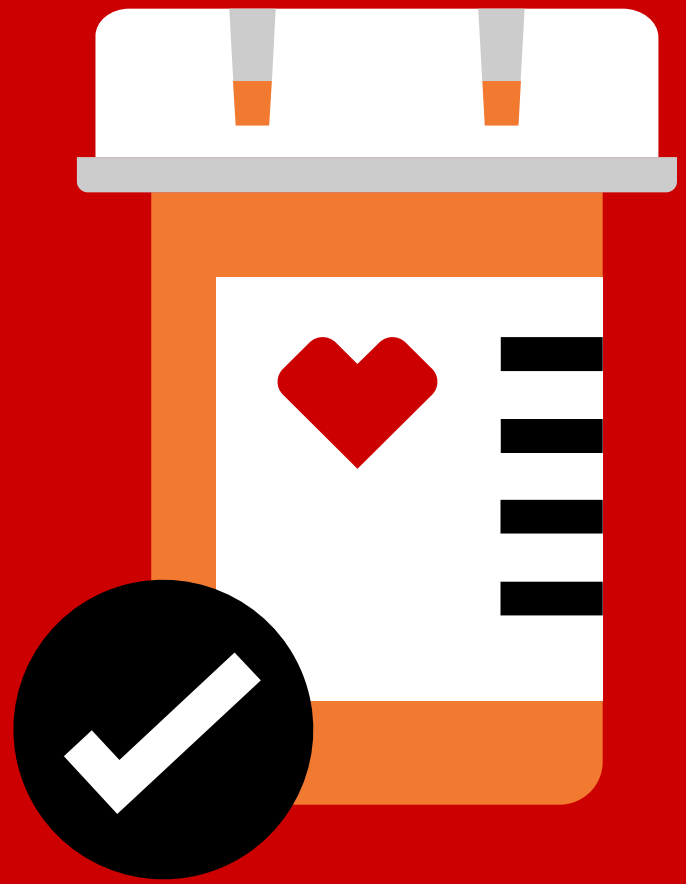
Med Pass Basics

- Only administer medications you have personally prepared
- Only use the medications specifically intended for that resident, no borrowing
  - violates professional standards of practice F658
- Inspect each dose for expiration date, contamination, particulate matter, discoloration, or defect
- “Wasted” controlled substances should be destroyed with another appropriate observer and documented as per facility policy, federal and state laws/regulations



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Med Pass Basics

- If a nurse is in the middle of preparing meds and realize they are missing a dose, do not stop
- Give the doses prepared, and the rest of the medications due for that resident at that time
- Then investigate (or ask for assistance to investigate) and make arrangements to obtain the medication
- Use the emergency kit (E-kit) or Omnicell if necessary
- If a dose is skipped or a resident refuses, have a HIPAA compliant process to remind yourself (e.g., flag the MAR), and return to that person as soon as possible – do not forget to document irregularities

Med Pass Basics: Hand Hygiene

- Unless hands are visibly soiled (e.g., dirt, blood, body fluids), an alcohol-based hand rub is preferred over soap and water in most clinical situations because it:
  - Is more effective than soap at killing potentially deadly germs on hands
  - Requires less time
  - Is more accessible than handwashing sinks
  - Produces reduced bacterial counts on hands
  - Improves skin condition with less irritation and dryness than soap and water

- Remember, hand sanitizer should be at least 60% alcohol based, rubbing time per manufacturer guidelines, should be allowed to dry and does not kill the intestinal infection *Clostridoides difficile* (must use contact precautions and wash hands with soap and water before and after)

