The Massachusetts Medication Administration Program Certification Training Curriculum Overview
Curriculum Framework

The Five Rights Of Medication Administration

*****
Right Individual Right Medication
Right Time Right Dose
Right Route

A Training Manual of the Medication Administration Program

Massachusetts Department of Public Health
Massachusetts Department of Mental Health
Massachusetts Department of Mental Retardation

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Version 2
5/2001
Responsibilities in Action
Understanding the Connections

The Massachusetts Medication Administration Program Certification Training
To the Reader

Responsibility - The state or fact of being accountable or answerable for something.

‘Responsibilities in Action’ is based on the concept that a set of responsibilities must be carried out accurately to produce the outcome of ‘Safe Medication Administration’.

Consider each ‘gear’ on the cover picture as a ‘Responsibility’. Each gear is dependent on the gear before it and the gear after it for the system to function; if one gear fails, the entire system fails. When all gears are functioning together, the result is a system that runs smoothly. Think of yourself as one of the gears; you will play an important role in the outcome of the medication system in your work location.

Learning about each responsibility in class and then applying what you have learned at your work location helps to promote the quality of life for the people you support as well as a safe work environment for you.

The following are your responsibilities as a MAP Certified staff:

- Observe and Report
- Assist with visits to the HCP
- Obtain medication from the pharmacy
- Transcription
- Medication security
- Medication administration
- Documentation

This curriculum provides you with the details of each responsibility. It will continue to be a resource for you in your new role as a MAP Certified staff. Refer back to this curriculum often and practice what you are taught every day!
Introduction

The Department of Public Health (DPH) serves as the lead agency for the Medication Administration Program (MAP), which is carried out jointly with the Department of Developmental Services (DDS), the Department of Mental Health (DMH) and the Department of Children and Families (DCF).

The overall goal of MAP is to ensure that there are appropriate policies and procedures for safe medication administration. This helps people receive their medication while living in the community and carrying on their day to day activities. The program makes it possible for direct support staff, who knows the specific needs and concerns of each person to administer medication as a part of the person’s daily routine.

The Departments allow direct support staff who has a current MAP Certificate to administer medication in:

- DDS adult residential, day programs and short term respite and
- DMH/DCF adult and youth residential programs and day programs

These programs are registered with DPH. The MAP Certification is transferrable between DPH MAP registered programs only.

The MAP Certification training program:

1. Is a minimum of 15 hours in length
2. Is taught by approved MAP Trainers
3. Includes 3 pretest components
   - Computer Based Test (CBT) or written format (MAP Trainer discretion)
     - Accessed at www.hdmaster.com
       - Click on ‘Massachusetts MAP Testing and Registry’
       - Click on ‘Online Computer Based Pretest’
       - Enter your social security number (with no dashes)
       - Select an answer to each of the 30 questions in 35 minutes or less
       - Click on ‘Stop Exam’ to see your score report showing
         - Percentage (%) of questions you answered correctly
         - Topic of any question missed
         - Provide the score report to your MAP Trainer
         - A score report of 80% or higher is ‘passing’
   - Medication Administration
     - Demonstration of process
       - Applying the 5 Rights as you complete the 3 Checks in 10 minutes or less
       - Feedback by MAP Trainer or Peer (MAP Trainer discretion)
   - Transcription
     - Discontinue a medication and transcribe a new medication
       - 100% accuracy in 15 minutes or less
MAP Certification is not valid for administration of medication to people who are:

- Under the age of 18 in DOS programs
- Residing in nursing homes
- In crisis intervention, stabilization or hospital diversion centers and programs
- In hospitals
- In Intensive Residential Treatment Programs (IRTPs)
- In programs licensed by other departments such as the Department of Youth Services
- In DDS, DMH and DCF programs not possessing a Massachusetts Controlled Substance Registration (MAP MCSR) from the Department of Public Health

The MAP Policy Manual

Throughout the training curriculum you will see references to MAP Policy. The MAP Policy Manual is a resource intended to provide service providers, trainers, staff and other interested parties with a single, topically organized source for MAP policies.

Each program registered with DPH must have a copy of the policy manual as part of the required reference materials for MAP Certified staff. The MAP policy manual is available at:

www.mass.gov/dph/map
Let’s Begin!

There is information specific to your work location that you must ask your Supervisor.

There is additional information about the topic located in the MAP Policy Manual.

The information is important.

There is an exercise to complete.

The information that follows are important things to remember in the unit you just read.
Unit 1

Working at a MAP Registered Program

Responsibilities you will learn

- Who will answer your health-related and medication questions
- How you will get to know the people you support
- Medication administration principles
- Rights in relation to medication

Getting Your Health Related and Medical Questions Answered

A MAP Consultant is a valuable medication information resource. A MAP Consultant is:

- a registered nurse
- a registered pharmacist
- a Health Care Provider (authorized prescriber)

An authorized prescriber is someone who is registered with the state of Massachusetts to prescribe medication. See MAP Policy Section 13.

Examples of authorized prescribers are a Health Care Provider (HCP), doctor, dentist, nurse practitioner, etc. For purposes of this training, an authorized prescriber is the same as a person’s HCP.

Anytime you have health-related questions contact the person’s Health Care Provider.

MAP Consultants will help answer your questions about medication procedures or specific medication issues. When you call a MAP Consultant with your question, make sure you have the HCP order, the medication, and the medication sheet available for reference; you may need to read them to the MAP Consultant.

Examples of when you may need to contact a MAP Consultant include if:

- too much or too little of a medication was administered
- the medication was omitted (not given)
- the medication was refused
  - if refused, the MAP consultant contacted must be the prescribing HCP
- the HCP order, pharmacy label, or medication sheet do not agree
Case Studies

Juanita Gomez is a 36 year old woman who uses facial expressions and nods her head yes or no when communicating her likes and dislikes. She has a seizure disorder that causes her to have uncontrolled, involuntary movements. She also has chronic muscle pain (contractures) currently managed with physical therapy and pain medication twice daily. She also has chronic constipation that is managed by keeping track of her bowel movements (BM) and administering bowel mediation PRN (as needed). She has difficulty swallowing (dysphagia) and requires supervision when eating or drinking. Juanita requires full assistance with activities of daily living (ADLs) including medication administration.

Ellen Tracey is a 42 year old woman who communicates using simple words and short sentences. Her health issues include high blood pressure (hypertension) and high cholesterol (hyperlipidemia). Both are well controlled through diet and medication. Ellen also has an anxiety disorder; she becomes self injurious by biting her hands and slapping her head when anxious. Ellen’s anxiety is managed with Ativan taken twice daily and once daily PRN. While staff is preparing her medications, Ellen will fill her glass with water.

Tanisha Johnson is a 22 year old woman with a history of seizures following an acquired brain injury (ABI). Her seizures are well controlled with medication. Although she has an interest in learning about her medications and their possible side effects, she often refuses her medication. She enjoys going to her local health club and working with a trainer. She works at the local florist and goes to her family’s home on weekends.

David Cook is a 52 year old man with Down syndrome. David is independent with ADLs and receives community based day supports. During day program hours, he participates in outings and volunteer in the community. In the evening David enjoys spending time with friends and family. At night David wears a continuous positive airway pressure device (CPAP) to help keep his airway open due to sleep apnea (a potentially serious sleep disorder in which breathing repeatedly stops and starts). He is on several medications to treat high blood pressure, gastroesophageal reflux disease (GERD), swollen, painful joints (osteoarthritis) and a seizure disorder.
Unit 1

Working at a MAP Registered Program
MAP Consultants are available 24 hours a day, 7 days a week. DPH requires that the telephone numbers for the MAP Consultants, poison control and other emergency numbers (911, fire, police) be clearly posted near the telephone in all programs. See MAP Policy Section 05 and Section 10.

This is an example of the emergency contact list in David Cook's home located near the phone for quick and easy staff reference.

### Emergency Contact List

- **Rescue + Fire + Police**: 911
- **Poison Control**: 800-222-1222
- **MAP Consultants**
  - **Greenleaf Pharmacy**: 111-222-3434, Monday-Friday
  - **Registered Nurse**: Rebecca Long, 781-000-4500, Saturday-Sunday
- **Health Care Provider(s)**
  - Dr. Richard Black 617-332-0000
  - Dr. David Jones 617-332-0001
  - Dr. Shirley Glass 508-123-1234
  - Dr. Chen Lee 617-332-0002
- **Administrator on Duty**: 617-000-0000
- **Program Supervisor**: Linda White, 780-000-2222
Unit 1

Ask your Supervisor where MAP Consultants, poison control and other emergency numbers are located in the program where you work.

Answer True (T) or False (F) if the person listed may act as a MAP Consultant.

1. ___ Licensed Practical Nurse (LPN)
2. ___ Pharmacy Technician
3. ___ Registered Nurse (RN)
4. ___ Receptionist at the HCP office
5. ___ Health Care Provider (HCP)
6. ___ MAP Certified Supervisor or Program Director
7. ___ Registered Pharmacist

Learning about the People You Support

Two of your most important responsibilities are watching for and reporting changes in the people you support. A change may be physical or behavioral. In order to recognize a change, you must first get to know the person by learning about their personality, physical condition, abilities and medications. You can learn about a person who is new to you by:

- Observing (watching) the person
- Talking with the person
- Listening to the person
- Communicating with
  - the person’s family
  - your co-workers
- Reading about the person’s life and health history

Recognizing changes and reporting them to the right person will ensure the people you support will receive the best care possible.
Principles

Mindfulness

Supporting Abilities

Communication
Let's Review

- Contact a person’s HCP for health related issues, concerns or questions
- MAP Consultants are available 24 hours a day, 7 days a week to answer medication questions and/or provide technical assistance regarding medication
- MAP Consultants are a
  - HCP
  - Registered Pharmacist
  - Registered Nurse
- Your Supervisor must be informed anytime the MAP consultant has been contacted
- To recognize changes staff must learn about the people they support
- Medication Administration Principles include
  - Mindfulness
  - Supporting abilities
  - Communication
- Everyone has the right to be treated with dignity and respect
Unit 2
Observing and Reporting
When reporting physical and behavioral changes the expectation of who contacts the HCP varies from Provider to Provider—do you

- Call your Supervisor first for further directions?
- Contact the HCP directly, report the change, make an appointment if needed, and then call your Supervisor after?
- Contact someone else before your Supervisor?

