

SPECIALIZED FAMILY CARE
Provider Training

Category:	Pre-Service Training – Part II
Title:	Medication Administration Guide – Medication Administration Protocol; Medical Terminology & Abbreviations: Route & Dosage Forms; Physical Assessment & Abbreviation Forms
Materials:	<i>Medication Administration Guide Document – Section 11, 111, IV, V</i>
Goal:	Learn the protocol for administering medications, common abbreviations for medical/drug terminology, and how to administer medication
Credit	1 Hour
Date Developed:	February 2009
Developed by:	Pre-Service Training Team

This skill-building instruction has been approved for Specialized Family Care Provider training by: 12/29/2016

Specialized Family Care Program Manager **Date**

Jo Ann P. Ranson, RN *2-19-09*
 JoAnn P. Ranson, RN, Bureau of Medical Services Date

Carol Brewster 08-30-2016

Content Reviewed by: Carol Brewster, FBCS **Date**

Training Objectives:

- Specialized Family Care Provider will learn the protocol for medication administration
- Specialized Family Care Provider will learn the importance of maintaining a daily log for recording medication information
- Specialized Family Care Provider will learn the common abbreviation for medication administration
- Specialized Family Care Provider will learn the routes by which medication is administered
- Specialized Family Care Provider will learn common abbreviations which are used for physical assessments

Training Procedures:

- Specialized Family Care Provider will review “Medication Administration Protocol;” “Medical Terminology & Abbreviations;” “Route & Dosage Forms;” & “Physical Assessment & Abbreviation Terms;” from the MEDICATION REVIEW GUIDE
- Specialized Family Care Provider will complete test
- Specialized Family Care Provider will review test responses with Family Based Care Specialist

I certify that I have completed all the materials associated with this training module. I feel that I have a basic understanding of the material completed.

Specialized Family Care Provider	Start Time	End Time	Date
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Reviewed by: _____
 Family Based Care Specialist Date

MEDICATION
ADMINISTRATION
GUIDE



SPECIALIZED FAMILY
CARE PROGRAM

2009

MEDICATION ADMINISTRATION GUIDE

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SECTION I

INFECTION CONTROL/STANDARD PRECAUTIONS

A. Hand Washing

Hand washing is the cornerstone of infection control. Good practice mandates that providers and family members always wash their hands

- after using the toilet
- after assisting a person or child with toileting or diapering
- after wiping runny noses, coughing or sneezing
- after accidental contact with blood or blood-tinged fluids
- after getting visible soil on hands
- before giving medications
- before handling food
- after handling raw meat/poultry or unwashed fruits and vegetables
- before touching ready-to-eat snacks
- before eating
- when preparing to assist with eating or feeding,
- after playing with pets
- before and after touching any animals
- after smoking, eating or drinking
- after touching sores, lacerations or infected areas
- after playing or working outside
- after playing in water more than one person has used
- when arriving at work or school
- before putting in contact lenses
- OFTEN!

B. How to Wash Hands Effectively

1. Remove all jewelry. Jewelry harbors germs in the settings and between the skin and band.
2. Adjust the water flow and temperature. NOTE: If the faucets are hand operated, use a paper towel to turn the water on and off.
3. Wet hands with warm running water
4. Apply soap – liquid soap is recommended (bar soap harbors germs)
5. Rub hands vigorously for 20 – 30 seconds. Wash all surfaces including:
 - Back of the wrists
 - Wrists
 - Between fingers
 - Tips of fingers
 - Thumbs
 - Under fingernails – nailbrush is best
6. Rinse well, keeping the hands pointed upward so the water runs from the cleanest to the most contaminated
7. Dry hands vigorously with paper or clean cloth towel
8. Turn off faucet with towel and open the door with towel

NOTE: Alcohol-based hand sanitizer can be used if hand washing is not readily available. Wash hands immediately when available.

C. Five Common Ways Germs Are Spread

Nose, mouth, or eyes to hands to others: Germs can spread to the hands by sneezing, coughing, or rubbing the eyes and then can be transferred to other family members or friends. Simply washing your hands can help prevent such illnesses as the common cold or eye infections.

Hands to food: Usually germs are transmitted from unclean hands to food by an infected food preparer that didn't wash his or her hands after using the toilet. The germs are then passed to those who eat the food. This is easily prevented by always washing your hands after using the toilet and before preparing food items.

Food to hands to food: Germs are transmitted from raw foods, such as chicken, to hands while preparing a meal. The germs on the hands are then transferred to the other uncooked foods, such as salad. Cooking the raw food kills the initial germs, but the salad remains contaminated.

Animals to people: Wash your hands after petting animals or touching any surface they come into contact with.

Infected person to hands to other people: Germs are passed from a person with diarrhea to the hands of the person caring for him or her (including diaper changes). If the caregiver does not immediately wash their hands, the germs that cause diarrhea are then passed to others.

D. OSHA Standard Precautions

The Occupational Safety & Health Administration (OSHA) has basic standard precautions that are meant to keep employees, caregivers, and individuals being cared for safe. You may know the standard precautions by another name – universal precautions or bloodborne pathogen precautions. OSHA recently changed the name but the standards put forth are the same. Pathogens fall into two broad categories, bloodborne (carried in the body fluids) and airborne.

Standard precautions refer to safeguards taken that help to keep employees, caregivers, and individuals being cared for protected and healthy when there may be the potential to come into contact with blood or other bodily fluids. They are extremely important in the health care field to prevent the spread of infection, but what some people don't realize is that all workplaces (including Specialized Family Care homes) need to be aware of and prepared for using standard precautions if it becomes necessary.

Universal/Standard precautions are the infection control techniques that were recommended following the AIDS outbreak in the 1980s. Basically, it means that every person is treated as if they are infected and therefore precautions are taken to minimize risk. Essentially, standard precautions are good hygiene habits, such as hand washing and the use of gloves and other barriers, correct sharps handling, and aseptic (sterile) techniques.

Who Uses Standard Precautions

OSHA and the Centers for Disease Control and Prevention recommend that everyone should use standard precautions whenever you come into contact with body fluids. Here are some instances where you should use them:

- If you work in a health or child care setting (including Specialized Family Care Homes) you will likely use them all day, everyday
- If you see an accident and stop to provide first aid
- If there is an accident in the “workplace” and you want to help
- If your neighbor’s child falls down and cuts him/herself and you help clean and bandage the wound
- If you are helping a complete stranger
- If you are helping your best friend

The point is; if there is an accident and body fluids are involved there is always the potential for the spread of disease. You cannot know who may have a disease by just looking at them. You can’t tell from the job they have or how much money they make. You can’t tell by their gender, race or age if someone has a transferable disease.

