

CAUTION – SLOW DOWN !

Med-Pass



The Med Pass

General Information

Initially observe the administration at least **20-25** medications, observing as many staff administering medication as possible to facilitate a review of the facilities entire medication distribution system.

Sub-Task 5E, Section C. 1. Medication Pass



The Med Pass

General Information

After the medication pass, compare your observations with the prescriber's orders.

If no errors are found after reconciliation of the pass with the prescriber's orders, the medication pass observation is complete.

Sub-Task 5E, Section C. 1. Medication Pass



The Med Pass

Time to Pass

Unless a time is specified you have **60** minutes before and after with a scheduled medication pass.

Exception would be if a drug is ordered before or after a meal. ***Then the time is more critical.***

* CMS SOM 12/06



The Med Pass

Privacy PLEASE

Do **NOT** administer an injection, an inhalation, a test blood, or administer any topical preparation in public areas such as in the hall or dining room.



CAUTION – SLOW DOWN

Inhalers

Shake the container WELL

Position the inhaler in front or in the residents mouth.

If more than ONE PUFF is required wait ONE (1) minute between the puffs.

In many cases have the resident swish water in mouth after – **DO NOT SWALLOW!** Advair and Symbicort

* CMS SOM 12/06

CAUTION – SLOW DOWN

Eye Drops

Make sure the eye drop, not the dropper, makes full contact with the conjunctival sac

If the drop is a suspension you must **Shake Well** – *Cortisporin or Tobradex*

If more than one drop is required **WAIT 3-5 minutes** between drops



CAUTION – SLOW DOWN

Nasal Sprays – *Flonase*

Wait at least **2** minutes between sprays in the same nare..

If Flonase has not be administered within 48 hours it must be primed again.



CAUTION – SLOW DOWN

Oral Suspensions

Medications that are blood levels should be measured with a syringe!

Examples are

Dilantin, Tegretol, Depakote, and Digoxin



CAUTION – SLOW DOWN OTCs

Make sure you have the right product !!

*Multivitamin and multivitamin with Iron are
not the same.*

Calcium with Vit-D – **Watch the Strengths**

CAUTION – SLOW DOWN

Adequate Fluids with Medications

Bulk Laxatives – Metamucil / Citrucel

NSAIDS - 4-8oz with Ibuprofen /
naproxen

Potassium supplements – with or after a
meal with a full glass of water or fruit
juice



CAUTION – SLOW DOWN

Medications administered via G-Tube

Check the placement of the tube

Flush the tube with at least 30ml of water before and after medications. Not COLD water.

* CMS SOM 12/06



CAUTION – SLOW DOWN

Other medication errors

Failure to “Shake Well”

Insulin suspensions must be rolled not shaken

Crushing medications that should not be crushed.

Providing adequate fluids with medications

Drugs that require food or antacids



CAUTION – SLOW DOWN

Things to Remember

Date Openings

When you open an Insulin or multi use container, date the container

Wash Hands

When in doubt, wash your hands and any time you touch a resident.

Med Cart

Unless in is in your direct control or sight it must be locked



The Med Pass

It is an **OPEN BOOK TEST!**
The answers are right
before you on the **MAR.**



The Med Pass

What four letter word will help you
always get it right?

READ



The Med Pass

A Reference for the MAR





Med-Pass Quick Reference

*Medications listed are only a few examples. This is not an all-inclusive list of Med-pass errors - For questions, please contact your consultant pharmacist

Wait at least 2 min. between sprays in the same nare
(Flonase - prime if not used within 48 hours)

Wait at least 1 min. between inhalations
-Shake well (10 sec. for Combivent)
-Don't forget to rinse & spit after steroid inhalers (Ex: Advair, QVAR, Pulmicort, Symbicort, Flovent, Asmanex, Dulera)



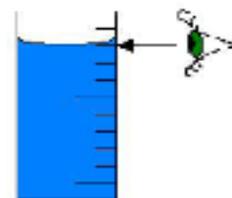
Wait at least 3 - 5 min. between drops in the same eye
-Shake suspensions (Ex: Systane, Cortisporin, Tobradex, Prednisolone, Lotemax)
-Cosopt: wait 10 min. before administering other drops
-If administering drops + ointment, admin. ointment last

READ!
Pay close attention to any added instructions on the MAR - give with food, 8 oz. of water, check pulse, hold for blood pressure below, notify physician, etc.

Enteral Tube Administration
-Never administer bulk-forming laxatives via tube (ex: Citrucel, Metamucil)
-Some medications are not compatible with enteral feedings (ex: Phenytoin, Cipro, Levaquin, Coumadin, Tegretol, Pen VK, hydralazine and tetracycline). Turn pump off 1-2 hours prior to administration and turn back on the same amount of time after administration. Check with your facility or consultant pharmacist for specific policies.
-If medication is required to be given on an empty stomach, turn pump off 30 minutes prior to administration
-Elevate head of bed to 30-45 degrees

Privacy Please...
Do not give injections (insulin or Accu-checks) or inhalations, apply pastes or patches, administer eye or ear drops, or apply any other topical item in the dining area, hall, day room, or smoke rooms.