Remember the 7 Rights

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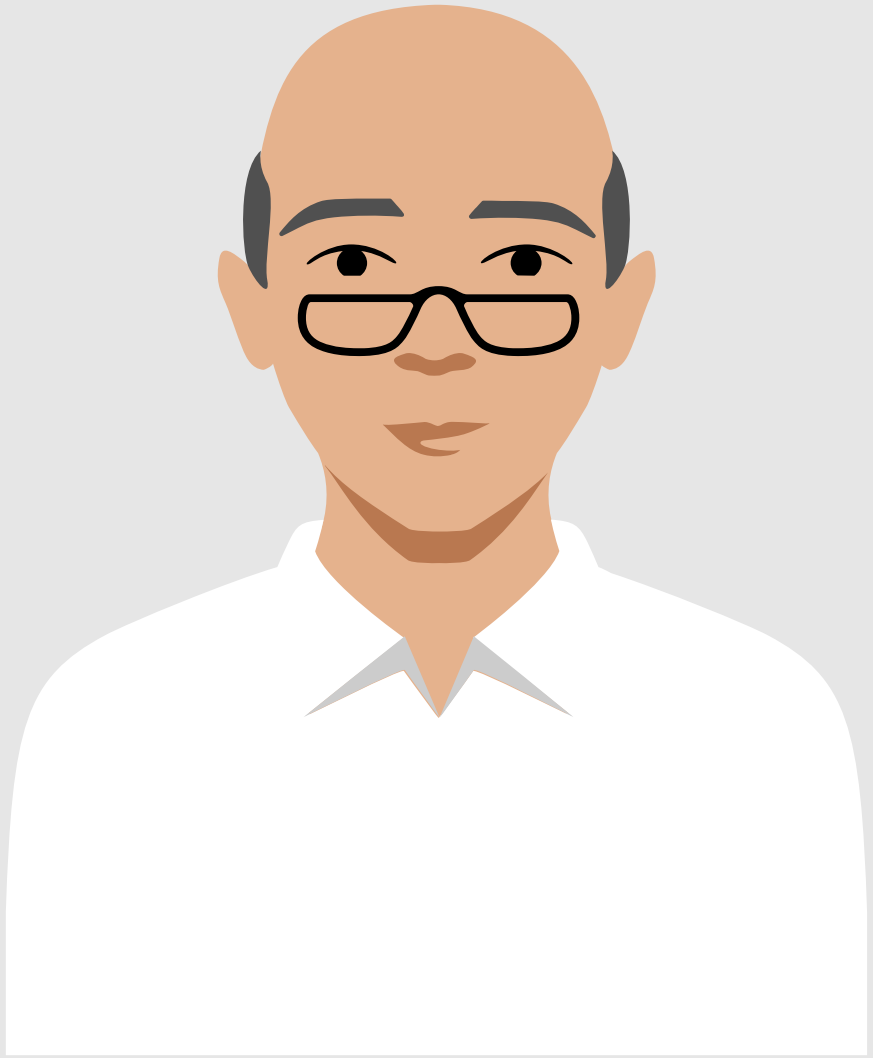
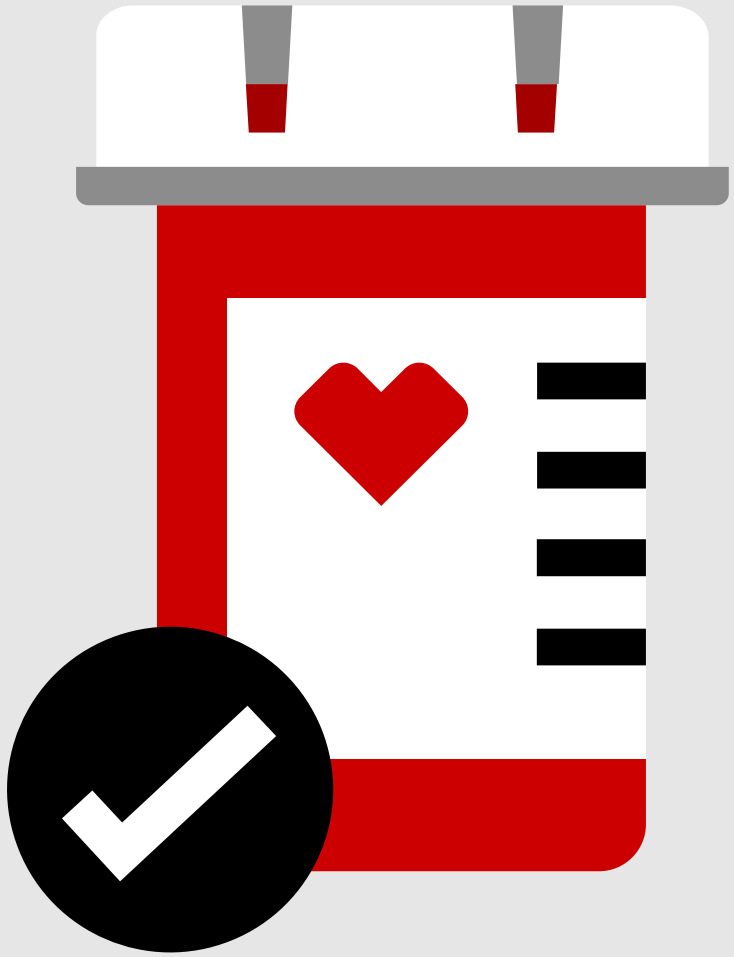
Right Resident

- Systems need to be in place to assist in resident identification
  - ID Band
  - Pictures
- Remember that residents may answer to names other than their own
- Ask the resident to state their first and last name



Right Drug

- If the medication looks different, stop and double check
- If not familiar with drug, refer to drug handbook or call the pharmacy
- If the resident questions a medication, this should be a red flag and the medication(s) should be rechecked