Most Common Communicable (Transferable) Diseases

- Hepatitis B
- HIV
- Influenza (flu)
- Common colds
- Strep Throat
- Sexually Transmitted Diseases

Potentially Dangerous Body Fluids

There is a typical phrase in medicine stated over and over: *If it’s wet and it’s not yours, don’t touch it!* That may seem like common sense, but many people during an emergency do not take the time to stop and think about the precautions they need to take. That is one reason OSHA standard precautions will be reviewed by all Specialized Family Care Providers every year.

Body Fluids include:

- Blood
- Urine
- Vomit
- Saliva
- Feces
- Anything wet!

Diseases that can be passed by bodily fluids do not discriminate based on amount. Just because there is not a torrent of blood does not mean that it is safe. A scrape or small cut is still wet.

NOTE: Nasal secretions, saliva, sputum, sweat, tears, urine, vomit, and feces are not implicated in the transmission of HIV unless they contain visible blood.

What Standard Precautions Should YOU Take?

The first and most important term you should know is Personal Protective Equipment (PPE). This is meant to create a barrier between you and fluid contact. A barrier may be latex or non-latex gloves. Non-latex gloves are highly recommended due to the possibility of a deadly allergic reaction to you or the person you are trying to assist. Other examples of PPE include:

- Barrier gowns
- Eyewear (goggles or glasses)
- Face shields
- Hair nets
- Shoe coverings

As protection against the blood-related modes of transmission, health and child care workers should use standard precautions when coming in contact with the blood of all persons, or bodily fluids containing blood. Health and child care workers should adhere to the following universal precautions:

- Wear non-latex or latex gloves when coming into contact with blood, skin and mucous membrane cuts, or any open skin lesion.
- Cover any cuts or sores on your hands with bandages prior to putting on gloves.
- Check gloves for damage. If a glove is damagedDISCARD and DO NOT USE!
- Change gloves and wash hands after the care of each individual person.
- Properly dispose of contaminated materials exposed to blood, such as needles.

Strict adherence to standard precautions prevents exposure to blood-borne pathogens including HIV and hepatitis B. Gloves are not necessary for diaper changing unless the health or child care worker has open skin lesions or the child has diarrhea or visible blood in the stool. Casual contact between infected and uninfected individuals does not transmit HIV. Additional precautions are used in addition to standard precautions for persons who are known or suspected to have an infectious condition, and vary depending on the infection control needs of that individual. Additional precautions are not needed for blood-borne infections, unless there are complicating factors.

Conditions indicating additional precautions:

- Prion diseases (e.g., Creutzfeldt-Jakob disease)
- Diseases with air-borne transmission (e.g., tuberculosis)
- Diseases with droplet transmission (e.g., mumps, rubella, influenza, pertussis)
- Transmission by direct or indirect contact with dried skin (e.g., colonization with MRSA) or contaminated surfaces

When health services are provided, disposable needles and syringes should be placed into puncture-resistant containers near the areas in which they were used. No attempt should be made to recap, bend, or manipulate used needles since these activities increase the risk of needle stick injuries. Such injuries have seldom been implicated in the transmission of HIV.

Clothing, bed sheets, and other items that may have come in contact with the blood or potentially infectious materials should be isolated and disinfected/decontaminated or disposed of as medical waste.

Decontamination can be accomplished by using household bleach diluted between 1:10 and 1:100 with water. The standard recommendation suggests using at least a quarter cup of bleach to one gallon of water. Lysol or other EPA-registered tuberculocidal disinfectant can also be utilized. Contact the local health department about the proper disposal of medical waste.

PLEASE TAKE THE TIME TO READ THE FLYERS ATTACHED RELATED TO HEPATITIS B, OSHA BLOODBORNE PATHOGENS, AND HANDWASHING

Sources: www.thebody.com
www.wikipedia.com
www.safety.lovetoknow.com Author: Jennifer Chait
Minnesota Department of Health
Ontario County Public Health
OSHA Fact Sheets

SECTION II

MEDICATION ADMINISTRATION PROTOCOL

This protocol WILL be followed each and every time you administer or assist with administration of ALL medications to a person receiving services through the Specialized Family Care Program (including

individuals receiving respite and in-home services). Each time a drug (OTC, prescription, and herbal/vitamin supplements) is given you should utilize a system that allows you to follow each of the protocol points.

- ✓ CORRECT PERSON
- ✓ CORRECT DRUG/MEDICATION
- ✓ CORRECT DOSE
- ✓ CORRECT TIME
- ✓ CORRECT ROUTE
- ✓ CORRECT DOCUMENTATION

**IT IS VITALLY IMPORTANT THAT YOU CHECK EACH
POINT TO ENSURE ACCURACY**

Do not allow yourself to become distracted when administering medication. Eliminating distractions during medication administration allows for fewer errors.

ALL Specialized Family Care Providers are required to maintain an updated and current list (to include: medication name, dose, frequency, purpose, route, prescribing physician’s name, start/stop dates) of all medications (OTC, prescription and herbal/vitamin supplements) for ALL individuals being cared for in the Specialized Family Care Home (including respite). Failure to comply with this requirement will result in a Corrective Action Plan and possible closure of the Specialized Family Care Home.

The Specialized Family Care Program strongly encourages all Specialized Family Care Providers to keep and maintain a daily log of medication administration. The daily log not only helps to prevent medication errors, but also allows other care providers to see “what”, “when”, and “how much” of a particular medication was last administered. Strive for consistency in care.

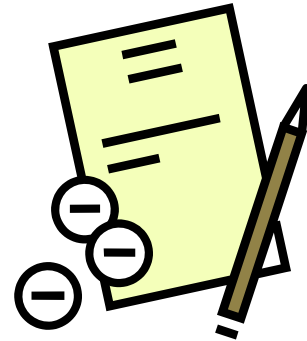
SECTION III

MEDICAL TERMINOLOGY AND ABBREVIATIONS



Any abbreviation, which is not commonly understood, should be written out by the Registered Nurse {i.e. OU – both eyes}.

