

15

Medications and Technology in Home Care



1. List four guidelines for safe and proper use of medications

Remember:

People who need home care often need medications. Home health aides do not usually handle or give medications. However, it is important to understand the kinds of medicine clients may be taking, and to know what to do if a client experiences side effects or refuses to take medication.

Key Material 15-1: Guidelines for Use of Medications

- Never handle or administer medication unless trained and assigned
- Observe clients' self-administration of medication
- Know the difference between prescriptions and non-prescription OTC (over-the-counter) drugs
- Be aware of all medications a client is taking
- Report side effects or interaction symptoms which may include

1. List four guidelines for safe and proper use of medications

In addition to the guidelines listed on the last slide, HHAs need to remember the following for the safe and proper use of medications:

- Never touch pills or the inside of the medicine bottle. Never put any medication in the client's mouth
- Remind clients to take medications. Bring medication container to client. Provide food or water. Observe, report, and document
- Report side effects or interaction symptoms including itching, trembling or shaking, anxiety, stomachache, diarrhea, confusion, vomiting, rash, hives, or headache. Report and document only facts and observations

2. Identify the “rights” of medications

Remember:

Knowing and remembering the five “rights” of medications will help prevent mistakes.

Key Material 15-2: “Rights” of Medications

1. The Right Client
2. The Right Medication
3. The Right Time
4. The Right Route
5. The Right Amount

2. Identify the “rights” of medications

HHAs should know these “rights” of medications:

- The right client (check the client’s name on the label)
- The right medication (check the name of medication and expiration date)
- The right time (check label on what time or how often and compare with instructions in care plan)
- The right route (check label for instructions on how it is to be taken)
- The right amount (check label for dosage)

2. Identify the “rights” of medications

Remember:

Medications will have labels that list instructions for how much and when to take the medication, as well as how to take the medication and a maximum daily limit.

Handout 15-1: Over-the-Counter Medicine Labels

Over-the-counter (or non-prescription) medication is available without a doctor's prescription. The label (called Drug Facts) on this medicine must have certain information included. This information is meant to be easily read and understood by consumers and includes the following:

- **Active ingredient:** details the amount of the active ingredient in each dosage unit and the specific substance in the product
- **Purpose:** lists the product's purpose or category, such as antihistamine
- **Uses:** explains the problems or disorders the product will treat or prevent
- **Warnings:** lists the conditions under which the product should not be used or when to consult a doctor before taking the product, as well as side effects that may occur and substances or activities to avoid
- **Directions:** indicates how much to take of the product, how to take the product, when to take the product, and how long to take the product

Handout 15-1: Over-the-Counter Medicine Labels (cont'd)

Drug Facts label information

- Other information: explains how to store the product
- Inactive ingredients: lists other substances included, such as colors or flavors

The label also includes the expiration date, which is the date after which the product should not be used. The manufacturer's information is included, as well as how to respond if an overdose occurs. The U.S. Food and Drug Administration (FDA) has more information at fda.gov.



3. Explain how to assist a client with self-administered medications

Remember:

Some elderly people have a hard time remembering to take all their medications. In addition, there may be instructions to remember. HHAs have a role in assisting clients with self-administered medications.

Key Material 15-3: HHA's Role in Medication Assisting

- Remind client when it is time for medication.
- Check for right person, medication, time, expiration date, route, and amount
- Read the medication label
- Identify the container and bring the container to the client.
- Bring the client needed equipment to prepare and self-administer medication.
- Provide food or water as directed
- Shake liquid medications if ordered
- Open and close containers
- Position the client for taking the medication
- Observe client taking medication
- Document that client took the medication, the time, and any other medications or food taken at the same time
- Report any possible reactions
- Clean and store or dispose of equipment
- Return medication to storage

3. Explain how to assist a client with self-administered medications

HHAs are generally NOT allowed to do any of the following regarding medications:

- Break apart or crush capsules or tablets
- Mix medication with food or drink
- Pour or mix medication from one bottle into another, even if both contain the same medicine
- Touch medication directly with their hands
- Assist with medication if the client's name is different from that on the label
- Assist with medication whose label has been removed or changed
- Assist with medication if medication name does not match the name on the care plan

3. Explain how to assist a client with self-administered medications

Tasks HHAs are generally NOT allowed to do regarding medications (cont'd):

- Use appearance alone to identify a medication
- Assist client in taking more or less of a medication than is ordered
- Remove or change a medication label
- Assist client with medicine at a time when it is not ordered
- Provide the wrong liquid for swallowing medications
- Put medication into the client's mouth
- Draw up solution for injections

3. Identify how to assist a client with self-administered medications

Tasks HHAs are generally NOT allowed to do regarding medications (cont'd):