Right Dose & Dosage Form

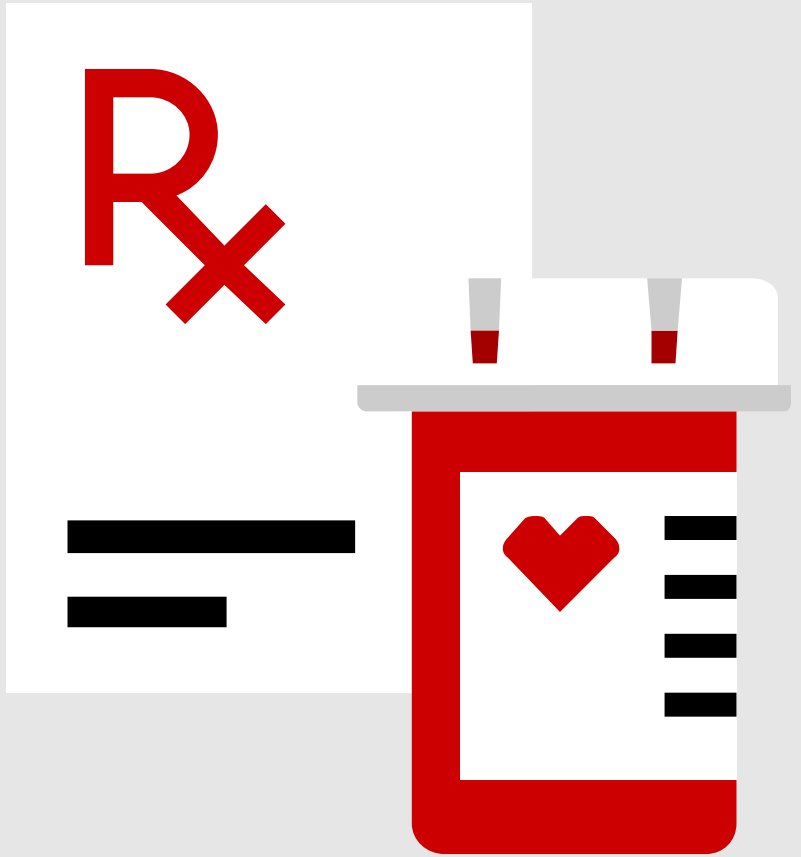
Clear instructions regarding dosing is important

- Orders for Acetaminophen 650mg by mouth daily should read “Acetaminophen 325mg- give 2 tabs to equal 650mg by mouth once daily for pain

Be familiar with medical terminology and abbreviations

Use appropriate measuring devices

- Ensure the correct dose form is being administered and the order should match the medication supply on hand
- For example: tablet, capsule, gel cap, & oral disintegrating tablet (ODT)



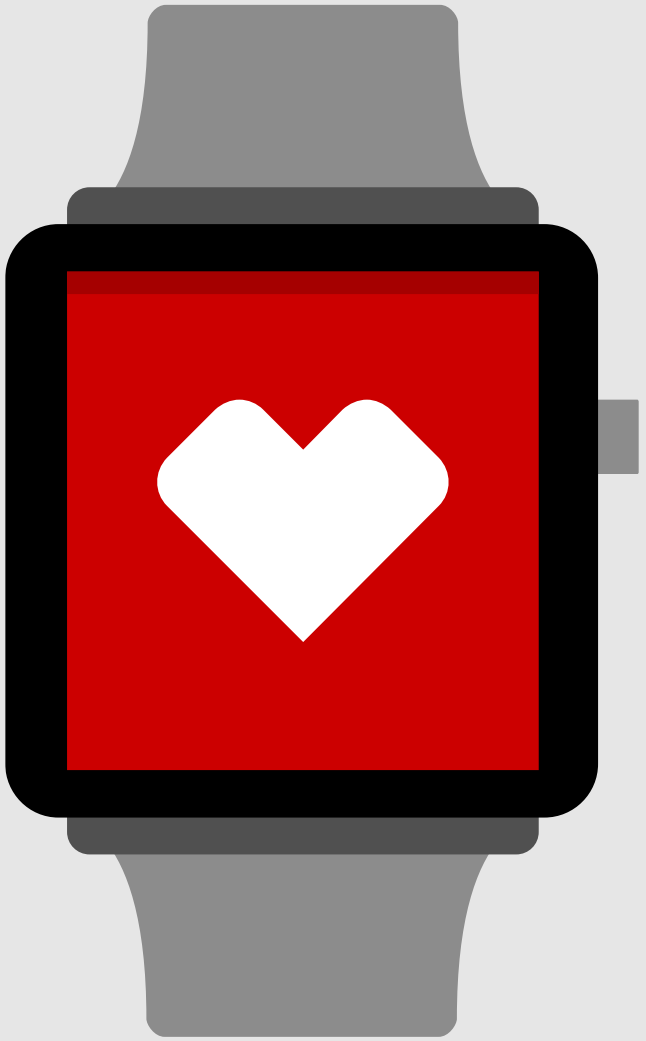
Right Route

There are many routes for administering medications:

Oral	by mouth
Oral-Sublingual	Under the tongue
Insertion	Suppository placed rectally or vaginally
Instillation	Administering a medication into the eyes, ears, or nose
Topical	External application to the skin, nails, or hair
Inhalation	Delivers medication to the lung via and inhaler or aerosol
Parenteral	via injection

Right Time

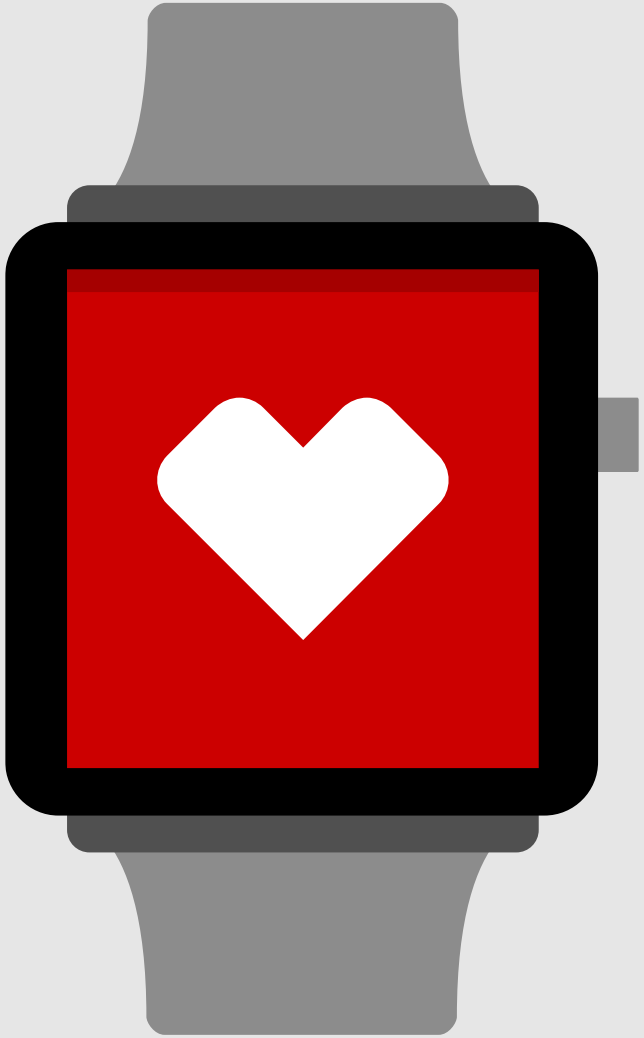
- Communities may have standard times to give medications For example, BID 8AM and 8PM
- In general, medications are to be given within 1 hour before or after the scheduled administration time
- PRN medications are given when requested by the resident and/or observation of need by medication aide per facility policy
- If a medication is not administered for any reason, it must be documented on the MAR/EMAR
- Follow facility policy regarding medication administration times



Right Time

The one hour before or after administration time doesn't apply to medications ordered in accordance with meals or insulin administration

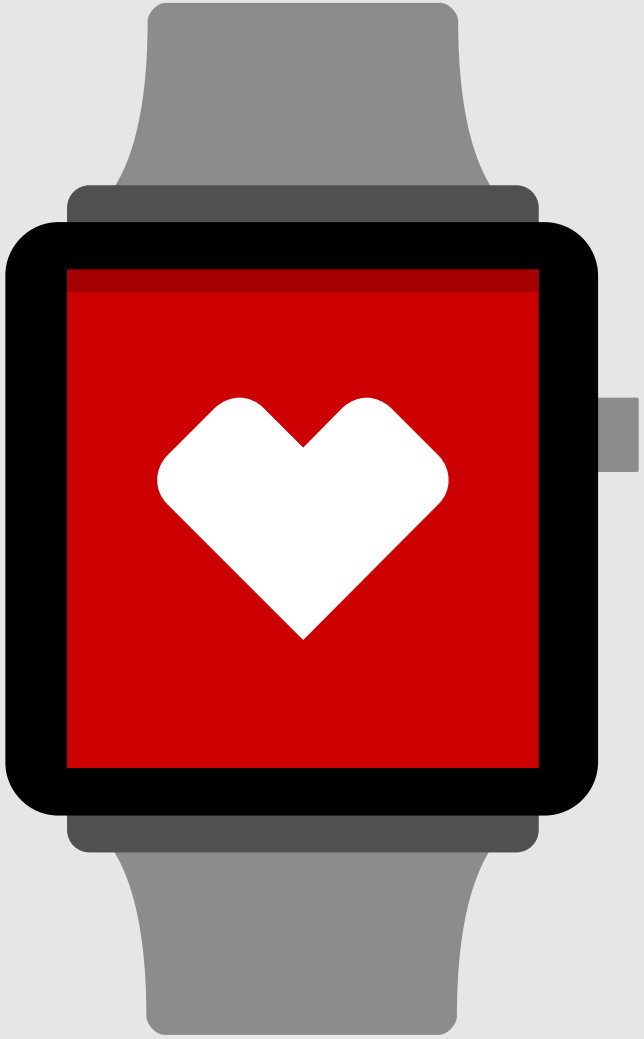
- Medications ordered before (ac) meals, should be given 30 prior to the resident eating (must be given on empty stomach)
- Medications ordered with meals should be given after the resident has started eating and up to 30 minutes after the meal