<u>TERM</u>	<u>ABBREVIATION</u>
<u>With</u>	<u>̄c or c</u>
<u>Without</u>	<u>ō or s̄</u>
<u>Before Meals</u>	<u>ac</u>
<u>Twice a day</u>	<u>bid</u>
<u>Cubic centimeter (also milliliter)</u>	<u>cc</u>
<u>Capsule</u>	<u>cap.</u>
<u>Elxir (drug dissolved in syrup containing alcohol)</u>	<u>elix</u>
<u>Gram</u>	<u>gm</u>
<u>Grain</u>	<u>gr</u>
<u>At bed time</u>	<u>hs</u>
<u>One (1)</u>	<u>i</u>
<u>Two (2)</u>	<u>ii</u>
<u>Three (3)</u>	<u>iii</u>
<u>Intramuscular injection</u>	<u>IM.</u>
<u>Intravenous</u>	<u>IV</u>
<u>Milligram</u>	<u>mg</u>
<u>After meals</u>	<u>pc</u>
<u>By or through</u>	<u>per</u>
<u>When necessary: as needed</u>	<u>PRN</u>
<u>Every</u>	<u>q</u>
<u>Every day</u>	<u>qd</u>
<u>Every morning</u>	<u>qAM</u>
<u>Every hour</u>	<u>qh</u>
<u>Every four hours</u>	<u>q4h</u>
<u>Four times a day</u>	<u>qid</u>
<u>At bedtime</u>	<u>qhs</u>
<u>Every other day</u>	<u>qod</u>
<u>Label</u>	<u>Sig.</u>
<u>Solution</u>	<u>sol</u>
<u>Immediately</u>	<u>Stat.</u>
<u>Tablet</u>	<u>tab.</u>
<u>Three times a day</u>	<u>tid</u>
<u>Ointment</u>	<u>Ung.</u>
<u>Both Eyes</u>	<u>OU</u>
<u>Right Eye</u>	<u>OD</u>
<u>Left eye</u>	<u>OS</u>
<u>By Mouth</u>	<u>po</u>
<u>As evidenced by</u>	<u>aeb</u>



SECTION IV

ROUTE & DOSAGE FORMS



Oral (by mouth)

Capsule, Tablet, Liquid, Spray, Lozenge, Inhaler, Sublingual, Troche

Topical (on the skin)

Cream, Ointment, Patch, Liquid, Spray, Powder

Ophthalmic (in the eyes)

Liquid (Drops), Gel, Ointment

Otic (in the ears)

Liquid (Drops), Ointment, Cream

Nasal (in the nose)

Spray, Liquid (Drops), Ointment, Inhaler

Rectal (in the rectum)

Suppository, Ointment, Cream, Aerosol Foam

Vaginal (in the vagina)

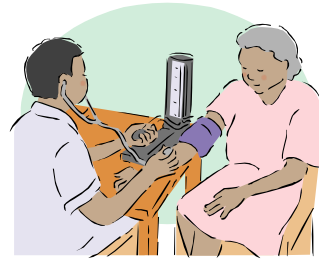
Suppository, Ointment, Cream, Liquid (Douche), Tablet, Gel, Powder, Jelly



SECTION V

**PHYSICAL ASSESSMENT &
ABBREVIATION TERMS**

<u>Blood Pressure</u>	<u>BP or B/P</u>
<u>Temperature</u>	<u>T.</u>
<u>Respiration</u>	<u>R.</u>
<u>Gastrointestinal (tract)</u>	<u>G.I.</u>
<u>Bowel Movement</u>	<u>BM</u>
<u>Urinate (pass water)</u>	<u>void</u>
<u>Heartbeat felt at arteries Pulse</u>	<u>P.</u>
<u>Shortness of breath</u>	<u>SOB</u>
<u>Temperature, Pulse, Respiration</u>	<u>TPR</u>



SECTION VI

ORAL MEDICATION ADMINISTRATION DIRECTIONS

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Call the individual by name.
3. Ask the individual to look at the medication to be sure it is what he/she usually takes at this time.
4. If the individual questions the color, size, or anything **DO NOT GIVE THE DOSE** or permit the individual to take the medication.
 - A. Check to be sure proper medication was taken from the container.
 - B. Check the pharmacy labeled container to see if there are explanations about a change.
 - C. If there are no explanations about a change and the medication is labeled as you would expect, contact the pharmacy or prescribing physician to confirm the proper medication and dosage.
 - D. If the appropriate medical personnel confirm the drug is what was ordered, but in a different form, explain this to the individual (i.e. use of generic substitutes).
Note this on the Specialized Family Care Daily Log for Medication Administration.
5. Administer the medication. Remain with the individual until the medication has been swallowed.
6. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

Additional information to help you administer oral medications:

1. It is recommended to take oral medications with a full (8oz.) glass of water. However, follow any specific administration directions (i.e. take with milk).
2. If the individual is taking a long-acting form of medication, each dose should be taken whole. Make sure the medication is not broken or crushed. Instruct the individual not to chew before swallowing. These instructions will be provided by the pharmacist or prescribing physician.
3. Never crush or split a tablet or capsule without a Doctor's order. Observe any warnings or special instructions listed on the medication container or documentation provided by the pharmacy. Medications may have special coating and crushing may alter the affect of the drug or result in stomach irritation. Also, do not mix medication into food or drink unless ordered/instructed by the physician and unless the individual is aware of the mixture. Ensure the individual consumes the mixture in its entirety.
4. Check with the physician if the individual has trouble swallowing the prescribed form of medication. There may be another form available that would be easier to take, including capsules, tablets, caplets, and liquids.
5. Place the tablet, capsule or caplet in the middle of the individual's tongue for ease in swallowing; if you must help the individual to put the medication into his/her mouth. Removal of dentures may ease swallowing. Always follow with 4 (four) to 8 (eight) ounces of water if not otherwise specified.
6. If the individual is taking liquid medication they should swallow it from a unit dose container to ensure proper dosing. The pharmacy can provide you with a dosing cup if you need one.

DO NOT USE A TEASPOON OR TABLESPOON FROM THE KITCHEN.

DO NOT ADMINISTER MEDICATION TO AN INDIVIDUAL IF:

A. One or more of the following items are missing:

Medication Record or Medication Administration Sheet
Illegible or unreadable Pharmacy Label

B. You see a significant change in an individual's physical or emotional condition.
Contact the Physician or R.N. IMMEDIATELY.