Ask your Supervisor who is responsible for contacting the HCP to report changes observed in the people you support at your work location.

There are two types of reporting:
- Everyday reporting
- Immediate reporting

Everyday reporting typically occurs between staff present at shift change. Outgoing staff are expected to provide incoming staff with information in regard to basic household details such as a grocery list has been started as well as ongoing medication administration details they should be aware of and/or follow up on such as:

- “PRN Ativan was administered to Ellen Tracey 30 minutes ago. Later in the shift, a medication progress note is needed documenting the response to the medication.”
- “Tanisha Johnson went to the dentist today. Look at her HCP orders. An antibiotic was ordered. Her first dose will be at 4pm. The medication is a liquid and is locked in the refrigerator.”

Ask your Supervisor how information is shared between shifts, such as how new HCP orders are communicated if there is no staff present when you arrive for your shift.
Immediate reporting is reporting without delay as soon as possible after a change is observed. Immediate reporting may prevent a small change observed from becoming a major health issue and allows the appropriate treatment to be ordered as quickly as possible.

Examples:
- A runny nose could be a symptom of allergies or a symptom of a sinus infection.
- A slight cough could be a symptom of a cold or a symptom of pneumonia (severe lung infection).

There are many people you will speak to report information immediately, such as:

- 911 when
  - person falls and cannot get up
  - person complains of chest pain, has difficulty breathing or is choking
  - person is unresponsive
  - MAP Consultant recommends you hang up and call 911

- Poison control when
  - person ingests a foreign substance such as laundry detergent
  - MAP Consultant recommends you hang up and call poison control

- A MAP Consultant when
  - an occurrence (error) is made when administering medication
    - For example:
      - Tegretol 400mg is ordered and Tegretol 600mg is administered
      - the medication received from the pharmacy seems different from the HCP order
    - Even if other staff have administered it
    - you notice the medication is different in color, size, shape and/or markings from the last time it was obtained
    - you are not able to administer the medication based on the strength of medication received from the pharmacy
      - For example:
        - The dose ordered is 60mg and you receive a 100mg strength tablet from the pharmacy

- The HCP who prescribed medication when
  - medication is refused
  - medication is not available from the pharmacy
  - there are no refills left
  - a medication parameter (guideline) for HCP notification has been met
Review the narrative note regarding David’s knee pain.

### NARRATIVE NOTES

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>David Cook</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>TIME</td>
</tr>
<tr>
<td>3/3/17</td>
<td>3PM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3/3/17</td>
<td>3:15PM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6/6/yr</td>
<td>4:30PM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6/6/yr</td>
<td>4:30PM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place a checkmark next to the most complete information to report to the HCP.

1. _____ David’s osteoarthritis has been bothering him. His knee is red, swollen and painful. He has received Ibfurofen for the pain.
2. _____ David has injured his knee. He is limping because his knee hurts; it is red, swollen and warm to touch.
3. _____ David has received Ibfurofen and states his right knee still hurts. It is warm to touch, red and swollen. He is limping.
4. _____ David states he has, ‘sharp pain’ when he bends his right knee. He frowns getting off the van and is limping. His right knee is now red, warm to touch and swollen. He has received Ibfurofen 400mg for right knee pain and his symptoms continue.
Medication Progress Note

Documentation

Documentation should tell a story from beginning to end whether an issue takes a day, many days or weeks to resolve.

When documenting:

- Use ink
- Write
  - Clearly
  - In complete sentences
- Include
  - Date
  - Time
  - Your full name

You will be documenting medication administration on the front side of a medication administration sheet; however, there are times when additional documentation is required.

Additional medication related documentation is typically written on a medication progress note form, usually on the backside of a medication administration sheet. Medication progress notes are kept in a medication book. When documenting using a medication progress note, use as many lines as needed.

Name: Juana Gomez

MEDICATION PROGRESS NOTE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Code</th>
<th>Location</th>
<th>PRN Info</th>
<th>Reason (for giving/not giving)</th>
<th>Results and/or Response</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/25</td>
<td>5pm</td>
<td>Magnesium Hydroxide</td>
<td>1</td>
<td>Infusion</td>
<td></td>
<td>Third day via IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/25</td>
<td>11pm</td>
<td>No BM as of 11pm</td>
<td>2</td>
<td></td>
<td></td>
<td>Nightshift continue to monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/26</td>
<td>4am</td>
<td>No BM overnight</td>
<td>3</td>
<td></td>
<td></td>
<td>Telephone order taken to give magnesium hydroxide</td>
<td>Tonight if there is still no BM,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>call Dr. Jones tomorrow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/26</td>
<td>1pm</td>
<td>No BM overnight</td>
<td>4</td>
<td></td>
<td></td>
<td>If the medication is administered and there is still no BM,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/26</td>
<td>4:30pm</td>
<td>Has a large bowel BM, no movement</td>
<td>5</td>
<td></td>
<td></td>
<td>See HCP order</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Massachusetts | Responsibilities in Action
Unit 3 Medications
Unit 3

Medications

Responsibilities you will learn

- The purpose of medications
- Medication categories
- Medication outcomes
- Medication information resources

Medications are substances that when put into or onto the body will change one or more ways the body works. Medications are used to treat illness, disease, pain or behavior. When a medication is prescribed the goal is that the person’s symptoms will lessen and their quality of life will improve.

You will learn how to administer medications safely, following the same steps each time you administer a medication; this will help you to safely administer medication to the people you support.

Brand and Generic

Medications are known by their brand name and/or generic name. Typically, all medications have a brand and a generic name.

Brand name medications are created and made by a specific pharmaceutical company. When a pharmaceutical company creates a medication they are allowed to name it. Examples of brand name medications are Tylenol, Advil and Prozac.

Generic medications are known by their chemical name and are manufactured by many different pharmaceutical companies. Generic medication is similar to its brand name medication but is less expensive; the name is different and may have a different color, marking, shape and/or size. Examples of generic name medications are acetaminophen, ibuprofen and fluoxetine.

When the HCP writes a prescription for a brand name medication and the generic medication is supplied by the pharmacy, you will see the generic name of the medication and the letters ‘IC’ near the brand name of the medication printed on the pharmacy label.

‘IC’ is an abbreviation for ‘interchange’. This means the generic name medication was supplied by the pharmacy in place of the brand name medication.
Medication Categories

Medication Schedules

All prescription medications are known as controlled substances. This means a prescription from a HCP is required to obtain the medication from a pharmacy.

Controlled substances are placed into schedules. The schedules are numbered: II, III, IV, V, and VI. The schedule a substance is placed in is based on its abuse potential, and when abused, its chance of causing dependence.

Medication Categories

There are three categories of medications:

- Controlled (Schedule VI)
- Countable Controlled (Schedule II-V)
- Over-the-Counter (OTC)

Controlled (Schedule VI) Medication

Controlled medications require a prescription, written by the HCP, in order to obtain the medication from a pharmacy. The pharmacist uses the information on the prescription to prepare and label the medication. Examples of controlled medications include antibiotics (amoxicillin), antidepressants (Prozac) and antipsychotics (Haldol).

Controlled medication requirements include:

- A HCP order for administration
- Labeled and packaged by the pharmacy
  - In a bottle
  - May be in a tamper-resistant package
- Secured in a locked area
- Tracked using a
  - Medication Ordering/Receiving log and
  - Medication sheet
    - Where the medication is documented after administration
  - Transfer Document
  - DPH Disposal Record

Additional training is required specific to certain 'high alert' controlled (schedule VI) medications as identified by DPH. High alert medications include Coumadin, Clozaril and Suboxone. See MAP Policy Section 08.
Medication Categories

Ask your supervisor if anyone has HCP orders for 'high alert' medication at your work location.

Ask your supervisor if anyone has HCP orders for 'high risk' for abuse Schedule VI medication at your work location and if so, how they are tracked.

Countable Controlled Medication (Schedule II-V)

Countable controlled medications require a prescription, written by the HCP, in order to obtain the medication from a pharmacy. The pharmacist uses the information on the prescription to prepare and label the medication.

The pharmacy must also add an "identifier" on the package of the countable controlled medication to alert you to the fact that it is a countable controlled medication, such as a "C" stamped on the package, an Rx (prescription) number that may start with a "C" or an "N" or the package itself may be color coded.

*Pharmacy "identifier" examples:
Dietary Supplements

- Replaces the term
  - Holistic, Herbal Compound
Manufacturers Labels

For your general information, to know if a product is an OTC medication, a dietary supplement or a nutritional supplement, look at the manufacturer's label.

Over-the-counter medications have a Drug Facts label.

Dietary Supplements have a Supplement Facts label.

'Conventional' Foods have a Nutrition Facts label.
Medication Outcomes

What happens or does not happen after a medication is administered is known as a medication outcome. When a medication is given it may cause any of the following outcomes:

- Desired Effect
- No Effect Noted
- Side Effects

**Desired effect** is when a medication does exactly what it was intended to do; the person experiences the beneficial results of the medication. For example, Tylenol is administered for a headache and the headache goes away or Dilantin is administered to control seizures and the person is seizure free.

**No effect noted** is when a medication is taken for a specific reason and the symptoms continue; no effects are noted from the medication. This could occur for one of two reasons:

1. The body will not respond to the medication and a different medication will need to be ordered. For example, erythromycin is ordered for an ear infection; the person has ear pain and a temperature of 100.2, after taking the medication for 2 days the person still has the same symptoms; ear pain and a temperature of 100.2. No effect was noted from the medication, the person continues to experience symptoms and the HCP must be notified.

2. The medication has not had enough time to work. For example, a person was started on a new antidepressant medication a week ago and is still experiencing symptoms of depression. Some medications take longer to work than other medications; in this case several weeks may be necessary for the person’s symptoms to improve.

When a new medication is started, you should document what you observe, even if there are no effects noted. This will help the HCP in determining if the medication is working as intended.

**Side effects** are results from a medication that were not wanted or intended even if the desired effect is achieved. Side effects are usually mild, and while they may be uncomfortable, are usually not severe enough for the HCP to discontinue the medication. For example, an antibiotic may cure an ear infection but it may also cause mild nausea, or a cold medicine may reduce a cough and runny nose but may also cause sleepiness.

