


Wisconsin Department of Health Services




There Are No Dumb Questions...Just Confusing Answers

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Top Ten DQA

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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.

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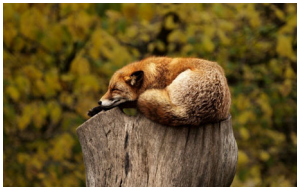
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Questions


Are you awake?

That tastes horrible.
Want to try it?



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Who Administers Medication?

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




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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?



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UAP Medication Admin

DQA Publication: Unlicensed Assistive Personnel (UAP)



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Medication Administration

CBRF Injections, Vaginal, Rectal, Stomal, Enteral, Nebulizers

- Must be delegated by RN or self administered.



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RN Delegation


Standards of Practice

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




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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.




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RN Delegation

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




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Insulin Pens

- Safety Concerns
- One Insulin Pen: One Person
- Resources
 - <http://www.oneandonlycampaign.org/content/insulin-pen-safety>



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Medication Administration

Nurse Delegation & Medication Aide




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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

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Items not in basic curriculum

- Any medication administered via tube
- Any as needed (PRN) medications
- Injections
- Oxygen
- Nebulizers



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Medication Aide Scope of Duties


Limited to:

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




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Supervision

- Direct
 - In the building?
- General
 - Not in the building?
- RN vs. LPN
 - RN ultimately responsible
 - LPN – charge nurse



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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




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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?


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Psychotropic Medication Use

Dementia Behaviors




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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.




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Psychotropics

- Antipsychotics
- Antidepressants
- Anxiolytics
- Anticonvulsants




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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




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Invalid Use

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



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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




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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



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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.



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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.



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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.

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PRN Psychotropic


Documentation Nursing Home

- o The rationale for use
- o The rationale for duration



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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?

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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?

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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

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Drug Disposal

- Regular
- Hazardous
- Controlled substance
 - Diversion



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Medication Destruction Resources

- Dose of Reality Campaign
<http://doseofrealitywi.gov/>
- DNR Resources
<http://dnr.wi.gov/topic/healthwaste/pharm.html>



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Questions

Why do feet smell and your nose run?

Why do you need an appointment to see a psychic?


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Naloxone


- Standing order
- Injection vs nasal spray
- Emergency procedures



10 mL Multiple-dose
NALOXONE HCL
0.4 mg/mL For IM/IV Use
Protect from light.
HOSPIRA, INC. CAKE POUCH


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The Importance of Pharmaceutical Reconciliation in Care Transitions




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Medication-Related Problems


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



Strand LM, Morley PC, Cipolle RJ et al, 1990.


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Medication-Related Problems


- Overdosage
- Improper drug selection
- Failure to receive medication



Strand LM, Morley PC, Cipolle RJ et al, 1990.

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Categories of Medication Discrepancies

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

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Categories of Medication Discrepancies

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

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Elements of Best Possible Medication Discharge Plan

Changes to prior medication regimen

- New medications and rationale
- Stopped medications and rationale
- Dose/regimen change to current (at admission) medications and rationale

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Elements of Best Possible Medication Discharge Plan

Unresolved/ongoing medication related issues


- Monitoring – AIC, 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 – anticoagulants, antibiotics

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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
 - Fewer than half correctly recalled number of drugs taking

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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

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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


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Hot Topics

- Antibiotic stewardship
- CBD




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Questions


Can you cry underwater?



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


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Questions

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



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