C. You can not verify all the components of the Medication Administration Protocol.

WHEN IN DOUBT - DON'T

AND

**NOTIFY THE PHARMACIST OR PRESCRIBING
PHYSICIAN**

SECTION VII
EYE MEDICATION ADMINISTRATION DIRECTIONS
(Ophthalmic Preparations)

A. Proper Use of Eye Drops:

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Identify which eye (right, left or both) to receive medication
3. Wash hands
4. Put on gloves
5. Clean eye with warm moist cloth prior to administering medication
7. Hold dropper tip down
8. Do not let dropper touch anything, including the eyeball
9. Shake drops if indicated and draw desired amount of medication into dropper
10. Instruct individual to lie down or tilt head back
11. Use index finger of one hand to pull lower lid down to form a pocket, bracing remaining fingers against cheek
12. With other hand, place dropper or dispensing bottle as close to eye as possible without touching it
13. Drop prescribed amount into pocket of lower lid
14. Keep eyes closed for one to two minutes. Press finger against inner corner of eye one minute to prevent medication from entering tear duct if medication is for glaucoma or inflammation. Tell individual to avoid blinking.
15. Replace cap
16. With eye closed, gently wipe off excess from skin surrounding the eye with a tissue. Use a separate tissue for each eye
17. Remove and discard gloves
18. Wash hands
19. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.
20. When two or more eye medications are being administered, they should be given at least 15 (fifteen) minutes apart.

B. Proper use of Eye Ointment:

1. Follow steps 1 through 5 listed above
2. Instruct individual to lie down or tilt head back
3. Remove cap and keep tip of applicator from touching anything
4. Use index finger of one hand to pull lower lid down to form a pocket, bracing remaining fingers against cheek
5. Hold tube between thumb and forefinger of other hand, placing tube close to eye without touching it
6. Place 1/3 inch strip of ointment in pocket or amount indicated in the prescription
7. Keep eye(s) closed for one to two minutes
8. Wipe the tube with a clean tissue
9. Replace cap promptly
10. Remove and dispose of gloves
11. Wash hands
12. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION VIII

EAR MEDICATION ADMINISTRATION DIRECTIONS

Assemble ear drops and the necessary supplies and perform direct administration of ear drops according to the physician's orders.

Proper Use of Ear Drops:

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Identify which ear (right, left or both) to receive the medication
3. Wash hands
4. Put on gloves
5. Avoid letting dropper touch anything
6. Warm bottle of drops in hand
7. Follow directions on label (i.e.: shake)
8. Draw medicine into dropper
9. Tilt affected ear up or instruct the individual to lie on side. Pull ear lobe up and back for adult
10. Place prescribed amount of drops in ear. Do not insert dropper into ear
11. Allow drops to run in
12. Keep ear tilted back for a few minutes or insert a soft ball of cotton into outer ear
13. Remove and dispose of gloves
14. Wash hands
15. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION IX

NASAL DROPS AND NASAL SPRAYS **ADMINISTRATION DIRECTIONS**

A. Proper Use of Nasal Drops:

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Wash hands
3. Put on gloves
4. Instruct individual to blow nose gently
5. Instruct individual to tilt head back while standing or sitting up or lie down and hang head over the side of the bed
6. Do not let dropper touch anything
7. Draw medicine into dropper
8. Place prescribed number of drops into nostril
9. Remain in position for a few minutes
10. Rinse tip of dropper in hot water and dry with a tissue. Replace cap promptly
11. Remove and dispose of gloves
12. Wash hands
13. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

B. Proper Use of Nasal Sprays:

1. Review physician's orders and Medication Administration Protocol
2. Wash hands
3. Put on gloves
4. Instruct individual to blow nose gently
5. With individual's head upright, spray medicine into each nostril
6. Sniff briskly, while squeezing bottle quickly and firmly
7. Spray once or twice in each nostril per physician's order
8. Rinse sprayer in hot water and dry with a tissue. Replace cap promptly.
9. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION X

TOPICAL MEDICATIONS ADMINISTRATION DIRECTIONS

Gather the topical medication and the necessary supplies; administer the topical medication in accordance with the physician's orders.

Proper Use of Topical Medications

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Wash hands
3. Put on gloves
4. Using gloved hand or tongue blade, apply thin film of cream, ointment or lotion to the affected area
5. Do not cover with a bandage unless directed to do so by the nurse or the physician
6. Replace container top promptly
7. Remove and dispose of gloves. Wash hands immediately
8. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

See directions or label for the correct amount of medication to apply.

Follow the pharmacist's directions carefully if using a pre-medicated patch.

SECTION XI

VAGINAL SUPPOSITORY ADMINISTRATION DIRECTIONS

Gather vaginal suppositories and the necessary supplies: directly administer vaginal suppositories by showing or explaining each step in the procedure to the individual.

Proper Use of Vaginal Suppositories

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Provide for the individual's privacy
3. Wash hands
4. Put on gloves
5. Individual should lie on her back with legs drawn up and knees separated
6. Use the special applicator supplied with the product
7. Using applicator, insert suppository into vagina as far as you can without using force
8. Release suppository by pushing the plunger
9. Wash applicator with hot, soapy water or throw away if disposable
10. Remove and dispose of gloves
11. Wash hands
12. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION XII

RECTAL SUPPOSITORIES ADMINISTRATION DIRECTIONS

Gather rectal suppositories; demonstrate how to administer rectal suppositories by showing or explaining each step in the procedure to the individual.

Proper Use of Rectal Suppositories

1. Review physician's orders and Medication Administration Protocol (page 10)
2. If suppository is too soft to insert, place in refrigerator briefly or run cold water over it before removing the wrapper
3. Provide for the individual's privacy
4. Wash hands
5. Put on gloves
6. Have individual lie on their side facing away from you with the upper leg flexed
7. Remove foil wrapper (as applicable)
8. Lubricate suppository with KY jelly when necessary
9. Push suppository into rectum with gloved finger approximately two (2) inches
10. Bathe and dry rectal area
11. Remove gloves and wash hands thoroughly
12. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION XIII

INHALATION MEDICATION ADMINISTRATION DIRECTIONS

When administering medication through an oral inhaler for inhalation therapy, make sure the following steps are adhered to:

Proper Use of Inhalation Medication

1. Review physician's orders and Medication Administration Protocol (page 10)
2. Wash your hands
3. Put on gloves
4. Remove the cap and look inside to see that nothing is blocking the mouthpiece
5. Hold the inhaler upright with the mouthpiece at the bottom and shake it. Shake the inhaler before each use unless otherwise noted. If using the inhaler for the first time or after a prolonged period of time, test it by spraying it into the air before spraying it into the mouth.
6. Have the individual breathe out fully through the mouth, emptying the lungs as much as possible.
7. Place the entire mouthpiece into the mouth; hold the inhaler in the upright position. Have the individual close lips around the inhaler.
8. Recheck the prescription label for number of puffs prescribed.
9. Squeeze the inhaler and at the same time have the individual breathe in deeply through the mouth.
10. Ask the individual to hold his/her breath as long as possible.
11. Remove the inhaler from the mouth and have the individual breathe out.
12. Wait one to two minutes between puffs if more than one puff has been prescribed by the physician. Then repeat the inhalation process. (If more than one inhaler is to be used, check/review the instructions on the prescription label or SFC Medication Information Sheet for allotted time in spacing their use.)
13. Rinse the individual's mouth with water if a steroid was used.
14. Thoroughly clean and dry the inhaler.
15. Remove gloves and dispose of them.
16. Wash hands.
17. It is strongly recommended that you document the administration of the medication on the Specialized Family Care Daily Log for Medication Administration.