Side effects range from minor to severe. If the side effect is more severe, it is called an adverse response to the medication. For example, if an antibiotic caused diarrhea and
Unit 4
Interacting with a Health Care Provider
Unit 4

Interacting with a Health Care Provider

Responsibilities you will learn

- A procedure to help ensure a successful HCP visit
- When medication reconciliation is required
- The process of taking a telephone order
- What is required to use an existing supply of medication when there is a dose change

Sometimes the changes you observe and report result in a HCP visit. There will be times when you will go with a person for a particular problem, issue or concern that you, other staff or the person want to discuss with the HCP or for their routine yearly physical examination.

A procedure to ensure that you are prepared with all the information and forms needed when accompanying a person to a medical appointment is as follows:

Prepare the Person for the Appointment

- Tell the person the date and time, when appropriate
- Discuss what is going to happen at the visit
- Follow any instructions ordered to prepare for the visit
  - For example
    - Pre-medication ordered prior to the appointment
    - Fasting, such as no food or fluid prior to the appointment
- Think About
  - Items to keep the person occupied
  - Encouraging the person to wear loose and comfortable clothing in the event the HCP needs to physically examine the person

Before leaving the program, make sure you have the following:

- Person’s insurance card
- Copy of current medication sheets or a list of medications
- HCP Encounter/Consult/Order Form
  - The top portion is completed by program staff
    - Name of person
    - Date
    - Allergies
    - Reason(s) for visit
    - List of current medication, including dietary supplements and PRNs
    - Name of HCP
    - Signature of staff person completing the form
Unit 5

Obtaining, Storing, and Securing Medication
Ensuring the Pharmacy Provides the Correct Medication

One of your most important responsibilities is to ensure the pharmacy has supplied the medication as ordered by the HCP. As soon as the medication is obtained, compare the pharmacy label to the HCP order; both must agree.

Look at the medication. At times, the pharmacy will purchase the same medication from different pharmaceutical companies, depending on the pharmaceutical company used, the same medication might look different. If the medication is different in color, shape, size or markings from the last time it was filled you must contact the MAP Consultant before administering it.

If the strength of the tablet supplied by the pharmacy will not allow the correct dose to be administered you must return the medication to the pharmacy to obtain the correct strength. For example, the dose ordered is 75mg and the pharmacy provides 50 mg tablets.

Some pharmacy labels include a description of the medication on the container. If included, read the description of the medication and compare it to the medication in the container.

Also, you must check the strength of tablet supplied; it may have changed from the last time the medication was obtained.

A person has a HCP order for topiramate 100mg twice daily. The pharmacy had been supplying topiramate 25mg tablet (round and white) with instructions to give 4 tablets twice daily. When the following month’s refill was obtained, the pharmacy supplied topiramate 100mg tablet (round and pink), with instructions to give 1 tablet twice daily.

1. What could happen if you did not read the label closely to see the strength and amount had changed? 
2. In addition to the label directions changing, what is different about the appearance of the tablet? 

______________________________

Massachusetts | Responsibilities in Action 63
Tracking Medication

When the pharmacy label directions change, for example, a different strength tablet was supplied; the current transcription on the medication sheet must be marked through to indicate that the transcription was rewritten to reflect the pharmacy label changes. See example below:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Dose Form</th>
<th>Strength</th>
<th>Frequency</th>
<th>Initial Dose</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

Tracking Medication

After medication has been obtained from the pharmacy, it must be documented as received into the program and tracked. All programs must maintain a record of when a prescription is filled and the quantity of medication dispensed by the pharmacy; this is documented using a Medication Ordering and Receiving Log. Medications are also documented and tracked using:

- Pharmacy receipts
- Count Book
- Medication sheets
- Medication release documents such as
  - Leave of Absence (LOA) form
    - when medication is administered away from a program
  - Transfer Form
    - when medication is moved from one location to another
- Disposal record
Unit 6
Recording Information
To transcribe a new medication order, you will be using the HCP order, the pharmacy label and the medication sheet.
Abbreviations

An abbreviation is a shortened form of a word or phrase. There are many abbreviations used in the health care profession however there are only a few abbreviations you are allowed to use in a MAP program. When transcribing onto a medication sheet, the following abbreviations are acceptable for use:

- Cont. - continue
- DC - discontinue
- am - morning
- pm - afternoon or evening
- cap - capsule
- tab - tablet
- gm - gram
- IU - international unit
- mcg - microgram
- mg - milligram
- mL - milliliter
- PRN - as needed

True (T) or False (F)

1. ____ Only acceptable abbreviations may be used on the medication sheet
2. ____ Each program may create their own list of acceptable abbreviations
3. ____ The abbreviation pm can indicate either afternoon or evening
4. ____ The abbreviation for milligram is mL
5. ____ PRN is the abbreviation for as needed

The Medication Book

A medication book typically contains:

- HCP Orders
- Medication Sheets
- Medication Information Sheets
All HCP medication orders must be transcribed onto a medication sheet. The medication sheet is a document which tracks the administration of medications, for each person who has medication ordered. This is typically done on a monthly basis.

Each time you administer a medication, you will sign your initials on the medication sheet, documenting you have administered the medication as ordered. At the end of each month, the completed medication sheets are removed from the medication book and the new month’s medication sheets are inserted. The past month’s medication sheets are kept and filed.

Other terms used for a medication sheet include: med sheet, medication administration sheet, medication administration record (MAR) and/or medication log.

<table>
<thead>
<tr>
<th>Month and Year/ month</th>
<th>ALLEGRA</th>
<th>EFFICIV</th>
<th>SCHIZDACT</th>
<th>VAPESEDA</th>
<th>VITARA</th>
<th>ZANAFLEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cont...)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name/ Date of Birth</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
<th>Accuracy Check Date</th>
<th>Time</th>
<th>Check</th>
</tr>
</thead>
</table>

Massachusetts | Responsibilities in Action | 78
A Detailed View of the Medication Sheet

The top of the medication sheet includes the:
- current month and year
- allergies

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Administration Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The left side of the medication sheet has an area to write:
- Generic and brand medication names
- Strength of the medication
- Amount of medication to administer
- Frequency or how often the medication is to be administered
- Dose of the medication
- Route by which the medication is to be administered
- Start date
- Stop date

<table>
<thead>
<tr>
<th>Generic and Brand names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Transcribing a New HCP Order

When transcribing a new HCP order onto the medication sheet, always start with the first order written. Complete each new order without skipping orders in the process; this will help to ensure all orders are transcribed.

David Cook has been seen by the HCP, orders have been written and medication obtained from the pharmacy; and the date is March 3rd, yr at 1 pm. Review the following demonstration of how the information from the HCP order and pharmacy label is transcribed onto medication sheet.

<table>
<thead>
<tr>
<th>HEALTH CARE PROVIDER ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: David Cook</td>
</tr>
<tr>
<td>Date: March 3, yr</td>
</tr>
<tr>
<td>Health Care Provider:</td>
</tr>
<tr>
<td>Dr. Black</td>
</tr>
<tr>
<td>Allergies: No Known Allergies</td>
</tr>
<tr>
<td>Reason for Visit:</td>
</tr>
<tr>
<td>David states his 'head hurts' and he has had a runny nose for 2 days, temperature is 100.3</td>
</tr>
<tr>
<td>Current Medications:</td>
</tr>
<tr>
<td>Amoxil 500mg three times daily for 10 days by mouth</td>
</tr>
<tr>
<td>Staff Signature:</td>
</tr>
<tr>
<td>Sam Dowd</td>
</tr>
<tr>
<td>Date: March 3, yr</td>
</tr>
<tr>
<td>Health Care Provider Findings:</td>
</tr>
<tr>
<td>Sinus infection</td>
</tr>
<tr>
<td>Medication/Treatment Orders:</td>
</tr>
<tr>
<td>DC Amoxil 666mg three times daily for 10 days by mouth</td>
</tr>
<tr>
<td>Instructions:</td>
</tr>
<tr>
<td>Call HCP if temperature remains elevated above 100.3 for more than 48 hours</td>
</tr>
<tr>
<td>Follow-up visit:</td>
</tr>
<tr>
<td>Lab work or Tests:</td>
</tr>
<tr>
<td>None today</td>
</tr>
<tr>
<td>Signature: Richard Black, MD</td>
</tr>
<tr>
<td>Date: March 3, yr</td>
</tr>
</tbody>
</table>

Posted by: Date Time
Verified by: Date Time
Discontinued Medication

The first HCP order written states "DC Amoxil".

Discontinuing a Medication
Discontinuing (DC) a medication on the medication sheet is a three step process:

1. Cross out all open boxes on the medication sheet, next to where the medication is scheduled to be given: xxxx's or a straight line __________ may be used.

2. Draw a diagonal line through the left side, written portion, of the medication sheet and document: DC, the date and your initials.

3. Draw a diagonal line through the right side, grid section, of the medication sheet and document: DC, the date and your initials.
The next order you transcribe is the new medication, EES.

**HEALTH CARE PROVIDER ORDER**

<table>
<thead>
<tr>
<th>Name: David Cook</th>
<th>Date: March 3, yf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider: Dr. Black</td>
<td>Allergies: No Known Allergies</td>
</tr>
<tr>
<td>Reason for Visit: David states his 'head hurts' and he has had a sunny nose for 2 days, temperature is 100.3</td>
<td></td>
</tr>
<tr>
<td>Current Medications: Amoxicillin 500mg three times daily for 10 days by mouth. Also, see attached complete medication list.</td>
<td></td>
</tr>
<tr>
<td>Staff Signature: Sam Dowd</td>
<td>Date: March 3, yf</td>
</tr>
<tr>
<td>Health Care Provider Findings: Sinus infection</td>
<td></td>
</tr>
<tr>
<td>Medication/Treatment Orders:</td>
<td></td>
</tr>
<tr>
<td><strong>VDC Amoxicillin</strong></td>
<td></td>
</tr>
<tr>
<td>EES 500mg three times daily for 10 days by mouth</td>
<td></td>
</tr>
<tr>
<td>Instructions: Call HCP if temperature remains elevated above 100.3 for more than 48 hours</td>
<td></td>
</tr>
<tr>
<td>Follow-up visit: Lab work or Tests: None today</td>
<td></td>
</tr>
<tr>
<td>Signature: Richard Black, MD</td>
<td>Date: March 3, yf</td>
</tr>
</tbody>
</table>

**Generic and Brand**

<table>
<thead>
<tr>
<th>Generic Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Cook</td>
</tr>
<tr>
<td>Erythromycin</td>
</tr>
<tr>
<td>IC EES</td>
</tr>
<tr>
<td>Take 2 tablets by mouth three times daily for 10 days</td>
</tr>
<tr>
<td>Dr. Black Lot # 14359 ED: 30yr Refills: 0</td>
</tr>
</tbody>
</table>

---

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Start with HCP Order

When transcribing information onto the medication sheet, it is important to understand that you must copy the dose from the HCP order and strength and amount must be copied from the pharmacy label.