Right Time

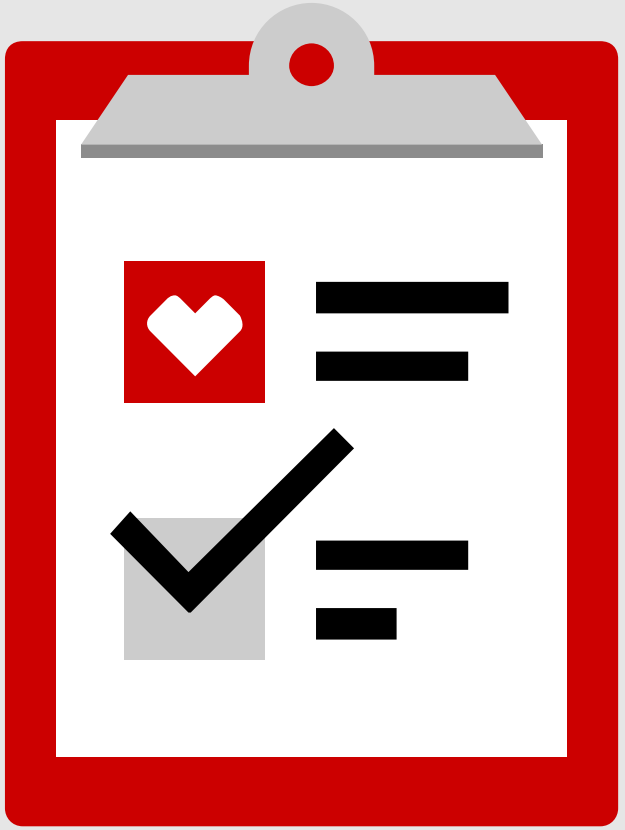
Take with food

- If the order reads take with food and is not scheduled with a meal, medication must be given with at least 3-4 ounces of semi-solid substance (liquids cannot be used for this purpose)
- It is ideal to schedule medication ordered with food at a mealtime to comply with manufacturer recommendations
- Symptoms observed but not limited to when med isn't given with food as ordered
- GI upset/irritation & absorption issues