SECTION XIV

PROPER MEDICATION STORAGE

First and foremost, check with the prescribing physician or pharmacist regarding the storage of a medication. Also, review the accompanying patient information brochure that is given with each prescription medication.

Be sure that medications are kept out of reach of any children or anyone who might misuse them. Store medications in one designated secure location together. The location should be a dry and cool place. The kitchen and bathroom are bad places to store medication because of the heat and moisture that is generated. Check to see that medications needing refrigeration are stored in an area in the refrigerator where they will not freeze. Make sure the medications are kept separate from other foods. You may want to store them in a box or container that sets them apart.

Medications are to be stored in their original vials. However pharmacy-prepared blister packs or dosettes are acceptable.

DAILY/WEEKLY PILL REMINDER BOXES ARE PROHIBITED.

Discard any medication that has expired or that is no longer prescribed by the SFC individual's physician. (See Proper Disposal below)

SECTION XV
GUIDELINES FOR PROPER DISPOSAL OF PRESCRIPTION DRUGS

On February 20, 2007 the Federal Government issued new guidelines for the proper disposal of unused, unneeded, or expired prescription drugs. The new guidelines are designed to reduce the diversion of prescription drugs while also protecting the environment. The new Federal prescription drug disposal guidelines urge Americans to:

- Take unused, unneeded, or expired prescription drugs out of their original containers.
- Mix the prescription drugs with an undesirable substance, like used coffee grounds or kitty litter, and put them in impermeable, non-descript containers, such as empty cans or sealable bags, furthering ensuring that the drugs are not diverted or accidentally ingested by children or pets.
- Throw these containers in the trash.
- Flush prescription drugs down the toilet ONLY if the accompanying patient information specifically instructs it is safe to do so.
- Return unused, unneeded, or expired prescription drugs to a pharmaceutical take-back location that allows the public to bring unused drugs to a central location for safe disposal. (Check with your Pharmacist)

Resources: AGIS (Assist Guide Information Services)
ONDCP (Office of National Drug Control Policy)

SECTION XVI

CLASSIFICATION OF MEDICATIONS

There are several classes of medications. The following is a list of the most commonly prescribed classes of medications and examples of each.

A. Analgesic Agents (Over-the-counter)

- Acetaminophen (Tylenol)
- Aspirin
- Ibuprofen (Motrin, Advil)
- Other NSAIDS (Aleve, Orudis KT)

B. Analgesic Agents (Prescription)

- Acetaminophen with Codeine (Tylenol #3, APAP #3)
- Darvocet-N 100
- Dilaudid
- Fiorinal
- Morphine
- Percocet
- Percodan
- Vicodin
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDS): Motrin, Relafen, Lodine

C. Antibiotics

- Amoxicillin (Amoxil, Polymox, Trimox)
- Cephalexin (Keflex, Keftabs)
- Cipro
- Erythromycin
- Zithromax

D. Anticoagulants

- Anisindione (Miradon)
- Enoxaprin (Lovenox)
- Heparin
- Warfarin (Coumadin)

E. Anti-Diabetic Agents

- Diabinese (Tolinase)
- Glucophage (Metformin)
- Insulin
- Micronase

F. Anti-Epileptic Agents

- Carbamazepine (Tegretol)
- Dilantin
- Neurontin
- Phenobarbitol
- Valium
- Valproic Acid (Depakote)

G. Antihistamines

- Claritin (Loratadine)
- Alavert (Loratadine)
- Allegra (Fexofenadine)
- Clarinex (Desloratadine)
- Actifed, Dimetapp (Brompheniramine)
- Atarax, Vistaril (Hydoxyzine)
- Benadryl
- Chlortrimeton

Antihistamines cont.

- Phenergan
- Tavist
- Zyrtec

H. Anti-Neoplastic Agents (Cancer Treatment)

- Cytoxan (Alkeran, Leukeran)
- Matulane
- Nolvadex
- Prednisone

I. Cardiovascular Agents

- Tenormin (Atenolol)
- Digoxin (Lanoxin)
- Procardia XL, Calan, Cardizem
- Nitroglycerine
- Inderal
- Diuretics (Lasix, Hydrchlorothiazide)

J. Central Nervous System Agents (CNS)

- Ativan
- Buspar
- Effexor
- Mellaril
- Navane
- Pamelor
- Paxil
- Parnate
- Risperdal

- Serzone
- Thorazine
- Xanax

K. Gastrointestinal Tract Agents (GI)

- Carafate
- Gaviscon
- Maalox
- Mylanta
- Prevacid
- Prilosec
- Tagament
- Zantac
- Over-the –counter (Axid, Pepcid AC)

L. Hormonal Agents

- Androgens (Testosterone)
- Estrogens (Premarin, Estrace)
- Thyroid (Synthroid, Levoxine)

M. Laxatives

- Bulk (Psyllium, Metamucil, Citrucel)
- Fecal Softeners (Colace, Docusate)
- Lactulose (Duphalac, Chronulac)
- Stimulant (Dulcolax, Pericolace, Senna)

N. Nutritional Products

- Minerals (Calcium, Iron, Potassium)
- Supplements (Ensure, Meritene, Sustacal, Boost)

- Vitamins (A, B1, B2, B12, C, D, E, K)

O. Ophthalmic/Otic/Nasal Products

- Debrox
- Cortisporin Otic
- Cerumenex
- Flonase
- Nasacort
- Neosporin
- Rhinocort

P. Respiratory Tract Agents

- Theophylline (Theo-Dur, Slo-Bid)
- Tilade
- Vanceril, Azmacort, AeroBid Inhalers
- Ventolin, Proventil, Intal Inhalers

Q. Topical Agents

- Antiseptics (Betadine, Hibiclens, PhisoHex)
- Creams/Ointments/Lotions/Sprays
- Shampoos (Selsun, Nizoral)

SECTION XVII

GENERIC MEDICATIONS

A generic drug is a drug that is exactly the same as the brand name drug, but can only be produced after the brand-name drug's patent has expired. A generic drug is the same as a brand-name drug in:

- 1. Dosage**
- 2. Strength**
- 3. Safety**
- 4. Quality**
- 5. The way it works**
- 6. The way it should be used**
- 7. The way it is taken**

A drug company develops new drugs as brand-name drugs under patent protection. This in turn protects the investment in the drug's development by giving the drug company the sole right to manufacture and sell the brand-name drug while the patent is in effect.