The dose is copied from the HCP order and is copied next to the word dose on the medication sheet.

<table>
<thead>
<tr>
<th>HEALTH CARE PROVIDER ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> David Cook</td>
</tr>
<tr>
<td><strong>Date:</strong> March 3, yr</td>
</tr>
<tr>
<td><strong>Healthcare Provider:</strong></td>
</tr>
<tr>
<td><strong>Reason for Visit:</strong></td>
</tr>
<tr>
<td><strong>Current Medications:</strong></td>
</tr>
<tr>
<td><strong>Medication/Treatment Orders:</strong></td>
</tr>
<tr>
<td><strong>Follow-up Visit:</strong></td>
</tr>
<tr>
<td><strong>Signature:</strong> Richard Black, MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Verified by Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[The table continues with columns for specific instructions, frequency, and reason.]
The strength and amount are copied from the pharmacy label.

The strength on a pharmacy label is usually next to or underneath the name of the medication, and is copied next to the word strength on the medication sheet.

<table>
<thead>
<tr>
<th>Rx #</th>
<th>Greenleaf Pharmacy</th>
<th>111-222-3434</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 Main Street</td>
<td>Treetop, MA 09111</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/0yr</td>
</tr>
<tr>
<td>David Cook</td>
<td>Erythromycin</td>
<td>333mg</td>
</tr>
<tr>
<td>IC EE &amp;</td>
<td></td>
<td>Qty:50</td>
</tr>
<tr>
<td>Take 2 tablets by mouth three times daily for 10 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Black</td>
<td>Lot #</td>
<td>14239</td>
</tr>
<tr>
<td></td>
<td>ED:</td>
<td>3/0yr</td>
</tr>
</tbody>
</table>

The amount on a pharmacy label is in the label directions and is copied next to the word amount on the medication sheet.

<table>
<thead>
<tr>
<th>Rx #</th>
<th>Greenleaf Pharmacy</th>
<th>111-222-3434</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 Main Street</td>
<td>Treetop, MA 09111</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/0yr</td>
</tr>
<tr>
<td>David Cook</td>
<td>Erythromycin</td>
<td>333mg</td>
</tr>
<tr>
<td>IC EE &amp;</td>
<td></td>
<td>Qty:50</td>
</tr>
<tr>
<td>Take 2 tablets by mouth three times daily for 10 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Black</td>
<td>Lot #</td>
<td>14239</td>
</tr>
<tr>
<td></td>
<td>ED:</td>
<td>3/0yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part</th>
<th>Brand</th>
<th>Strength 333mg</th>
<th>Dose 666mg</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medication Grid

Think about the date and time to determine when the first dose can be administered.
- For David, based on the date and time, March 3, yr at 1pm:
  - The March 3rd 8am dose cannot be administered. The March 3rd 8am medication box is crossed (X) out; all boxes before it.
  - The medication can be administered March 3rd at 4pm, this medication box is left open and all boxes before it are crossed (X) out.
  - The medication can be administered March 3rd at 8pm, this medication box is left open and all boxes before it are crossed (X) out.

<table>
<thead>
<tr>
<th>Start</th>
<th>Stop</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next,
- If the medication is ordered to be administered for a certain number of days, the days must be counted.
  - For David, the HCP ordered the medication to be administered for 10 days.
    - For each scheduled time (8am, 4pm and 8pm), ten medication boxes are counted and left open; the remaining medication boxes are crossed (X) out.
- Write the “start” and “stop” dates:
  - A start date is the date the first dose is scheduled to be administered
  - A stop date is the date the last dose is scheduled to be administered

```plaintext
<table>
<thead>
<tr>
<th>Start</th>
<th>Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10th</td>
</tr>
</tbody>
</table>
```
### HEALTH CARE PROVIDER ORDER

**Name:** David Cook  
**Date:** March 3, yr

**Health Care Provider:** Dr. Black  
**Allergies:** No Known Allergies

**Reason for Visit:**  
David states his "head hurts" and he has had a runny nose for 2 days, temperature is 100.3

**Current Medications:**  
Amoxicillin 500mg three times daily for 10 days by mouth  
Also, see attached complete medication list.

**Staff Signature:** Sam Dowd  
**Date:** March 3, yr

**Health Care Provider Findings:**  
Sinus infection

**Medication/Treatment Orders:**  
• DC Amoxicillin  
• EE5666mg three times daily for 10 days by mouth

**Instructions:**  
Call HCP if temperature remains elevated above 100.3 for more than 48 hours

**Follow-up visit:**  
**Lab work or Tests:** None today

**Signature:** Richard Black, MD  
**Date:** March 3, yr

---

*Post and Verify*
Exercise

Tanisha has returned from a HCP appointment and medication has been obtained from the pharmacy. The date is February 5th, yr. The time is 1pm. Use the HCP order, pharmacy label and medication sheet to transcribe the new orders. Remember to post the HCP order after completing the transcription.

HEALTH CARE PROVIDER ORDER

Name: Tanisha Johnson
Date: Feb. 5, yr

Health Care Provider: Dr. Chen Lee
Allergies: No known medication allergies

Reason for Visit:
Continues to complain of soreness in back of mouth

Current Medications:
- Phenoxyzanol 64.8mg once daily in the evening by mouth
- Clonazepam 1mg twice daily at 8am and 4pm by mouth
- Amlodipine 5mg every 12 hours for seven days by mouth

Short Signature:
S. Dowd

Health Care Provider Findings:
- Increased inflammation of gum-line on left side of mouth

Medication/Treatment Orders:
- DC Amlodipine
- Cleocin HCL 300mg three times a day for 10 days by mouth

Instructions:
Notify HCP if Tanisha continues to complain of mouth soreness after 72 hours.

Follow-up visit:
- February 16, yr
- Lab work or Tests: None

Signature:
- Dr. Chen Lee
Date: Feb. 5, yr

Rx #178
Greenleaf Pharmacy
111-222-5453

Tanisha Johnson
Cleocin HCL

Take 3 tablets by mouth 3 times a day for 10 days
Take with 8 ounces of water

Dr. Lee
Refills: 0
Unit 7
Administering Medications
Data Collection

- If complaints of right knee pain continues longer than 2 hours after PRN medication is administered, notify the HCP.

A PRN medication may only be administered for the target signs and symptoms ordered by the HCP.

PRN medication orders must include specific target signs and symptoms and instructions for use including what to do if the medication is given and is not effective. See MAP Policy Sections 06 and 13.

For example, Tanisha has an order for:

Milk of Magnesia 1200mg by mouth PRN every 3rd evening if no bowel movement (BM). Contact HCP if no BM by the next morning.

On the medication sheet under the hour column you will see the abbreviation ‘PRN’. Specific to this example, to follow the order as written, BM data must be cross referenced; this includes during day program or work hours. You will look for the BM data documented on the medication sheet to determine whether or not the medication must be administered.

Based on the bowel data tracking entered (which includes day program data), does the Milk of Magnesia require administration on the evening of the 5th?
The 5 Rights of Medication Administration

To ensure medications are administered safely, each time you administer medication you will compare the 5 rights of medication administration between the HCP order, the pharmacy label and the medication sheet. The 5 rights of medication administration are:

- Right Person
- Right Medication
- Right Dose
- Right Time
- Right Route

Right Person

To be sure you have the right person, the person’s name on the HCP order, the pharmacy label and the medication sheet must agree. If you are not sure who the person is, never ask their name as a way of identification, such as “Are you David Cook?” The reason is because, someone other than David may respond.

- Know that you can identify the right person by
  - Asking a staff who is familiar with the person or
  - Looking at a current picture of the person

Once you identify the right person, locate the person’s name written on the HCP order, the person’s name printed on the pharmacy label and the person’s name transcribed on the medication sheet. If the names are different, you will contact a MAP Consultant.

Many times medication books are organized to include a person’s Emergency Fact Sheet, which includes a picture of the person that can be used to identify the right person; followed by the HCP order, medication sheet and medication information sheet.
Right Person

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Cook</td>
<td>45 Smith Street, Truro MA 02666</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 Smith Street, Orleans MA 02653</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12, 1964</td>
<td>002-00-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'8&quot;</td>
<td>160 lbs</td>
</tr>
</tbody>
</table>

**Medical History**
- High Blood Pressure
- Diabetic
- Depression
- Arthritis
- Asthma

**Preference for Services**
- Independent to use public transportation
- Independent to use public transportation
- Independent to use public transportation

**Occupation**
- Retail Sales

**Current Employment**
- Smith & Jones

**Emergency Contact**
- David Cook, Sr. (Father)

**Primary Care Provider**
- Dr. Richard Davis

**Medication**
- No medication

**Allergies**
- No allergies

**Emergency Phone Numbers**
- 911
- Doctor's Office
- Family
- Friend

**Social Security Number**
- 002-00-0000

**Driver's License**
- No

**Insurance**
- Covered by Medicaid

**Home Address**
- 45 Smith Street, Truro MA 02666

**Next of Kin**
- David Cook, Sr. (Father)

**Service Coordinator**
- Sky Johnson, Service Coordinator

**Program Manager**
- Lisa White, Program Manager

**Emergency Contact**
- David Cook

**Emergency Address**
- Smith & Jones

**Location**
- Truro MA 02666

**Contact Information**
- Phone: 508-555-0000
- Email: davidcook@smithandjones.com

**Notes**
- None

**Signature**
- David Cook

**Date**
- 2/12, 1964
Dose

The HCP orders the dose of a medication.