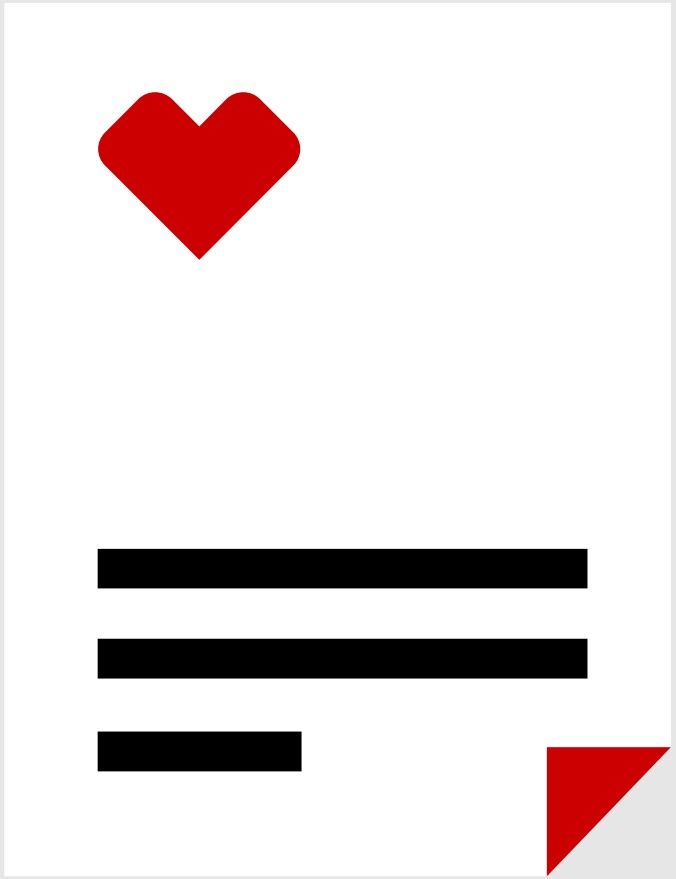
Right Reason

- **Each time a medication is given, the person administering it should ensure the medication is being given for the right reason**
  - Example: Tylenol for arthritic pain, Albuterol inhaler for asthma/shortness of breath
- **Inappropriate use of medication can lead to potentially harmful medication errors and could lessen the effectiveness of the therapy**



Right Documentation

- Document medication was given after giving it, before going on to the next person
- Observe and document if the resident has any ill-effects from medications (and report)
- Record the results of “as needed” (PRN) medications
- Important with all medications, especially pain medications: record pain level and response to medication
- Document and communicate to next shift if a response is still pending



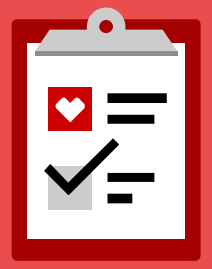
Right Documentation

If a medication is not administered for any reason:

- Person administering must sign and circle their initials on the MAR or document in EMAR system per facility policy
- Document date, time, medication, dose, and the reason the medication was not given on the back of the MAR
- Notify supervisor and/or prescriber of the resident's refusal or omit

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12
Escitalopram (Lexapro)		BZ	TC	AL	KH	CA	BZ	TC	AL	KH	CA		
10 mg. tablet	0900												
1 by mouth daily													



Document omitted doses and why

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Performing the 3 Way Check

1

Compare each medication to the order on the MAR as it is removed from the resident's medication drawer

- Check the resident's name, drug name, dosage form, strength or concentration, dosage, administration route, frequency, duration and time it is to be given
- If there ever is a difference between the MAR and the medication, **STOP**
  - Take Action: Review the order in the chart, check with the supervisor, call the pharmacy if needed
  - Do not give the medication until you know the order is correct and the order has been corrected on the MAR

2

Compare the drug to the MAR after it is prepared/poured

3

Compare again while returning the medication to storage/immediately before administration to the resident

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How to Begin

Entering Room and Preparing Resident

- The nurse must identify himself/herself – knock on door, explain why they are there
- If resident likes to hold meds in their hand – are their hands clean?
- Explain what meds are being giving and why
- Ensure the resident is correctly positioned to prevent choking
- Ensure have a paper towel available if items need to be placed on a bedside table or other surface

