There Are No Dumb Questions…Just Confusing Answers

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2019

Objectives

• Share 10 common nursing home pharmacy questions and answers from 2019.
• Share 10 common assisted living pharmacy questions and answers from 2019.
• Share 10 state surveyor pharmacy questions and answers from 2019.

Questions

Are you awake?
That tastes horrible. Want to try it?
Who Administers Medication?

- Self/Patient/Resident
- Family
- Caregiver
- Nurse
- Doctor
- Pharmacist
- Dentist

Medication Administration

- Can staff give insulin?
- Can staff give IM medications B12 or epi pen?
- Can AL staff administer medications via G-tube, and what are the guidelines?
- Can a CBRF RN delegate IM medications?

UAP Medication Admin

DQA Publication: Unlicensed Assistive Personnel (UAP)
Medication Administration

CBRF Injections, Vaginal, Rectal, Stomal, Enteral, Nebulizers
- Must be delegated by RN or self administered.

RN Delegation

Standards of Practice
- Delegation Requirements (N6)
  - N 6.03 Standards of practice for registered nurses.
- Authoritative Organizational Positions
  - WNA Decision Tree

RN Delegation

- N6.03(3)
  - (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
  - (b) Provide direction and assistance to those supervised.
RN Delegation

- N6.03(3)
- (c) Observe and monitor the activities of those supervised.
- (d) Evaluate the effectiveness of acts performed under supervision.

Insulin Pens

- Safety Concerns
- One Insulin Pen: One Person
- Resources
  - [http://www.oneandonlycampaign.org/content/insulin-pen-safety](http://www.oneandonlycampaign.org/content/insulin-pen-safety)

Medication Administration

Nurse Delegation & Medication Aide
Department Approved Course

- Medication Aide - home page
  https://www.dhs.wisconsin.gov/regulations/nh/med aides-requirements.htm
- DHS 129
  - Approved programs
  - Instructor requirements
  - Student requirements
  - Course curriculum

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Department Approved Course

Course contents

- Legal and ethical considerations
- Overview of body systems
- Medications
  - Dosage forms
  - Factors affecting drug action
  - Drug effects and actions
  - Classes of commonly used medications
  - Medication distribution systems

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Department Approved Course

Course contents

- Medication administration systems
  - Principles of each system
  - Techniques and procedures
  - Charting
  - Routes
- Observations and reporting
### Department Approved Course

Items not in basic curriculum
- Any medication administered via tube
- Any as needed (PRN) medications
- Injections
- Oxygen
- Nebulizers

### Medication Aide Scope of Duties

Limited to:
- Training
- What RN can or will delegate
- What med aide is willing to comfortably accept

### Supervision

- Direct
  - In the building?
- General
  - Not in the building?
- RN vs. LPN
  - RN ultimately responsible
  - LPN – charge nurse
Nursing Student/Graduate
May administer medications if...
- on the nurse aide registry
- currently enrolled in nursing school or a graduate of nursing school
- within one year of last nursing class taken

Questions
Why does Donald Duck wear a towel when he comes out of the shower when he doesn’t usually wear pants?
What happens if you get “scared half to death” twice?

Psychotropic Medication Use
Dementia Behaviors
Regulation: DHS 83.02(41)

(41) “Psychotropic medication” means a prescription drug, as given in s. 450.01 (20), Stats., that is used to treat or manage a psychiatric symptom or challenging behavior.

Psychotropics

- Antipsychotics
- Antidepressants
- Anxiolytics
- Anticonvulsants

Psychotropic Concerns

- Individuals at greater risk for inappropriate use of psychotropic drugs
- Barriers in communicating symptoms (behaviors) confuse healthcare providers leading to diagnoses that may be incorrect
Invalid Use

- Substitute medication use vs. behavioral support
- PRN use without parameters
- Caregiver convenience

Regulation: DHS 83.37(1)(h)1&2

Scheduled Psychotropic medications
- Quarterly review
- Desired response and side effects
- Documented in resident record
- Care staff must understand the potential benefits and side effects

Psychotropic Medication Use

- Baseline data
- Plan
- Collect outcome data
- Match data to plan
- If it’s not working modify it
- Make sure expectations are known
Regulation

Must look at desired responses
- There is documentation somewhere that shows what the desired response is expected to be. There must be documentation that shows they are monitoring desired effect.