Dose ordered is 100mg

The pharmacy supplies the strength of the tablet and label directions for the amount to give to equal the dose ordered. The strength supplied and the amount to give can change; the dose ordered remains the same.

<table>
<thead>
<tr>
<th>Dose</th>
<th>Strength</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>100mg</td>
<td>25mg, 25mg, 25mg, 25mg</td>
<td>4 tablets</td>
</tr>
<tr>
<td>100mg</td>
<td>50mg, 50mg</td>
<td>2 tablets</td>
</tr>
<tr>
<td>100mg</td>
<td>100mg</td>
<td>1 tablet</td>
</tr>
<tr>
<td>100mg</td>
<td>200mg, ½ tablet</td>
<td>½ tablet</td>
</tr>
</tbody>
</table>
Check 1 is a comparison of the 5 rights between the HCP order and the pharmacy label:

- The reason(s) for check 1 is to make sure:
  - there is a HCP order for the medication you are going to administer
  - what the HCP ordered is what the pharmacy supplied and
  - the order has not changed since the last time you administered medication
Medication Administration Process

Administering medication is part of a larger process called the Medication Administration Process. Medication is prepared and administered to one person at a time. The medication administration process includes what happens before, during, and after you complete the 3 checks of the 5 rights. The process includes what you will do to:

- Prepare
- Administer
- Complete

**Prepare**

- Wash the area
  - If a tabletop surface is used as you prepare medication make sure you wipe it clean before starting.
- Wash your hands
  - Proper handwashing includes wetting your hands with clean, running water and applying soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Rub your hands for at least 20 seconds. Rinse thoroughly and dry.

- Unlock the storage area

- Review the medication administration sheet specific to any medication due to be administered
  - Take out the medication(s) to be administered
  - Locate the corresponding HCP order(s)
Medication Administration Process

Prepare
- Wash the area and your hands
- Look at the medication sheet to identify the medication to administer
- Unlock and remove the medication you are administering

Administer
- Check 1 - verbalize and point to compare the 5 Rights (HCP order and pharmacy label)
- Check 2 - verbalize and point to compare the 5 Rights (pharmacy label and med sheet)
- Prepare the medication
- Check 3 - verbalize and point to compare the 5 Rights (pharmacy label and med sheet)
- Give the med
- Look back (silent comparison between pharmacy label and med sheet)

Complete
- Document
  1. Medication Book
  2. Count Book, if needed
- Secure the medication and wash your hands
- Observe
## Medication Administration Process

<table>
<thead>
<tr>
<th>WASH Area &amp; Hands</th>
<th>LOOK FOR Medication Book</th>
<th>UNLOCK Medication Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="example" alt="Image" /></td>
<td><img src="example" alt="Image" /></td>
<td><img src="example" alt="Image" /></td>
</tr>
</tbody>
</table>

### Prepare

1. **HCP Order to Pharmacy Label**
   - ![Image](example)

2. **Pharmacy Label to Medication Sheet**
   - ![Image](example)

### Administer

3. **Pharmacy Label to Medication Sheet**
   - ![Image](example)

### Complete

- **DOCUMENT**
  1. Medication Sheet
  2. Count Sheet, if needed
- **LOCK Medication Area**
- **WASH HANDS**
- **OBSERVE**

---

*Prepared by the Massachusetts Department of Public Health and the MA Public Health Association.*
DDS MAP Med Pass Demonstration

In this video, DDS MAP Coordinators Gina Hunt and Carolyn Whittemore demonstrate how to conduct a proper med pass.
Liquid Medication

When the medication is in a liquid form, the identical medication administration process is followed as described earlier. Liquid medications are products you may see labeled as a solution, suspension, syrup, or an elixir. Some medications are only available as liquids. Liquid medications must be measured.

Liquid medications are usually measured in milliliters, teaspoons, or tablespoons. If abbreviations are used on the pharmacy label read them carefully. Abbreviations for teaspoons and tablespoons are similar.

If teaspoons are confused with tablespoons, this could result in a three times over- or under-dose. If milliliters are confused with teaspoons, this could result in a five times over- or under-dose.

You will notice the label on a liquid medication includes the strength of the medication based on how many milligrams (mg) per milliliters (mL) is measured.

The strength on the Dilantin® label tells you that for every 5 mL of liquid measured there is an equivalent of 125 mg of the medication.

If you measure 10 mL, how many milligrams of medication do you have? _____
3. Pepto-Bismol strength_____mg/_____mL

If the dose ordered by the HCP is 262mg, using the measuring device below, shade in the amount to administer based on the dose ordered and the strength supplied.
Measuring Devices

Dosing Spoon

Dosing spoons come in different sizes with different markings.

When preparing a liquid medication, once you know the amount of liquid to be measured into the dosing spoon based on the dose ordered, make sure you:

- Hold the dosing spoon upright
- Find the marking for the amount needed based on the dose ordered
- Slowly pour the medication from the bottle into the spoon at eye level
- After use, wash the spoon with warm water and dish soap, rinse and let it air dry

Never measure liquid medications with household utensils or measuring spoons. They are not consistent in their size and will result in either too much or too little medication administered.
When a Med is Not Administered

How to Document if a Medication is Not Administered

There are times when you may have to document that a medication was not administered, such as when a medication:

- is refused
- order includes parameters of when to hold (not give) a medication
- is held prior to testing
- is not available to administer

Medication Refusals

Sometimes a person may not want to take their medication. This is called a medication refusal. When a person refuses, ask them why. Their answer is important. If the person you are working with does not speak, notice if they keep their lips sealed and turn away from you or seem to frown as they try to swallow the medication before spitting it out, etc.

Your subjective and objective observations are important when reporting the refusal to the prescribing HCP. When you speak to the HCP, the HCP may write a new order for the medication to be crushed and mixed in applesauce so that it is easier to swallow. If a person refuses frequently, the HCP may choose to discontinue the medication since the medication will not work if not taken exactly as prescribed. The HCP may prefer to consult with a Behavior Specialist as well as other team members and develop a plan to manage refusals.

Medication refusals are defined as when the person:

- says No'
- spits the medication right back out or never takes the medication from you
- spits the medication out later, even though you administered it, the person seemed to swallow it
- intentionally vomits the medication within one half hour of taking it

If the person says no or never takes the medication from you, secure it, wait 15-20 minutes and offer the medication again. When offered a second time if the person still refuses, secure it, wait another 15-20 minutes and offer the medication a third time. When offered a third time if the person still refuses the medication, this is considered a final refusal. A person has up to three times to refuse a medication before you are to consider it a final refusal.
Parameters

Parameters are a set of rules that tell you how something should be done. Another word for parameters is guidelines. Specific to medication administration, HCP orders may include parameters that tell you exactly what to do before or after you administer a medication and when to notify the HCP, if needed.

This is an example of an HCP order that includes a parameter telling you when to give a medication:

- give Milk of Magnesia 1200mg by mouth as needed every 3rd evening if no bowel movement

This is an example of an HCP order that includes a parameter telling you when to hold (or not give) a medication:

- take pulse daily before Lisinopril administration, if pulse is less than 60 do not give Lisinopril

These are examples of HCP orders that include a parameter telling you when to notify the HCP:

- if no bowel movement within 24 hours after PRN Milk of Magnesia is administered, notify the HCP
- if pulse is less than 60, hold Lisinopril and notify the HCP
- if complaints of a sore throat, notify the HCP
- if temperature is 100 or greater, notify the HCP

When parameters are met and the medication is not administered, document this on the medication sheet by:

- circling your initials and
- writing a medication progress note including
  - the date, time and
  - the medication involved
  - why the medication was not administered
  - your observations
  - if required, who was notified
    - MAP Consultant
    - typically the HCP
    - your Supervisor
    - include first and last names
Unit 8
Chain of Custody
Unit 6

Chain of Custody

Responsibilities you will learn

- What the 'Chain of Custody' means
- Why the Chain of Custody is necessary
- What can happen if the Chain of Custody is broken
- Your role in the Chain of Custody

Access to the medication storage area must be limited to staff assigned to administer medication. Only MAP Certified staff may know the combination to access the medication storage keys.

Once you are assigned medication administration duties you are responsible for the inventory (supply) of medication during your assigned shift. Every time the medication storage keys change hands conduct a two person, 'Shoulder to Shoulder', count of the medication with the on-coming and off-going responsible staff.

Once you have conducted the count and have accepted the keys, only you should have access to the medication storage area. The medication keys are kept with you as long as you are in the program. At the end of your shift, you will conduct a two person count with the on-coming staff that will be responsible for the medication before handing the keys over.

If the Certified staff assigned to administer medication and/or maintain medication security changes during a shift and the keys are passed, a count must be completed at that time.

If there will be no Certified staff in the program during the next shift, the keys must be kept locked in the program. Medication storage keys are typically secured in a combination locked box. A count must be completed before placing the keys into the locked box and/or after removing the keys from the locked box.

MAP requires all medications be passed directly to and from only MAP Certified or licensed staff. The Chain of Custody is an unbroken documentation trail of accountability that ensures the physical security of medication. Every tablet, capsule, ml, etc. of medication, from the time the medication is requested from the pharmacy, either as a new medication or a medication refill, until the time the medication no longer exists in the program (administered, disposed, transferred etc.), the medication must be tracked.
Medication Tracking

The Chain of Custody ensures the integrity of the medication is not compromised and all medication is accounted for. Maintaining the Chain of Custody minimizes the opportunity for medication to be stolen.

There are many documents and methods used to track medications. Tracking documents include:

- A Medication Ordering and Receiving Log
  - Documentation of medication that is ordered by a program and when received from the pharmacy

- Pharmacy receipts
  - Documentation from the pharmacy of all medication dispensed to a program; whether delivered to the program or picked up from the pharmacy by certified staff.

- Count Book
  - Documentation of countable medication that is added into the count book and/or subtracted from a count book.

- Medication sheet
  - Documentation of medication that is administered and (if) not administered.

- Medication release document (Transfer form)
  - Documentation of medication that is transferred from one location to another location.

- Disposal Record
  - Documentation of medication that is disposed.