- Give client an injection
- Dispose of used injection needles/syringes
- Insert suppositories or other medication into the rectum
- Insert or apply vaginal medication
- Do special cleaning of the client's eyelids or eyelashes to prepare for eye medications
- Put drops into the eye, ear, or nose
- Apply prescription medications to the skin

3. Explain how to assist a client with self-administered medications

HHAs assisting clients with self-administration should understand these precautions:

- Document all medication taken
- Watch for side effects, such as dizziness, drowsiness, headache, nausea and vomiting, or confusion
- More serious effects are allergic reaction or hypersensitivity to drug (hives, fever, rash, or difficulty breathing)

4. Identify observations about medications that should be reported right away

HHAs should recognize these signs of medication side effects:

- Dizziness, fainting
- Nausea, vomiting , diarrhea
- Rash, hives, itching
- Difficulty breathing, swelling of throat or eyes
- Drowsiness
- Headache, blurred vision
- Abdominal pain
- Any other unusual sign

4. Identify observations about medications that should be reported right away

The following problems must be reported immediately:

- Client refuses to take medication
- Client takes wrong dose
- Client takes medication at wrong time
- Client takes wrong medication
- Medication container is missing or empty

5. Describe what to do in an emergency involving medications

The following are medication emergencies:

- Allergic reaction (if severe, call 911 for emergency help)
- Wrong dose taken
- Medication complications (if severe, call 911 for emergency help)
- Overdose of medications (call local poison control center)

5. Describe what to do in an emergency involving medications

Remember:

In case of an emergency involving medications, do not give liquids, food, or other medications unless instructed to do so.

6. Identify methods of medication storage

HHAs should understand these points about medication storage:

- Keep client's medication in one place, separate from others
- If children or disoriented elderly are in the home, recommend that medications be locked and in childproof containers
- Refrigerate, if necessary, on a high shelf. Store away from heat and light
- The client (not HHA) should discard expired or unlabeled meds, not in trash

7. Identify signs of drug misuse and abuse and know how to report these

Drug abuse includes all of the following:

- Refusing to take medications
- Taking wrong dose or taking it at the wrong time
- Mixing medication with alcohol
- Taking drugs that have not been prescribed
- Taking illegal drugs
- Sharing drugs

Key Material 15-4: Signs of Drug Misuse or Abuse

- Depression
- Anorexia
- Change in sleep patterns
- Withdrawal or moodiness
- Secrecy
- Verbal abuse
- Poor relationships

7. Identify signs of drug misuse and abuse and know how to report these

Think about this question:

What are some of the reasons why clients may not take their medication?

8. Demonstrate an understanding of oxygen equipment

Define the following terms:

oxygen therapy

the administration of oxygen to increase the supply of oxygen to the lungs.

nasal cannula

an oxygen delivery device that consists of a piece of plastic tubing that fits around the face and two prongs that fit inside the nose.

oxygen concentrator

a box-like electrical device that changes air in the room into air with more oxygen.

8. Demonstrate an understanding of oxygen equipment

Define the following terms:

combustion

the process of burning.

flammable

easily ignited and capable of burning quickly.

8. Demonstrate an understanding of oxygen equipment

HHAs have a limited role in oxygen administration but should be aware of this information:

- Oxygen therapy is ordered by the physician
- HHAs never handle or administer oxygen
- May be administered different ways, such as in tanks or an oxygen concentrator, using a nasal cannula or face mask

8. Demonstrate an understanding of oxygen equipment

Oxygen administration (cont'd):

- Oxygen supports combustion and requires the following safety measures:
 - Post *No smoking* and *Oxygen in Use* signs
 - Never allow smoking in room
 - Remove all fire hazards
 - Do not burn candles, light matches, or use lighters around oxygen
 - Do not use oxygen near wood-burning or gas stoves, gas space heaters, or fireplaces
 - Do not use an extension cord with an oxygen concentrator

8. Demonstrate an understanding of oxygen equipment

- Oxygen safety measures (cont'd):
 - Do not place electrical cords or oxygen tubing under rugs or furniture
 - Avoid nylon and wool
 - Report skin irritation from nasal cannula or face mask
 - Do not use any petroleum-based products on client or on any part of the cannula or mask
 - Never adjust oxygen unless there is a fire, then turn it off

8. Demonstrate an understanding of oxygen equipment

HHAs should know these guidelines for oxygen tanks:

- Count and record pulse and respirations
- Flow meter will be set to proper amount, report if it is not
- Humidifying bottles need sterile water and should be correctly attached
- Change nasal cannula when it is hard or cracked, at least once every two weeks
- Make sure oxygen tank is secure