Medications with Shortened Expiration Dates	
Inhalers	Advair Diskus (1 month), Asmanex (45 days), Serevent Diskus (6 weeks), Flovent Diskus 50mcg (6 weeks) Flovent Diskus 100 & 250 mcg (2 months), Brovana (6 weeks), Symbicort (90 days), Foradil (4 months), Xopenex (14 days after opening foil), Pulmicort Respules (14 days after opening foil), Ventolin (12 months)
Nasal Sprays	Fortical (30 days), Miacalcin (35 days), Astelin (3 months)
Ophthalmics	Xalatan (42 days), Travatan (date on bottle)
Insulins	See attached insulin storage requirement chart.
Injectables	Forteo (28 days *keep refrigerated at all times), Procrit multi-dose vial (21 days), Epogen multi-dose vial (21 days)



Always measure liquids at eye level and to the bottom of the meniscus. Medications that require a blood level (i.e. Tegretol, Dilantin, Depakote, Lanoxin) must be measured with an oral dose syringe.



Medication	Unopened		Opened	
	Refrigerated (36°F to 46°F)	Room Temperature (59°F to 86°F)	Refrigerated (36°F to 46°F)	Room Temperature (59°F to 86°F)
Vials	Expiration date on vial	28 days	28 days	28 days (up to 77°F)
Apidra	Expiration date on vial	28 days	28 days	28 days
Humalog	Expiration date on vial	28 days	28 days	28 days
Humalog Mix (75/25 or 50/50)	Expiration date on vial	28 days	28 days	28 days
Humulin R, Humulin N, Humulin 70/30	Expiration date on vial	31 days	31 days	31 days
Lantus	Expiration date on vial	28 days	28 days	28 days
Levemir	Expiration date on vial	42 days	42 days	42 days
Novolin R, Novolin N, Novolin 70/30	Expiration date on vial	42 days (up to 77°F)	42 days	42 days (up to 77°F)
Novolog	Expiration date on vial	28 days	28 days	28 days
Novolog Mix 70/30	Expiration date on vial	28 days	28 days	28 days

Medication	Unopened		Opened	
	Refrigerated (36°F to 46°F)	Room Temperature (59°F to 86°F)	Room Temperature (59°F to 86°F)	Room Temperature (59°F to 86°F)
Pens, Cartridges, and Prefilled Syringes	Expiration date on pen	28 days	28 days (up to 77°F)	
Apidra pen	Expiration date on pen	28 days	28 days	
Humalog cartridge or pen	Expiration date on pen	10 days	10 days	
Humalog Mix 50/50 pen	Expiration date on pen	10 days	10 days	
Humalog Mix 75/25 pen	Expiration date on pen	14 days	14 days	
Humulin N pen	Expiration date on pen	10 days	10 days	
Humulin 70/30 pen	Expiration date on pen	28 days	28 days	
Lantus pen	Expiration date on pen	42 days	42 days	
Levemir pen	Expiration date on pen	28 days	28 days	
Novolog cartridge or pen	Expiration date on pen	14 days	14 days	
Novolog Mix 70/30 pen	Expiration date on pen	42 days	42 days	
Toujeo pen	Expiration date on pen			

Examples of Non-Pharmacological Interventions - It is vitally important to document what has been attempted before starting a new medication

- Increasing the amount of resident exercise, intake of liquids and dietary fiber in conjunction with an individualized bowel regimen to prevent or reduce constipation and the use of medications (e.g. laxatives and stool softeners);
- Identifying, addressing, and eliminating or reducing underlying causes of distressed behavior such as boredom and pain;
- Using sleep hygiene techniques and individualized sleep routines;
- Accommodating the resident's behavior and needs by supporting and encouraging activities reminiscent of lifelong work or activity patterns, such as providing early morning activity for a farmer used to awakening early;
- Individualizing toileting schedules to prevent incontinence and avoid the use of incontinence medications that may have significant adverse consequences (e.g., anticholinergic effects);
- Developing interventions that are specific to resident's interests, abilities, strengths and needs, such as simplifying or segmenting tasks for a resident who has trouble following complex directions;
- Using massage, hot/warm or cold compresses to address a resident's pain or discomfort; or
- Enhancing the taste and presentation of food, assisting the resident to eat, addressing food preferences, and increasing finger foods and snacks for an individual with dementia, to improve appetite and avoid the unnecessary use of medications intended to stimulate appetite.



THANK YOU !

Good Luck