- Blister Pack Monitoring
  - Although not a MAP requirement, if used at your program you will
    - Document medication removed from a blister pack by writing your initials, date and time on the back of the blister pack for each tablet removed.
  - Periodically the documentation on the back of the blister pack is reviewed to ensure medication was given as prescribed.
Pharmacy Receipts

The pharmacy will provide a receipt for every medication dispensed. The pharmacy receipt will typically include the:

- person’s name
- medication name
- strength of medication
- total number of tablets, capsules or mLs dispensed
- Rx (prescription) number

When medication is received from the pharmacy you must compare the:

- medication received from the pharmacy to the pharmacy receipt
  - ensuring you received what the pharmacy documented they sent
- Medication Ordering and Receiving Log to the medication obtained
  - ensuring you received what was ordered by your program

The pharmacy manifest (receipt of medication dispensed) must be kept at the program for a minimum of 90 days. See MAP Policy Section 10.

Ask your Supervisor if the pharmacy where you work supplies automatic refills. If the answer is yes, ask what system is used to cross check the medication you are expecting to receive to what the pharmacy delivers.
'Shoulder to Shoulder' Count Procedure

When conducting a 2 person count of the countable controlled medication follow the ‘Shoulder to Shoulder’ count procedure:

- The off-going staff (giving up the keys) holds the count book and leads the count
  - Using the index as their guide, the off-going staff reads the information of the first medication to be counted including the person’s name, medication name and strength, and then turns to the appropriate count sheet page.

- The on-coming staff (receiving the keys) locates the corresponding tamper resistant pack of medication.
  - The on-coming staff then reads the label information aloud; the person’s name, medication name, strength and directions for use. Then counts and states the number of pills, syringes, etc. seen in the package.

- The off-going staff (giving up the keys) verifies that the directions listed on the count page is accurate and that the number of pills, syringes etc. in the ‘amount left’ column is the same as the number as counted by the on-coming staff.

- Both staff looks at and verifies the number of pills, syringes etc. remaining in the tamper resistant package and in the ‘amount left’ column are the same.

- This process is completed for each countable medication.

After all countable medications have been counted, both staff must sign the count signature sheet documenting that the count was conducted and all countable medication is accounted for. The medication storage keys are now transferred to the on-coming staff.

Countable medications must be counted each time the medication storage keys change hands. The medication storage keys must be carried by the person assigned medication administration duties for the shift. See MAP Policy Section 10.
## DDS MAP Shoulder-to-Shoulder Count Procedure

In this video, DDS MAP Coordinators Gina Hunt and Carolyn Whittemore demonstrate the shoulder-to-shoulder count procedure.
Count Signature Sheets

The last section of the count book contains the count signature sheets. Countable controlled medication must be counted:

- with two Certified staff
- every time the medication storage keys change hands
  - including, when placing the medication storage keys into or removing them from the combination lock box
    - This can happen when
      - there is no staff coming on duty as you are leaving or
      - there is no staff present when you arrive

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Count correct</th>
<th>Incoming Staff</th>
<th>Outgoing Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/yr</td>
<td>3:00am</td>
<td>yes</td>
<td>Amanda Smith</td>
<td>Sam Dowd</td>
</tr>
<tr>
<td>3/1/yr</td>
<td>11:06am</td>
<td>yes</td>
<td>Jenna Sherman</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>8:56am</td>
<td>yes</td>
<td>single person count</td>
<td>Jenna Sherman*</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>10:12am</td>
<td>yes</td>
<td>Sam Dowd</td>
<td>Linda White**</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>3:04pm</td>
<td>yes</td>
<td>Amanda Smith</td>
<td>Sam Dowd</td>
</tr>
</tbody>
</table>

* On 3-2-yr at 8:56am, Jenna Sherman was the only MAP Certified staff on duty. When it was time for her to leave, there was no MAP Certified staff coming on duty. Jenna conducted a single person count before securing the medication storage keys.

** On 3-2-yr at 10:12am, Sam Dowd and his supervisor, Linda White, both MAP Certified, conducted a 2 person count before Sam accepted responsibility for the medication storage keys.
Two Signature Requirements

When and Why Two Signatures are Required in the Count Book

Two Certified and/or licensed staff signatures are required in the count book when:

1. adding a newly prescribed medication into the count
   - Why?
     - To verify the total amount of new medication received from the pharmacy is correct, is added to the count and is not stolen.

2. adding a medication refill from the pharmacy into the count
   - Why?
     - To verify the total amount of medication received from the pharmacy is correct, is added to the count and is not stolen.

3. disposing medication
   - Why?
     - To verify the total amount of medication to be disposed is rendered useless and cannot be used or stolen.

4. a count sheet page is transferred, including both the bottom of the completed page and the top of the newly transferred page
   - Why?
     - To verify the amount (number of tabs, caps, mL’s etc.) of medication at the bottom of the completed page is the same as the amount of medication at the top of the new page and has not been changed so that the medication can be stolen.

5. the medications are counted each time the medication storage keys change hands
   - Why?
     - To verify all medication is secure, accounted for and is not stolen.
Sample Medication Transfer Form

I, _____________________________, am transferring the following medication:
From ___________________________
To ______________________________
Date ____________________________

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of staff receiving medications __________________________ Date __________
Signature of staff transferring medications __________________________ Date __________

Medications must be transported by MAP Certified or licensed staff. See MAP Policy Section 10.
Subtracting LOA Medication

If the LOA medication is a countable controlled medication it must be subtracted in the count book as a LOA medication.

*On 2-24-yr at 10am, Amanda Smith subtracted nine tablets from the count sheet, that were prepared by the pharmacy, for a leave of absence (LOA) when those medications were released to David’s sister.

<table>
<thead>
<tr>
<th>Name:</th>
<th>__ Original Entry or ______ Transferred from page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor: Dr. Block</td>
<td></td>
</tr>
<tr>
<td>Pharmacy: Greenleaf</td>
<td>Prescription Number: N671</td>
</tr>
<tr>
<td>Medication and Strength: Phenobarbital 32.4mg</td>
<td>Prescription Date: Feb. 17, yr</td>
</tr>
<tr>
<td>Directions: Take 3 tablets by mouth once daily in evening</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Amount on Hand</th>
<th>Amount Used</th>
<th>Amount Left</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/17/yr</td>
<td>9am</td>
<td>Received from Pharmacy</td>
<td>42</td>
<td></td>
<td>21</td>
<td>Linda White/Sam Dowd</td>
</tr>
<tr>
<td>2/17/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>42</td>
<td>three</td>
<td>21</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/18/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>39</td>
<td>three</td>
<td>27</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/19/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>36</td>
<td>three</td>
<td>33</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/20/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>33</td>
<td>three</td>
<td>30</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/21/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>30</td>
<td>three</td>
<td>27</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/22/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>27</td>
<td>three</td>
<td>24</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/23/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>24</td>
<td>three</td>
<td>21</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/24/yr</td>
<td>10am</td>
<td>____</td>
<td>21</td>
<td>nine/LOA</td>
<td>12</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/27/yr</td>
<td>8pm</td>
<td>Mouth</td>
<td>12</td>
<td>three</td>
<td>9</td>
<td>Amanda Smith</td>
</tr>
</tbody>
</table>
Medication Supply Discrepancy

Suspicious

A suspicious count discrepancy is when the count is off and there is suspicion of tampering, theft or unauthorized use of medication, known as a medication or drug loss. Prescription medication losses (schedules II-VI) must be reported to the Drug Control Program (DCP) within 24 hours after discovery of the medication loss using the DPH/DCP Drug Incident Report (DIR) Form.

Remember, documentation tells a story from beginning to end. If a suspicious discrepancy is noted in the Count Book, it must be documented accurately, using as many lines as needed, to 'tell the story' of what happened. Make sure your documentation includes that the discrepancy was reported to the DPH/DCP and your supervisor.

Count Signature Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Count Correct</th>
<th>Incoming Staff</th>
<th>Outgoing Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/yr</td>
<td>1:30pm</td>
<td>yes</td>
<td>Amanda Smith</td>
<td>Sam Dowd</td>
</tr>
<tr>
<td>3/1/yr</td>
<td>1:06pm</td>
<td>yes</td>
<td>Jenna Sherman</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>6:56am</td>
<td>yes</td>
<td>single person count</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>1:02am</td>
<td>yes</td>
<td>Sam Dowd</td>
<td>Linda White</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>10:4pm</td>
<td>yes</td>
<td>Amanda Smith</td>
<td>Sam Dowd</td>
</tr>
<tr>
<td>3/2/yr</td>
<td>11:00pm</td>
<td>no</td>
<td>single person count</td>
<td>Amanda Smith</td>
</tr>
</tbody>
</table>

When I counted, one of Ellen Tracey's Ativan 0.5mg tab is missing.

See count sheet page 5. The amount left says 9 and there are 8 tabs in the package. Blister pack monitoring is completed for the last dose due. There is one empty bubble after that dose with no monitoring documented. Linda White, Supervisor notified. Drug Incident report form completed and faxed to DPH. Amanda Smith...
Non Suspicious

Name: David Cook
Doctor: Dr. Block
Pharmacy: Greenleaf
Medication and Strength: Phenobarbital 32.4mg
Directions: Take 3 tablets by mouth once daily in evening

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Amount On Hand</th>
<th>Amount Used</th>
<th>Amount Left</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/yr</td>
<td>8am</td>
<td>Received from Pharmacy</td>
<td>42</td>
<td>39</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/15/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>42</td>
<td>39</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/16/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>39</td>
<td>33</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/17/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>36</td>
<td>33</td>
<td>3</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/18/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>33</td>
<td>30</td>
<td>3</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/19/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>30</td>
<td>27</td>
<td>3</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/20/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>27</td>
<td>24</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/21/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>24</td>
<td>21</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
<tr>
<td>2/22/yr</td>
<td>10am</td>
<td></td>
<td>21</td>
<td>12</td>
<td>9</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/28/yr</td>
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<td>mouth</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>2/28/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>Jenna Sherman</td>
</tr>
</tbody>
</table>

2-27-yr 10am When counting I noticed the amount left says 5 but the number in the medication package is 6. The math of the 2-26-yr at 8pm entry is incorrect. I notified Linda White, Supervisor. Correct count is 6

Signature: Sam Dowd
Unit 9
Medication Occurrences
Procedure Following a Medication Occurrence

As soon as a medication occurrence is identified you must:

- Check to see if the person is ok
- If not ok, call 911
  - You must know your agency’s emergency procedures and where emergency contact information is located
  - Call a MAP Consultant
    - When speaking to the MAP Consultant, make sure you
      - tell the MAP Consultant exactly what happened, including
        - the medication(s) involved
        - what type of occurrence happened
        - date and time of occurrence
- Follow all recommendations given to you by the MAP Consultant
- Notify your supervisor
- Document
  - what happened
  - who you notified
    - include the MAP Consultant’s full name
    - your supervisor’s full name
  - the MAP Consultant’s recommendations
  - what you did (the MAP Consultant’s recommendations)
  - sign your name
  - date/time
- Complete a Medication Occurrence Report (MOR)
  - if the medication occurrence is a Hotline Medication Occurrence
    - notify DPH and the MAP Coordinator within 24 hours of discovery of the medication occurrence
      - fax and telephone numbers for DPH are located on the MOR form
    - submit the report within 7 days of discovery of the medication occurrence to the MAP Coordinator
The DPH Medication Occurrence Report form is used for all MOR’s in DMH-DCF programs and in DDS programs for hotlines only.