8. Demonstrate an understanding of oxygen equipment

The following are guidelines for liquid oxygen:

- Turn off supply valves when not in use
- Do not tip reservoir on its side
- Keep reservoir in open space
- Do not cover reservoir
- Lift reservoir with two hands
- Do not touch frosted part of equipment or liquid oxygen direction. Report leaks

8. Demonstrate an understanding of oxygen equipment

HHAs should know these guidelines for oxygen concentrators:

- Count and record pulse and respirations
- Oxygen dial will be set at proper rate, report if not
- Humidifying bottles need sterile water and should be correctly attached
- Keep concentrator in well-ventilated area
- Brush off the air filter daily to remove dust

9. Explain care guidelines for intravenous (IV) therapy

Define the following term:

intravenous (IV) therapy

the delivery of medication, nutrition, or fluids through a person's vein.

9. Explain care guidelines for intravenous (IV) therapy

Remember:

HHAs do not touch the IV site and never insert or remove IV lines.

9. Explain care guidelines for intravenous (IV) therapy

HHAs should observe the IV site for changes or problems and report any of the following:

- Needle falls out
- Tubing disconnects
- Dressing is loose
- Blood is in tubing
- Site is swollen or discolored

9. Explain care guidelines for intravenous (IV) therapy

Observe and report regarding client IV site (cont'd):

- IV bag breaks or fluid does not decrease
- IV not dripping or is leaking
- IV fluid is nearly gone
- Pump beeps or is dropped
- Client complains of pain or has difficulty breathing

Assisting in changing clothes for a client who has an IV

Equipment: clean clothes

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. Wash your hands.
5. If the bed is adjustable, adjust bed to lowest position. If the bed is movable, lock bed wheels.

Assisting in changing clothes for a client who has an IV

6. Assist client to sitting position making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
7. Ask the client to remove the arm without the IV from clothing. Assist as necessary.
8. Help the client gather the clothing on the arm with the IV. Carefully lift the clothing over the IV site and move it up the tubing toward the IV bag.



Assisting in changing clothes for a client who has an IV

9. Lift the IV bag off its pole, keeping it higher than the IV site. Carefully slide the clothing over the bag. Place the bag back on the pole.
10. Set the used clothing aside to be placed with soiled laundry.
11. Gather the sleeve of the clean clothing.
12. Lift the IV bag off its pole and, keeping it higher than the IV site, carefully slide the clothing over the bag. Place the IV bag back on the pole.



Assisting in changing clothes for a client who has an IV

13. Carefully move the clean clothing down the IV tubing, over the IV site, and onto the client's arm.
14. Have the client put her other arm in the clothing. Assist as necessary.
15. Observe the IV for one minute to make sure that it is dripping properly. If it is not dripping at all or if the drops are coming too slowly or too rapidly, notify the supervisor. Make sure none of the tubing is dislodged and the IV site dressing is in place. Make sure tubing is not kinked.
16. Assist the client with changing the rest of her clothing as necessary.
17. Place soiled clothes in the laundry hamper.
18. Adjust bed if necessary.
19. Wash your hands.
20. Document procedure and any observations.

9. Explain care guidelines for intravenous (IV) therapy

Define the following terms:

complementary medicine

treatments that are used in addition to the conventional treatments prescribed by a doctor

alternative medicine

practices and treatments used instead of conventional healthcare methods

9. Explain care guidelines for intravenous (IV) therapy

HHAs should be familiar with the following complementary and alternative health practices:

- Chiropractic medicine
- Massage therapy
- Acupuncture
- Homeopathy
- Herbs and dietary supplements

9. Explain care guidelines for intravenous (IV) therapy

Think about this question:

Have you had any experiences with any complementary or alternative medicine practices listed on the previous slide?

9. Explain care guidelines for intravenous (IV) therapy

Remember:

You should not make judgments, express opinions, or make recommendations to clients regarding complementary or alternative medicine practices. Any concerns should be expressed to your supervisor.

Critical Thinking: Case Study

Mrs. M has been discharged from the hospital after heart surgery. She is taking 12 different medications, and oxygen is required for exercise and ambulation. Your role is to assist with self-administration of the medications.

- What does this mean with regard to your duties?
- What will the nurse educate Mrs. M about in regard to the medications?
- Can you be supportive to both the nurse and the client?
- If oxygen is stored in the bedroom, what safety measures are appropriate?

Critical Thinking: Case Study

What does this mean with regard to the HHA's duties?

What will the nurse educate Mrs. M about in regard to the medications?

Can the aide be supportive to both the nurse and the client?

If oxygen is stored in the bedroom, what safety measures are appropriate?