When patents or other periods of exclusivity expire, other manufacturers can submit an abbreviated new drug application (ANDA) to the FDA for approval to market a generic version of the brand-name drug. Although generic drugs are chemically identical to their brand-name counterparts, they are typically sold at a cheaper price than the brand-name drug because the drug has not been developed from scratch and the costs to bring the drug to market are less.

Generic drugs are as safe as brand-name drugs. The FDA must first approve all generic drugs. The FDA requires generic drugs must be as high in quality, and as strong, pure and stable as brand-name drugs. Generic drugs use the same active ingredients as brand-name drugs and work the same way. They have the same risks and the same benefits as the brand-name drugs.

Generic drugs look different than the brand-name counterpart. In the United States, trademark laws do not allow generic drugs to look exactly like the brand-name drug. However, the generic drug must have the same active ingredients. Colors, flavors, and certain other parts may be different but the effectiveness of the drug remains the same.

Not every brand-name drug has a generic counterpart. New drugs are developed under patent protection and most drug patents are protected for 17 years giving the drug company the sole right to sell the name-brand drug during that time. Only when the patent expires can other drug companies apply to the FDA for approval to start selling the generic version of the drug.

West Virginia has a generic substitution law which encourages licensed prescribers to allow a generic substitute for a trade or brand-name drug. These generic drugs are carefully reviewed by the FDA before they can be dispensed by West Virginia pharmacists. These generic drugs are safe and effective and can save the patient money.

You can search for generic equivalents by using the "Electron Book" at <http://www.fda.gov/cder/ob/default.htm> and search by proprietary "brand name," then search again by using the active ingredient name. If other manufacturers are listed besides the "brand-name" manufacturer when searching by the "active ingredient," they are the generic product manufacturers.

The best source of information regarding generic drugs is your doctor, pharmacist or other healthcare professional.

A. Examples of Commonly Prescribed Brand-Name/Generic Medications

<u>Brand Name</u>	<u>Generic Name</u>	<u>Drug Class</u>
ALLEGRA	Fexofenadine	Antihistamine
AMOXIL	Amoxicillin	Antibiotic
ATENOLOL	Tenormin	Cardiovascular
ATIVAN	Lorazepam	Cent. Nerv. Sys.
ATARAX/VISTARIL	Hydroxyzine	Cent. Nerv. Sys.
AUGMENTIN	Amoxicillin-Clavulanate	Antibiotic
BACTRIM	Sulfamethoxazole/Trimethoprim	Antibiotic
BUSPAR	Buspirone	Cent. Nerv. Sys.
CIPRO	Ciprofloxacin	Antibiotic
CLEOCIN	Clindamycin	Antibiotic
COGENTIN	Benzotropine	Cent. Nerv. Sys.
COUMADIN	Warfarin	Anticoagulant
DARVOCET-N100	Propoxyphene-N 100	Analgesic
DIFLUCAN	Fluconazole	Antibiotic
DYAZIDE	Triamterene w/Hydrochlorothiazide	Diuretic
ELAVIL	Amitriptyline	Cent. Nerv. Sys.
EFFEXOR XR	Venlafaxine	Cent. Nerv. Sys.
FLEXERIL	Cyclobenzaprine	Cent. Nerv. Sys.
FLONASE	Fluticasone (nasal spray)	Nasal Product
GLUCOPHAGE	Metformin	Anti-Diabetic
HALDOL	Haloperidol	Cent. Nerv. Sys.
<u>Brand Name</u>	<u>Generic Name</u>	<u>Drug Class</u>
INDERAL	Propranolol	Cardiovascular
KEFLEX	Cephalexin	Antibiotic
KLONOPIN	Clonazepam	Cent. Nerv. Sys.
LANOXIN	Digoxin	Cardiovascular
LASIX	Furosemide	Diuretic
LEXAPRO	Escitalopram	Cent. Nerv. Sys.
LOPRESSOR	Metoprolol	Cent. Nerv. Sys.
MELLARIL	Thioridazine	Cent. Nerv. Sys.
MOTRIN	Ibuprofen	Analgesic
NAPROSYN, ANAPROX	Naproxen	Analgesic
NEURONTIN	Gabapentin	Cent. Nerv. Sys.
PAXIL	Paroxetine	Cent. Nerv. Sys.
PERCOLONE	Oxycodone	Narcotic Analgesic
PRAVACHOL	Pravastatin	Cardio/Statin
PRINIVIL, ZESTRIL	Lisinopril	Cardiovascular
PROVENTIL	Albuterol	Respiratory
PROZAC	Fluoxetine	Cent. Nerv. Sys.
SINEQUAN	Doxepin	Cent. Nerv. Sys.
SLOW-K/TEN-K/MICRO-K	Potassium Chloride	Nutritional
SYNTHROID	Levothyroxine	Hormone Agent
THEO-DUR/SLO-BID	Theophylline	Respiratory
THORAZINE	Chlorpromazine	Cent. Nerv. Sys.

<u>VALIUM</u>	Diazepam	Cent. Nerv. Sys.
<u>VASOTEC</u>	Enalapril	ACE Inhibitor
<u>VICODIN</u>	Hydcodone	Analgesic (Rx)
<u>XANAX</u>	Alprazolam	Cent. Nerv. Sys.
<u>ZITHROMAX</u>	Azithromycin	Antibiotic
<u>ZOCOR</u>	Simvastatin	Cardio/Statin
<u>ZOLOFT</u>	Sertraline	Cent. Nerv. Sys.

