

A BRIEF LOOK AT -

MEDICATION SAFETY AND COMPLIANCE



In addition to the Agency's other policies, procedures, and trainings, as well as the information in other "A Brief Look" lessons, medication safety and compliance is essential for those involved with direct patient/client care to take into consideration.

It goes without saying: The nurse administering medication or delegating the administration of medication must be qualified and must follow all the Regulations established by the Board of Nursing.



Please refer to the Nursing Practice Act.

In addition to the Nursing Practice Act, the nurse must follow other rules including the state's licensing standards, Medicare's rules, and the Agency's policies on the administration of medication. S/he will follow the Rights of Medication Administration set by nursing standards.



There must be an order from a physician for any medication (or treatment) before it is given to the patient/client.

This order, whether it is written or verbal, must be incorporated into the patient's/client's record according to the Agency's policies.

The Registered Nurse (RN) will make a comprehensive assessment of the patient/client, including the medications s/he is now taking. These will be documented in the record and will include prescription medications, over-the-counter (OTC) medications, herbal remedies, vitamins, and minerals. The nurse will include a nutritional assessment to ensure there are no interactions with the patient's/client's medication regimen.

The nurse will identify and document potential contraindications, drug reactions, serious adverse reactions, and drug interactions at admission and as medications are newly ordered, changed, or discontinued. The medication list must be kept current and updated to reflect the new medications, changed medications (such as dosage and frequency), and discontinued medications.





As part of the comprehensive assessment, the RN will determine the patient's/client's ability to prepare and take all prescribed medications reliably and safely, including taking the correct dose at the correct time. This includes the ability to do so if the medication is prepared in advance by another person or if the individual is given reminders.

The RN will determine if the patient/client can see well enough to read the medication labels, if s/he has allergies to medications, and if the individual needs training on taking the medications correctly. The RN will also find out if the individual is able to afford the medications and if a referral to a Medical Social Worker (MSW) is needed. The MSW may assist the patient/client in finding resources in the community to assist with the purchase of medications.

RNs and LVNs may purchase and transport medications, sterile water, sterile saline, and certain vaccines or tuberculin purified protein derivative for TB testing according to state laws, federal regulations, and Agency policy. There must be a physician's order to do so. The products must be transported so as to maintain their identity, integrity, and security. There must be documentation in the record when the nurse transports these items.



The Agency may store these products at the office following the manufacturer's instructions. Refrigerate those requiring it in a separate refrigerator than that used for food and make sure they will not freeze. Store away from light and heat, which can effect their chemical composition. Take inventory regularly to ensure products have not expired.



The nurse will instruct the patient/client on the safe storage of medications in the home.



The nurse might prepare the medications ahead of time and put them in a reminder box and instruct the patient/client on when and how to take the medicine. For example, some medications need to be taken with food and some need to be taken on an empty stomach. Some medications shouldn't be taken with certain foods or juices because they interact with the medication.

The RN will assess the patient's/client's response to his/her medication regimen. S/he will teach the individual what the medication is supposed to do and what to expect as potential side effects and adverse reactions.

"Routine" side effects of many medications could include nausea, constipation, diarrhea, drowsiness, etc.

Serious adverse reactions could include difficulty breathing, allergic reactions, lack of response, coma, and even death.

The nurse will report adverse reactions to the physician and document them in the record.

Although we hope it never happens, there might be medication errors made by the nurse, patient/client, or caregiver. These must be reported immediately and documented according to the Agency's policy.

Sometimes there is a concern about the patient's/client's non-compliance with his/her medication regimen. The nurse will make an assessment of the cause and initiate the proper nursing intervention such as reinforcing the teaching to the individual about the medication's use and the effect the doctor is trying to achieve by prescribing it. The nurse can teach comfort measures to use to counteract the side effects. The nurse will report non-compliance to the physician and will document this contact in the record, as well as the patient's/client's non-compliance, the reasons, and the interventions s/he took.

Reasons for non-compliance include, but are not limited to, and in no special order:

- * it is inconvenient for the individual such as taking a diuretic before going to church;
- * the individual doesn't like the side effects;
- * if the medication is for pain, the individual may have an unnecessary fear of "getting hooked;"
 - * the patient/client may have many medications and gets tired, confused, or overwhelmed when taking them;
 - * the individual forgets to take medication;
 - * the individual wants to feel more in control;
 - * the individual may not be able to afford medications;
 - * the individual may have behavioral health issues such as depression;
- * the individual may decide s/he doesn't want to get well because s/he is enjoying the secondary gain of the attention illness can bring or because s/he wants to die.



Finally, when a medication is discontinued or has passed its expiration date, the nurse should give instruction on safe medication disposal. It is no longer considered safe for the environment for medications to be flushed down the toilet. Federal guidelines indicate they should be taken out of their original container and thrown in the trash. The Office of National Drug Control Policy recommends mixing them with an undesirable substance such as kitty litter or used coffee grounds or putting them in a nondescript container such as an empty can. Some communities have a pharmaceutical take-back program for gathering unwanted medications at a central location for safe disposal.

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QUIZ

1. An RN or an LVN will follow the Rights of Medication Administration set by nursing standards when giving a patient medications.
 True
 False

2. A nurse may prepare a patient's/client's medication ahead of time and leave them in a dish on the table.
 True
 False

3. Nausea is a common side-effect of some medications so the nurse does not have to document this in the record.
 True
 False

4. Discontinued or expired medications should be flushed down the toilet.
 True
 False

Signature

Date



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ANSWER KEY

1. TRUE
2. FALSE
3. FALSE
4. FALSE