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
 - 2nd Check when med punched/poured out
 - ▶ 3rd 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