Sources: Facts About Generic Drugs US FDA Center for Drug Evaluation and Research
 What are Generic Drugs? Office of Generic Drugs, US FDA Center for Drug Evaluation
<http://merck.com/mmpe/drugnames-index/generic/a.html>
http://www.horizon-bcbsnj.com/pharmacy/generic_drugs.asp

SECTION XVIII

**West Virginia Poison Control
Center
1-800-642-3625**

Provides Information on Poisons and Drug Identification

SECTION XIX

MONITORING THE PURPOSE AND EFFECTS OF MEDICATION

It is important to know and understand all the relevant information regarding ANY medication you are currently taking or administering to another person in your care. This includes all over-the-counter medication and herbal supplements as well as prescription medications. A written record of the medication name, dosage, how often the medication is taken, how long (duration) the medication has been taken, and any effects experienced since being on the medication are vital in preventing mistakes relating to your healthcare and the healthcare of others in the home. This information should be provided to any physician from whom you or the person in your care is seeking treatment.

Some questions you should know about your current medications and should ask about any newly prescribed medications are as follows:

1. What is the name of the medication?
2. What is the medication supposed to do?
3. What are the possible side effects?
4. How and when do I take this medication?
5. What happens if I miss a dose of my medication?
6. Should I avoid any other medications, alcohol, food or activities while on this medication?
7. How should this medication be stored?
8. Will this medication replace any of the other medications I am currently taking?
9. How soon should I notice an improvement?
10. Is this medication addictive?
11. Is this drug harmful if I am pregnant, plan to become pregnant or am breastfeeding?

Any questions or concerns regarding any medication should be addressed with your physician or pharmacist.

SECTION XX

USING PRESCRIPTION DRUG INFORMATION

Before leaving your physician's office, it is important to carefully read all prescriptions. Prescriptions should contain the following information; physician name, date and address; prescription name, strength and quantity; directions for taking/using the medication, refills, substitution allowed (i.e. generic) and the prescribing physician's signature. Knowing what your prescription states will allow you to compare this information with the label information after the prescription is filled.

Once the prescription is filled, additional information such as who filled the prescription, expiration date and drug company may be found on the bottle label. Sometimes a warning label is added to the prescription label or printed next to the label. These warnings may tell you where to store the medication, how to take the medication, what to do or not to do when taking the medication and possible side effects.

The original prescription and warning labels do not eliminate the need to carefully read the package insert (also referred to as "PI" for "prescribing information") provided with your medication by the pharmacy.

There are several sections of a PI and all should be read carefully **BEFORE** starting any medication.

1. **Description** provides the generic and brand name of the drug, dosage form and the way it is administered, pharmacological or therapeutic class (i.e. antidepressant, pain reliever), chemical name and structural formula of the drug and any additional chemical or physical information.
2. **Clinical Pharmacology**, explains how the drug works in the body.
3. **Indications and Usage** contains information on the diagnosis and treatment the FDA has approved the drug to be used for.
4. **Contraindication** describes instances in which the drug shouldn't be used because the risk outweighs the benefit.
5. **Warnings** describes safety hazards and adverse reactions and proper steps to take if they occur.
6. **Precautions** provides information regarding the safe and effective use of the drug in addition to the need for any lab tests needed to monitor the effects of the drug.
7. **Adverse Reactions** lists the adverse reactions that occur with the drug and other similar or related drugs.
8. **Drug Abuse and Dependence** indicates the drug's potential for abuse, dependence or withdrawal.
9. **Overdosage** describes the signs, symptoms and laboratory findings associated with an overdose in addition to complications.
10. **Dosage and Administration** All dosage information such as recommended dose, timing, treatment duration and dosage modifications.

11. **How Supplied** provides information on dosage forms such as strength, units, shape, color and any special instructions for storing and handling.

Additional sections may be added to the PI in compliance with federal regulations.

SECTION XXI
COMMON DRUG INTERACTIONS

Being knowledgeable about your current medications, asking questions of your physician and pharmacist and reading the PI provided with your prescription is the best way to limit drug interactions. Drugs can interact with other drugs (either prescription or over-the-counter), food or beverages and a separate medical condition the person may have.

Drug-Drug interactions may include duplication of a particular medication, opposition (when multiple agents may reduce the overall effect) and the change the body does to the drug.

When two drugs that have the same effect are taken together, the side effects may increase. For example, many prescription pain relievers contain acetaminophen. If you are unaware of this, you may take over-the-counter acetaminophen, risking toxicity. This can also occur when people obtain prescriptions from different physicians for drugs that have the same effect, such as a sleep aid prescribed by one physician and an anti-anxiety drug with a sedative effect prescribed by another physician.

Two drugs that interact and have opposing actions can reduce the overall effectiveness of one or both drugs. A common example of this would be taking ibuprofen, which can cause salt and fluid retention, with a diuretic meant to rid the body of excess salt and fluid.

A drug may also alter how the body is able to absorb, metabolize or excrete another drug. For example, cigarette smoking can increase the activity of some liver enzymes and may decrease the effectiveness of some drugs.

Drugs may also interact with other nutrients. Drugs that are taken orally are absorbed through the stomach lining. Therefore, the presence of food may reduce absorption of the drug. Dietary supplements are NOT regulated as drugs and may interact with prescription and over-the-counter drugs. Alcohol also affects the body's processes and, when taken with certain medications, can cause headaches, palpitations, nausea and other dangerous side effects.

Drugs that are taken for one condition may also interfere with a medication taken for a separate condition. Certain cold medications may worsen glaucoma. Some examples of diseases with a higher likelihood of drug-disease interaction include diabetes, high or low blood pressure, ulcers, glaucoma, enlarged prostate, poor bladder control and insomnia.

It is important that your physician know about your medical history (including all medical conditions) and all medications (including over-the-counter, herbal supplements, and tobacco or alcohol use), in order to receive the safest, most effective treatment available.

SECTION XXII **INTERPRETATION OF PHARMACY LABELS**

All pharmacy labels are required by law (Chapter 61-04-06) to include the following information:

- Name and address of the dispenser or pharmacy
- Serial number of the prescription
- Current date of the prescription (date of filling or refilling)
- Name of the prescribing physician or nurse practitioner
- Name of the patient
- Direction for use, including precautions, if indicated
- Initials or name of the dispensing pharmacist
- Telephone number of the pharmacy
- Name of drug, strength and quantity
- Caution: Federal Law prohibits the transfer of this drug to any other person than for whom it was prescribed (Controlled Substance RX Only)

Not required in the prescription label, but COMMON

- Address of the patient
- Stickers for special instructions (e.g. keep refrigerated, take with food, etc.)
- Manufacturers lot number
- Expiration of the drug, if any
- Name of the manufacturer or distributor
- Number of refills left

Look at each prescription closely when you receive it. Labels are required by law to have the same information, but each pharmacy has a different layout for the prescription label.