Medication occurrences provide an opportunity to improve medication administration procedures. When reviewing medication occurrences it is important to focus on what contributed to the occurrence rather than who made the occurrence.

Every staff can and should learn from someone else’s mistake. If you make a mistake when administering medication, it is extremely important to remember that the safety of the person must always be your primary concern and to report the occurrence to the MAP Consultant immediately.

The chances of a medication occurrence happening can be greatly decreased by always following the medication administration process you learned in this curriculum. Follow the same process each time you administer medication.

Ask your supervisor what the policy/procedure is regarding medication occurrence follow up specific to your work location. Expect that if you discover or make an occurrence your supervisor will speak to you to learn about the circumstances of what happened. A supervisor does this to determine if the:

- occurrence was reported promptly to the MAP consultant
- MAP consultant responded in a timely manner
- recommendation was followed

In addition a supervisor reviews:

- if there was an impact on the person
- the completed medication occurrence report
  - which of the five rights of medication administration were violated
    - right person
    - right medication
    - right dose
    - right time
    - omission
A wrong person medication occurrence means the medication was administered

- to the wrong person, either by
  - misidentification
  - distraction
  - the medication was left unattended or not secured and someone else ingested it

To minimize the chances of a medication occurrence involving a wrong person, always

- remain mindful
  - Think about what you are doing as you prepare medication; do not rush or skip steps to save time
  - If possible, bring the person to the medication area
  - If you are unsure of who the person is, ask another staff who is familiar with the person or look at the Emergency Fact Sheet picture
  - Do not try to do more than one task at the same time
    - For example
      - Do not prepare medication while on your cell phone
      - Never leave medication unattended
        - if the medication is refused, secure it until you attempt a second or third administration
        - Never pre-pour medication

You and your coworker Jim will be working together; Jim is assigned medication administration duties and you are assigned morning hygiene. To save time, Jim decides to ‘pre-pour’ all of the medications.

Just as Jim finishes preparing all of the medications he hears you call for “Help!” Jim goes to help you leaving the prepared medication unattended. When Jim returns to the medication area he finds one of the people living in the home with the empty pill cups.

1. What category of medication occurrence was made? __________________
2. What should Jim do next? __________________
3. How could this medication occurrence have been prevented? __________________
4. What if the same scenario occurred, except Jim had correctly prepared only one set of medication; what could he have done when he heard the call for help? __________________
Words You Should Know

Abbreviation-A shortened form of a word or phrase.

Adverse Response-A severe side effect.

Allergic Reaction-When the body’s immune system reacts to a medication as if it were a foreign substance.

Amount-The number of tablets, capsules or mLs needed to equal the dose ordered by the HCP.

Anaphylactic Reaction-A severe, dangerous, life threatening allergic reaction which requires immediate medical attention, such as calling 911.

Authorized Prescriber-Health Care Provider (HCP; see HCP below).

Blister Pack Monitoring-A medication tracking mechanism. Documentation by staff on the back of the blister pack, each time a tablet or capsule is removed from the package.

Brand name medication-A medication created and named by the specific pharmaceutical company that created it.

Chain of Custody-A documentation trail showing who is, or has been, responsible for the security of the medication at any given time.

Communication-Exchanging of information; this can be accomplished verbally, in writing and/or in the form of listening, body language, tone of voice.

Confidentiality-Keeping information about the people you support private; information to be shared on a ‘need to know’ basis.

Controlled Medication-Schedule II-V medication which requires a prescription to obtain it from the pharmacy; must be double locked and tracked in the Count Book.

Countable Controlled Medication-Schedule II-V medication which requires a prescription to obtain it from the pharmacy; must be double locked and tracked in a Count Book.

Countable Controlled Substance Book-A book used to document and track schedule II-V medications.

Count Book-Another name for the Countable Controlled Substance Book. A book used to track all countable controlled (schedule II-V) medication in a program.
Answer Key

Unit 1

Page 16

1. F
2. F
3. T
4. F
5. T
6. F
7. T

Page 18

1. Juanita is able to nod her head 'yes' and 'no' to respond to a question or she may make a face to show if she liked (smiled) or did not like (frowned) a flavor when tasting the pudding
   Related principle: communication
2. Allow Ellen to fill her own glass of water for medication administration
   Related principle: supporting abilities
3. Her HCP
   Related principle: communication
4. Switch the order of who you administer the medications to often
   Related principle: mindfulness

Page 20

1. Anxiety is defined as biting hands for more than 4 minutes and head slapping for longer than 30 seconds or more than 5 times in 4 minutes
2. No
3. Notify HCP
Ask Your Supervisor Specific to Your Work Location

1. Where are MAP Consultants, poison control and other emergency numbers located?
2. Who is responsible for contacting the HCP to report changes observed in the people you support?
3. How is information shared between shifts, such as how new HCP orders are communicated if there is no staff present when you arrive for your shift?
4. Does anyone have HCP orders for 'high alert' medication?
5. Does anyone have HCP orders for 'high risk' for abuse Schedule VI medication and if so, how they are tracked?
6. How does the pharmacy identify countable controlled medication?
7. Where is the drug reference book located or how is the reputable online resource accessed?
8. What HCP visit forms are required specific to the people you support?
9. Am I allowed to take a telephone order, if yes, where are the telephone order forms kept?
10. What method is used to obtain medication refills from the pharmacy?
11. Are there HCP orders for antipsychotic medications requiring a Rogers Decision?
12. How is the backup set of keys accessed, if needed?
13. What is the medication administration time schedule?
14. When will I receive training on all other routes medications are administered?
15. Is blister pack monitoring required?
16. Does the pharmacy supply automatic refills? If yes, what system is used to cross check the medication I am expecting to receive to what the pharmacy delivers?
Medication Administration Program (MAP)

The Medication Administration Program (MAP) was implemented to increase the safety and security of medication administration for individuals living in Department of Mental Health (DMH), Department of Children and Families (DCF), or Department of Developmental Services (DDS) licensed, funded, or operated community residential programs that are their primary residences and/or participating in day programs and short-term respite programs.

The Department of Public Health (DPH) serves as the lead agency for the Program which is administered jointly with the DMH, DCF, and DDS. The overall goal of MAP is to ensure that there are appropriate policies and procedures for safe medication administration. This helps people receive their medication while living in the community and carrying on their day to day activities. The program makes it possible for direct care staff, who know the specific needs and concerns of each individual, to administer medication as a normal part of the individual's daily routine.

MAP is implemented through uniform, statewide standards that undergo continuous evaluation and improvement. The Program has benefited from the experience and involvement of individuals, families, service providers, and professional organizations.

Friendly URL:
www.mass.gov/dph/map
www.mass.gov/dph/map

- FAQs
  - General Public - Frequently Asked Questions
  - Service Providers - Frequently Asked Questions
  - High Alert Medications - Frequently Asked Questions
- Naloxone Use
- Methadone Take Home Doses in an Storm or Emergency
- Electronic Signatures
- MAP Brochure
- Oversight and Review
- MAP Training Tools
- Policies
- Medication Administration Program (MAP) Regulations
- Related Materials
- Train the Trainer Session
- MAP Education Tools for Supervisors
- DDS MAP Webinars
- MAP Advisory Group
New Study Guide
Responsibilities in Action

Study Guide

Unit 1 Working at a MAP Registered Program (Pages 14-21)

MAP Consultants

A MAP Consultant is a:

- registered nurse
- registered pharmacist
- Health Care Provider (HCP)

MAP Consultants must be available 24 hours a day, 7 days per week and their contact information must be clearly posted in your work location.

Examples of when you may need to contact a MAP Consultant include if:

- you make or discover a medication occurrence
- the medication was omitted (not given)
- the medication was refused
  - if refused, the prescribing HCP must be notified
- the HCP order, pharmacy label or medication sheet do not agree
- you have a question about a medication or how to administer it

After a MAP Consultant is called, then you contact your supervisor to tell them about the issue.

Learning about the People You Support

Two of your most important responsibilities are watching for and reporting changes in the people you support. Observe for changes physical and/or behavioral. First, get to know the person by:

- Communicating with the
  - person
  - family
  - other staff
- Reading the
  - person’s health history
Adjunct Trainer Materials

- Medication Book
- Countable Controlled Substance Book
- Certification ‘Training Program’ PowerPoint
- Homework
Medication Book

- Emergency Fact Sheet
- HCP Order
- Medication Sheet
- Medication Progress Note
- Medication Information Sheet
**HEALTH CARE PROVIDER ORDER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Ellen Tracey</td>
<td>2-1-yr</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Allergies</th>
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<tbody>
<tr>
<td>Dr. Shirley Glass</td>
<td>none</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Reason for Visit</th>
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<tbody>
<tr>
<td>Annual physical exam</td>
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<table>
<thead>
<tr>
<th>Current Medications</th>
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<tr>
<td>See attached medication list</td>
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</table>

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Dowd</td>
<td>2-1-yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue current medications</td>
</tr>
</tbody>
</table>

**Medication/Treatment Orders**

- ✓ Ativan 1mg by mouth twice daily
- ✓ Ativan 0.5mg by mouth once daily PRN anxiety. Give PRN dose at least 4 hours apart from scheduled dose. See support plan.
- ✓ Lipitor 20mg by mouth once daily in the evening

**Instructions**

**Follow-up visit**

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Shirley Glass</td>
<td>2-1-yr</td>
</tr>
</tbody>
</table>

Posted: Sam Dowd  Date: 2/1/yr Time: 2pm  Verified: Linda White  Date: 2/1/yr Time: 4pm
Ellen Tracey Support Plan
Anxiety Management

Specific behaviors that show Ellen is anxious:

1. Biting hands for more than 4 minutes
2. Head slapping for longer than 30 seconds or more than 5 times in 4 minutes
   A. Staff will attempt to talk to Ellen in one on one conversation regarding current feelings and difficulties
   B. Staff will attempt to direct and involve Ellen in a familiar activity such as laundry, meal preparation, etc.