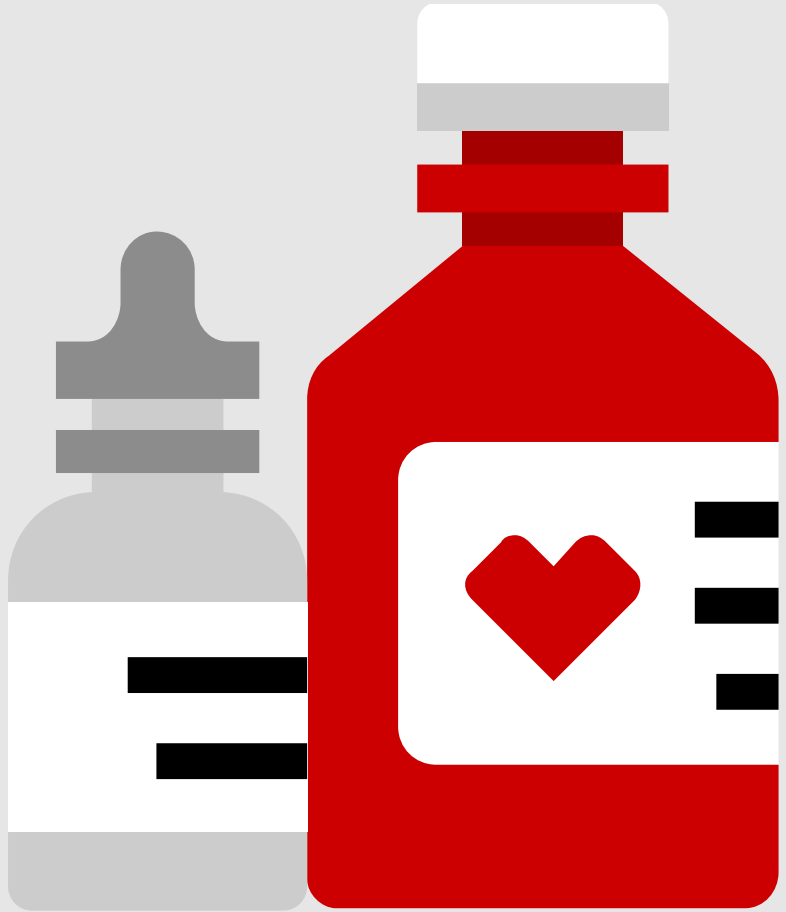
Route Specific Administration

Oral

Ophthalmic

Otic

Nasal



Preparing Oral Medications

- Hand hygiene before, during (as needed), and after passing meds
- Do not pop pills or pour liquids while standing over an open med cart drawer, use the top surface of the med cart
- If the nurse accidentally pops an extra pill, or one comes out of the blister pack, do not tape it back in card. Discard it properly, and remember to document waste as appropriate
- Keep gloves available if the pill must be touched
- Use gloves to open capsules, and only open capsules that are allowed to be opened
- If a pill drops on/in the cart, floor, trash etc., discard it properly and prepare another dose
- Do not touch the inner surface or rim of the med cup or beverage cup, if occurs accidentally, discard cup and use another one

Preparing Oral Medications

- If it is allowable per state regulation and facility policy to split scored pills, use gloves and a pill cutter
- If have an order to crush medications, use a pill crusher or mortar and pestle. Crush meds into fine powder, mix in applesauce or other item (water for enteral tubes).

  * FYI: not all medications that are scored can be crushed [e.g. Toprol XL (metoprolol succinate)]

- Be sure to adequately shake liquid suspensions so that the dose given is accurate
- Pour liquids into a graduated medication cup that is sitting on the top of the med cart, judge the meniscus at eye level
- Do not pour excess liquid back into the bottle; discard it properly

- Pour liquids with label facing forward, wipe up spills immediately, wipe drips on the bottle away from the label and the container opening
- Use oral syringes for doses less than 5 mL, and for any narrow therapeutic index liquid (e.g., liquid forms of seizure medications)
- Thick liquids may be diluted with water to help residents ingest the full dose, some liquids must be diluted for safety (e.g., potassium liquid)

Passing Oral Medications

- Do not touch the rim or inside of the med cup or drinking glass while assisting residents with taking oral medications
- Encourage water/fluids, but do not rush or force resident to drink too quickly
- Watch the resident take the entire dose of each medication (e.g., Miralax, Metamucil)
- Ensure all meds are completely swallowed with no issues (e.g., cough, potassium burning throat, complaints of reflux)
- If the resident is vomiting; hold medication, report the issue to the prescriber. Another route or an antiemetic may be indicated*

*Note: This is another good reason to give medications one at a time

Nitroglycerin Spray	Spray under or onto tongue
Buccal Tablets	Place tablet in upper or lower buccal pouch
Sublingual Tablets	Place tablet under resident's tongue until completely dissolved
Orally Disintegrating Tablets (ODT):	Place on the tongue and allow to disintegrate until the particles can be swallowed
Buccal, sublingual, ODT	Do not cut, chew, crush or swallow

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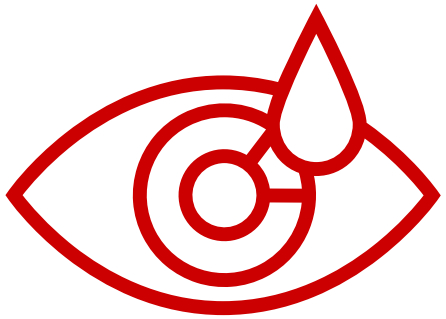
Passing Oral Medications – Common Errors

- Crushed medication particles left in container/entire dose not given
- Crushing a “Should not Crush” medication without a prescriber’s order
- Failing to position resident correctly or to elevate head of bed
- Failure to demonstrate appropriate infection control techniques
- Omission of dose
- Incorrect dose
- Residents chewing or swallowing sublingual, buccal or orally disintegrating tablets
- Medications such as potassium, bulk laxatives (e.g., Metamucil), NSAIDs (e.g., ibuprofen) are not given with adequate fluids or food
- Resident is not maintained in an upright position after certain medications (e.g., bisphosphonates, potassium)