Regulation

Must look at possible side effects
- Staff must understand the potential common side effects.
- There must be means to monitor and document side effects.

PRN Psychotropic

Documentation CBRF
- The rationale for use,
- Description of behaviors,
- The effectiveness of the medication,
- The presence of any side effects, and
- Monitoring for inappropriate use for each PRN psychotropic medication given.
PRN Psychotropic

Documentation Nursing Home
- The rationale for use
- The rationale for duration

Questions

If chocolate comes from cocoa beans and beans are a vegetable, why isn’t chocolate a vegetable?

If I save time, when do I get it back?

Medication Contingency

- Can a CBRF have a contingency supply?
- Can the CBRF go over to the connected nursing home and use their contingency supply?
- What can go in a contingency supply?
- What about OTC?
OTC Contingency

To have OTC contingency supplies of medications facility must do the following per 83.37(1):
- Have a written order for the OTC medication
- Keep OTC medications in manufacturer container
- Place each resident’s name on the label

Drug Disposal

- Regular
- Hazardous
- Controlled substance
  - Diversion

Medication Destruction Resources

- Dose of Reality Campaign
- DNR Resources
Questions

Why do feet smell and your nose run?

Why do you need an appointment to see a psychic?

Naloxone

- Standing order
- Injection vs nasal spray
- Emergency procedures

The Importance of Pharmaceutical Reconciliation in Care Transitions
Medication-Related Problems

- Untreated indication
- Subtherapeutic dosage
- Drug use without indication
- Adverse drug reaction/event
- Drug interaction


Medication-Related Problems

- Overdosage
- Improper drug selection
- Failure to receive medication


Categories of Medication Discrepancies

- Intentional discrepancies (documented/undocumented)
- Unintentional discrepancies
- New medication
- Omitted/discontinued medications

Categories of Medication Discrepancies

- Substituted medications
- Therapeutic duplications
- Incomplete/ illegible instructions for use
- Incorrect dose
- Incorrect schedule

Elements of Best Possible Medication Discharge Plan

Changes to prior medication regimen
- New medications and rationale
- Stopped medications and rationale
- Dose regimens change to current (at admission) medications and rationale

Unresolved/ongoing medication related issues
- Monitoring – A1C, lipid levels, blood pressure
- Restarting stopped medications – Aspirin and GI bleeding

Reconciled medication list with
- Medication, dose, directions for use
- Reason for use in lay language
- Time limitations – antiocoagulants, antibiotics
Limitations of Medication Reconciliation

- Inaccurate data in, poor results out – bad intake medication list perpetuated through stay
- Inability of older adults to recall their drugs and medical conditions
  - 22% correctly named drugs from memory
  - 34% correctly named medical conditions
  - Fever than half correctly recalled number of drugs taking

Best Practices: Medication Reconciliation

- Pharmacist involvement
- Patient-friendly reconciled medication schedules on discharge
- Prioritize efforts
  - High-risk patients: number of medications, disease conditions (e.g., COPD, MI, heart failure, composite scores)
  - High-risk medications: opioids, insulin, anticoagulants (e.g., warfarin, dabigatran, LMWH, etc)/antiplatelets (e.g., aspirin, clopidogrel), digoxin, oral hypoglycemic agents

Resident Return to Facility

- Review paperwork ASAP so if questions you can catch the discharging provider
- Note post-discharge appointments time/date
- Note lab/diagnostic orders
- Meticulous review of medication changes
- Meticulous review of therapy and oxygen needs
Hot Topics

- Antibiotic stewardship
- CBD

Questions

Can you cry underwater?

If a cow laughed would milk come out of her nose?

Questions

https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

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