If unsuccessful with A and B, the Ativan may be administered.

Ativan 0.5mg once daily as needed by mouth
Give at least 4 hours apart from regularly scheduled Ativan doses.
(Refer to HCP order)

If anxiety continues after the additional dose, notify HCP.

HCP signature: Shirley Glass MD 2/1/yr

Posted: Sam Dowd 2-1-yr 2pm
Verified: Linda White 2-1-yr 4pm
Medication Sheet

<table>
<thead>
<tr>
<th>Month and Year: March yr</th>
<th>MEDICATION ADMINISTRATION SHEET</th>
<th>Allergies: none</th>
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<tbody>
<tr>
<td>Start</td>
<td>Generic Lorazepam</td>
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<tr>
<td>2-1-yr</td>
<td>Brand Ativan</td>
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</tr>
<tr>
<td>Strength 0.5mg</td>
<td>Dose 1mg</td>
<td></td>
</tr>
<tr>
<td>Stop</td>
<td>Amount 2 tabs</td>
<td></td>
</tr>
<tr>
<td>cont.</td>
<td>Frequency twice daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8am</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>5D 5D</td>
<td>29</td>
</tr>
<tr>
<td>Special instructions:</td>
<td>Reason: lessen anxiety</td>
<td></td>
</tr>
<tr>
<td>Start</td>
<td>Generic Lorazepam</td>
<td></td>
</tr>
<tr>
<td>2-1-yr</td>
<td>Brand Ativan</td>
<td></td>
</tr>
<tr>
<td>Strength 0.5mg</td>
<td>Dose 0.5mg</td>
<td></td>
</tr>
<tr>
<td>Stop</td>
<td>Amount 1 tab</td>
<td></td>
</tr>
<tr>
<td>cont.</td>
<td>Frequency once daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRN anxiety</td>
<td></td>
</tr>
<tr>
<td>Special instructions:</td>
<td>Reason: lessen anxiety</td>
<td></td>
</tr>
<tr>
<td>Start</td>
<td>Generic Atorvastatin</td>
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</tr>
<tr>
<td>2-1-yr</td>
<td>Brand Lipitor</td>
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<td>Strength 10mg</td>
<td>Dose 20mg</td>
<td></td>
</tr>
<tr>
<td>Stop</td>
<td>Amount 2 tabs</td>
<td></td>
</tr>
<tr>
<td>cont.</td>
<td>Frequency once daily in evening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8pm 5D 5D</td>
<td>29</td>
</tr>
<tr>
<td>Special instructions:</td>
<td>Reason: decrease cholesterol</td>
<td></td>
</tr>
<tr>
<td>Name: Ellen Tracey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site: 45 Shade Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treetop MA 00000</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CODES</th>
<th>Signature</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP-day program day hab</td>
<td>Jenna Sherman</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>LOA-leave of absence</td>
<td>Jenna Sherman</td>
<td>Amanda Smith</td>
</tr>
<tr>
<td>P-packaged</td>
<td>Amanda Smith</td>
<td>Sam Dowd</td>
</tr>
<tr>
<td>W-work</td>
<td>Sam Dowd</td>
<td></td>
</tr>
<tr>
<td>H-hospital, nursing, home, rehab center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-school</td>
<td></td>
<td></td>
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</tbody>
</table>

Accuracy Check 1 Jenna Sherman Date 2/28/yr Time 10pm Accuracy Check 2 Amanda Smith Date 2/28/yr Time 10pm
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
<th>Refused Not Given</th>
<th>Reason (for giving/not giving)</th>
<th>Results and/or Response</th>
<th>Staff Signature</th>
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<tbody>
<tr>
<td>3-1-yr</td>
<td>3pm</td>
<td>Ativan</td>
<td>0.5mg</td>
<td>√</td>
<td>Ellen continued to bite hands and slap her head even after trying to talk with her and asking if she wanted to help fold towels.</td>
<td>Sam Dowd</td>
<td></td>
</tr>
<tr>
<td>3-1-yr</td>
<td>6pm</td>
<td></td>
<td></td>
<td></td>
<td>Ellen is eating dinner. The biting and slapping stopped.</td>
<td>Sam Dowd</td>
<td></td>
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</tbody>
</table>
Medication Information Sheet

Atorvastatin: is an antilipidemic which can reduce cardiovascular disease in those with mildly elevated cholesterol. The brand name is Lipitor.

How to take: by mouth at any time of day without regards to meals.

What to do if you miss a dose: Take as soon as possible unless it is near your next dose, skip the missed dose and resume your regular schedule.

Side Effects: Headache, asthenia, abdominal cramps, constipation, diarrhea, flatus, heartburn, nausea, rash, alopecia, photosensitivity, pharyngitis, sinusitis.

Interactions: Possible toxicity when used with grapefruit juice; oat bran may reduce effectiveness.

Special precautions: report to HCP any blurred vision, severe GI symptoms, headaches, muscle pain, weakness. Not to take product if pregnant, breastfeeding; to avoid alcohol. Stay out of the sun; use sunscreen, protective clothing to prevent photosensitivity.

Overdose reaction: If overdose is suspected, call your local poison control center or emergency room. US residents can call the national poison control hotline at 1-800-222-1212.
Countable Controlled Substance Book

Name of Agency: Amercare

Name of Service Site: 45 Shade Street, Treetop MA 00000

Book Number: 1

Section 1 Index
Section 2 Count Sheets
Section 3 Count Signature Sheets
# Count Book

<table>
<thead>
<tr>
<th>Name</th>
<th>Medication and Strength</th>
<th>Page Number</th>
<th>Person responsible for removing medication from count</th>
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<tbody>
<tr>
<td>David Cook</td>
<td>Phenobarbital 32.4mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tanisha Johnson</td>
<td>Clonazepam 1mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Tanisha Johnson</td>
<td>Phenobarbital 32.4mg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Ellen Tracey</td>
<td>Lorazepam 0.5mg</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Juanita Gomez</td>
<td>Tramadol 50mg</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>David Cook</td>
<td>Tramadol 25mg</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
### Count Sheet Page 1

**Name:** David Cook  
**Doctor:** Dr. Block  
**Pharmacy:** Greenleaf  
**Prescription Number:** N671  
**Prescription Date:** Feb. 17, yr

**Medication and Strength:** Phenobarbital 32.4mg  
**Directions:** Take 3 tablets by mouth once daily in evening

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Amount Hand</th>
<th>Amount Used</th>
<th>Amount Left</th>
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<td>2/17/yr</td>
<td>9am</td>
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<td>42</td>
<td><strong>Linda White</strong></td>
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<tr>
<td>2/17/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>42</td>
<td>three</td>
<td>39</td>
<td>Jenna Sherman</td>
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<tr>
<td>2/18/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>39</td>
<td>three</td>
<td>36</td>
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<td>2/19/yr</td>
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<td>mouth</td>
<td>36</td>
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<tr>
<td>2/20/yr</td>
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<td>Jenna Sherman</td>
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<td>24</td>
<td>three</td>
<td>21</td>
<td>Jenna Sherman</td>
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<td>2/24/yr</td>
<td>8pm</td>
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<td>21</td>
<td>three</td>
<td>18</td>
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<tr>
<td>2/25/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>18</td>
<td>three</td>
<td>15</td>
<td>Amanda Smith</td>
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<td>2/26/yr</td>
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<td>15</td>
<td>three</td>
<td>12</td>
<td>Amanda Smith</td>
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<td>2/27/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>12</td>
<td>three</td>
<td>9</td>
<td>Jenna Sherman</td>
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<td>2/28/yr</td>
<td>8pm</td>
<td>mouth</td>
<td>9</td>
<td>three</td>
<td>6</td>
<td>Jenna Sherman</td>
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<tr>
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<td>8pm</td>
<td>mouth</td>
<td>6</td>
<td>three</td>
<td>3</td>
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<tr>
<td>3/2/yr</td>
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<td>mouth</td>
<td>3</td>
<td>three</td>
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<td>Amanda Smith</td>
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Amount left: 0 transferred to page 2  
**Signature:** Amanda Smith  
**Signature:** Jenna Sherman
Responsibilities in Action

Understanding the Connections
Responsibility

- Observe
- Report
- Assist with HCP visits
- Obtain medication from pharmacy
- Transcription
- Medication security
- Medication administration
- Documentation
Trainer, RN

- Email
- Text
- Fax
- Telephone
Let’s Begin

- Units 1-9
  - Responsibilities You Will Learn
  - Symbols
  - Exercises
  - Let’s Review

- Case Studies

- Words You Should Know

- Answer Key

- Study Guide
Preceptor Pilot

- Claude Augustin, RN
- Evelyn Brezniak, RN
- David Bruno, RN
- Pat Coupal, RN
- Lori Gross, RN

- Jackie Heard, RN
- Tonya Jenkins, RN
- Denise McGrath, RN
- Denise Vignali, RN
- Theresa Wolk, RN
Test Process

Three Timed Test Components

1. Computer based test
   a. 50 multiple choice questions (40/50 is passing)
   b. 75 minutes

Skills

2. Transcription
   a. DC one medication and transcribe one medication
   b. 15 minutes

3. Medication administration
   a. Verbalize and point to the 5 Rights as you perform the 3 Checks
   b. 10 minutes
Responsibilities in Action
Understanding the Connections

The Massachusetts Medication Administration Program Certification Training

Download Now
www.mass.gov/dph/map