Eye Drops and Ointments

- Determine which eye requires medication and verify dose for each eye
- Have resident in a private location, explain the procedure
- Have resident lie supine or sit with head tilted back
- Perform hand hygiene, put on gloves, if using a suspension shake well
- Remove cap and place it on a barrier (this is where paper towels are handy)
- Hold clean tissue in non-dominant hand just beneath eye lid (administration in 2 eyes use 2 tissues)
- Before instilling medication, instruct resident to look up and away
- Gently pull down lower lid to expose conjunctival sac (make a ”pocket”)
- Hold dropper/tube in dominant hand above conjunctival sac
- Do not touch dropper/tube to eye or lashes



Eye Drops and Ointments

Drops

- Count drops as they are administered
- After administering, have resident gently close their eyelid to wash the medication over the eye
- Wait time between drops is critical
  - Same medication: follow manufacturer's guidelines
  - Different medications: generally, 5 minutes, though some require 10 to 15 minutes, follow manufacturer's instructions

Ointments

- Apply a thin ribbon, twist tube to "cut" the ribbon
- After administering, have resident gently close their eyelid and roll the eye around to distribute ointment
- Ointments may blur vision, so make that a consideration with timing and resident activity after administration
- Recap bottle or tube
- Discard gloves and perform hand hygiene

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Eye Drops and Ointments

Sufficient Contact Time per State Operations Manual*:

"The eye drop must contact the eye for a sufficient period of time before the next eye drop is instilled. The time for optimal eye drop absorption is approximately 3 to 5 minutes. (It should be encouraged that when the procedures are possible, systemic effects of eye medications can be reduced by pressing the tear duct for one minute after eye drop administration or by gentle eye closing for approximately three minutes after the administration.)"

*Centers for Medicare and Medicaid Services. State Operations Manual, Appendix PP Guidance to Surveyors. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

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Ear Drops

- Have resident in a private location, explain the procedure
- Have resident lie down with affected ear up
- Perform hand hygiene, put on gloves
- Remove cap and place on a barrier (paper towel)
- If using a suspension, shake well
- Gently pull up and back on ear lobe
- Instill drops into the ear without touching the dropper to the ear/skin/hair in any way
- Have resident remain lying with ear up for 5-15 minutes, lightly placed cotton ball is ok, if allowed by prescriber
- Perform hand hygiene and change gloves in between ears, if both ears require medication

Nasal Drops, Sprays and Aerosols

- Have a cup or emesis basin present in case drops cause irritation by dripping down the throat
- Perform hand hygiene, put on gloves
- Instruct resident to blow nose and breathe through the mouth (note: resident should not blow nose again for ~15 min after nasal medication is administered)

Nasal Drops, Sprays and Aerosols

Drops

- Position resident in supine position
- Push tip of resident's nose up and position dropper just above nostril
- Count drops administered
- Have resident keep head tilted back for 5 minutes and breathe through the mouth
- Clean dropper with warm water, dry and recap

Sprays

- Resident should be sitting upright with head tilted back slightly
- Occlude one nostril with finger and insert atomizer tip into open nostril
- Instruct resident to inhale and squeeze atomizer once, quickly and firmly
- Repeat after approximately 1 minute if more than one spray or per manufacturer's guidelines
- Wipe adapter tip and repeat process on other side if ordered
- note: some medications will not be give in both nostrils (e.g., calcitonin is given in one nostril one day and alternates nostrils each day)
- Instruct resident to keep head tilted back for several minutes and breathe slowly through nose

Aerosols

- Shake aerosol well immediately before use
- Position resident upright with head tilted back
- Insert adapter tip into nostril,(no more than ¼ inch in most cases), while occluding the other nostril with finger
- Press adapter and cartridge together to release one measured dose of medicine
- Have resident remain with the head tilted back for several seconds to allow medication to reach the surfaces of the nostril
- Repeat in same or opposite nostril as ordered
- Remove medication cartridge and wash nasal adapter in lukewarm water, dry before re-placing cap
- Discard gloves properly and perform hand hygiene

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Common Errors for Eye, Ear and Nose Medications

- Incorrect positioning of resident
- Omission of dose
- Incorrect dose
- Failure to shake suspensions
- Improper storage of medication/expired medication
- Infection control
  - Failure to use gloves or perform hand hygiene
  - Touched tip of applicator to body
  - Failure to place cap on a barrier
- Resident's rights/privacy

Medication Pass Fundamentals 3-Part Series

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Resources

- Omnicare Facility Procedural Manual
- Omniview: Medication Administration Policies
- Centers for Medicare and Medicaid Services. State Operations Manual, Appendix PP Guidance to Surveyors. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- DHHS, CMS Center for Clinical Standards and Quality/Survey & Certification Group Memorandum to State Survey Agency Directors. Clarification of guidance related to Medication Errors and Pharmacy Services. Ref: S&C: 13-02-NH. 11-02-12. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-02.pdf


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