EXAMPLE:

Drugs R Us 200 Maple Lane Anywhere, WV 28864	(304) 999-999 Store DEA:FF 2579
Rx #123642 Eleanor Taylor 227 Harper Drive Anywhere, WV 28864	Date Filled:10/17/2008 Original RX Date: 09/16/2008 RPh: MAW
Take one tablet by mouth once daily with full glass of water	
Loratadine-D 24 10mg tablet Generic for Claritin-D 24 Round white Pr: Motley, John (304) 999-9898 Discard after 10/17/2009	
QTY: 30 REFILL 2 TIMES UNTIL 09/16/2009	

Source: www.mapharm.com
Food & Drug Administration

SECTION XXIII
VITAMINS AND HERBAL SUPPLEMENTS

From the beginning of time societies have used medicinal herbs to treat all kinds of ailments and afflictions. However, in the last few decades there has been a resurgence of interest in medicinal herbs as an alternative to pharmaceutical drugs and medications.

Herbs have been used for centuries to treat everything from depression to high blood pressure to cancer. But it wasn't until recently that doctors and other medical professionals have started realizing the importance of these medicinal herbs and their potential for treating and curing a wide variety of ailments.

Herbal supplements are more popular now than ever before. People are looking for new ways to improve their health, and they are turning to natural remedies rather than pharmaceutical drugs more and more.

As such, there have been countless studies performed on the therapeutic benefits and applications of various herbs and herbal extracts. Much of this research presents strong evidence that taking herbal supplements in conjunction with a healthy diet and lifestyle can be beneficial. Therefore, many people use natural health supplements to treat various health conditions as well as to promote general well-being.

The problem is, like many other health-related products herbal nutritional supplements are not strictly regulated in the United States. As a result of the 1994 Dietary Supplement Act, health supplements are not regulated, and as such manufacturers do not have to guarantee the safety or efficacy of their products.

As a result, most dietary supplements do not contain the herbs they claim to. It's hard to believe but it's true! This has led to many unscrupulous marketers selling nutritional supplements that not only do not offer any health benefits, but could actually be harmful to your health, nor have they been evaluated by the Food and Drug Administration.

The Specialized Family Care Program recommends, as with any prescription or non-prescription medication, to make sure you consult your physician or other qualified health care professional before beginning any supplemental program.

Source: www.herbal-supplements-guide.com
www.mayoclinic.com/health/herbalsupplements

SECTION XXIV

CONTENTS FOR A FIRST AID KIT

American Red Cross Recommendations

A well-stocked first aid kit is a handy thing to have. To be prepared for emergencies, keep a first aid kit in your home and in your car. Carry a first aid kit with you or know where you can find one. Find out the location of first aid kits where you work. First aid kits come in many shapes and sizes. You can purchase one from most discount and drug stores.

You may also make your own. Some kits are designed for specific activities, such as hiking, camping or boating. Whether you buy a first aid kit or put one together, make sure it has all the items you may need. Include any personal items such as medications and emergency phone numbers or other items your health-care provider may suggest. Check the kit regularly. Make sure the flashlight batteries work. Check expiration dates and replace any used or out-of-date contents. The Red Cross recommends that all first aid kits for a family of four include the following:

- 2 absorbent compress dressings (5 x 9 inches)
- 25 adhesive bandages (assorted sizes)
- 1 adhesive cloth tape (10 yards x 1 inch)
- 5 antibiotic ointment packets (approximately 1 gram)
- 5 antiseptic wipe packets
- 2 packets of aspirin (81 mg each)
- 1 blanket (space blanket)
- 1 breathing barrier (with one-way valve)
- 1 instant cold compress
- 2 pair of nonlatex gloves (size: large)
- 2 hydrocortisone ointment packets (approximately 1 gram each)
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 x 3 inches)
- 5 sterile gauze pads (4 x 4 inches)
- Oral thermometer (non-mercury/nonglass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet

Source: American Red Cross www.redcross.org

Appendix A

Specialized Family Care Medical Face Sheet

Specialized Family Care Medical Face Sheet

Name: _____

Date: ____/____/____

Date of Birth: _____/_____/_____

Check One: Legal Guardian
 Health Care Surrogate
 Self

Name of Guardian/Surrogate: _____

Address: _____

Phone #: (_____) _____

Fax #: (_____) _____

Diagnosis: Axis I: _____

Axis II: _____

Axis III: _____

Notes:

--

Preferred Hospital:

Physician Name	Phone Number	Specialty	Appointment Dates		

Medicaid Number:

Medicare Number:

CONFIDENTIAL
POISON CONTROL: 1-800-642-36250

09/2008

Appendix B

Specialized Family Care Individual Medication Listing

Individual's Name:

Medications: include prescriptions, over-the-counter and herbal/vitamin supplements

Medication Name	Dose	Frequency	Purpose	Route	Prescribing Physician	Name of person giving medication	Start Date	Stop Date
<i>Example: Amoxil</i>	<i>500mg tablet</i>	<i>One tablet 7a – 1p – 7p</i>	<i>Antibiotic/ Bronchitis</i>	<i>Oral, in applesauce</i>	<i>Dr. Joe Serious</i>	<i>Doris Day, SFCP</i>	<i>10/29/08</i>	<i>11/11/09</i>

Please attach the prescription drug information from the pharmacy for all prescribed medications.

Appendix C

Specialized Family Care Adverse or Allergic Reaction Form

Appendix D

Specialized Family Care Daily Log for Medication Administration

Specialized Family Care Program
Daily Log for Medication Administration (complete for each medication)

Year: _____ Name: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with the time of administration. Include a complete signature and initials of each person administering medication below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan.																																
Feb.																																
Mar.																																
Apr.																																

Initials
 (Person administering medication)

Signatures

1. _____

2. _____

3. _____

Codes for administration: (R) Respite (X) Refused (N) No Medication Available (H) Hospital

Specialized Family Care Program
Daily Log for Medication Administration (complete for each medication)

Year: _____ Name: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with the time of administration. Include a complete signature and initials of each person administering medication below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
May																																
June																																
July																																
Aug.																																

Initials

(Person administering medication)

1. _____

2. _____

3. _____

Signatures

Codes for administration: (R) Respite (X) Refused (N) No Medication Available (H) Hospital

Specialized Family Care Program
Daily Log for Medication Administration (complete for each medication)

Year: _____ Name: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with the time of administration. Include a complete signature and initials of each person administering medication below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Sept.																																
Oct.																																
Nov.																																
Dec.																																

Initials

(Person administering medication)

1. _____

2. _____

3. _____

Signatures

Codes for administration: (R) Respite (X) Refused (N) No Medication Available (H) Hospital