

8/15/2013



# **Nurse Delegation Program**

## **Quick Facts for MACs Manual**

8/15/2013

MAC Worker:

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MAS Nurse:

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Facility:

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Alabama Department of Mental Health  
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8/15/2013

**NURSE DELEGATION PROGRAM**  
**Quick Facts for MACs**

# Quick Facts for MACs

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## INTRODUCTION

The Nurse Delegation Program only applies to programs certified by the Alabama Department of Mental Health (ADMH). Regulations in the Alabama Nurse Practice Act allows Medication Assistance Supervising Nurses to train, delegate to and supervise non nursing personnel in ADMH residential, day and other community programs.

It is unlawful for a non nursing person to perform nursing tasks without a supervising nurse. A supervising nurse must be available to you 24 hours a day/7 days a week. MAC II Training must be done by a MAS Nurse (RN/LPN).

Medication Assistant Certified (MAC) Workers serve as extenders of the MAS Nurse. The role of the MAC Worker is an important responsibility. The MAC Worker is the eyes, ears and hands of the MAS Nurse and a valued member of the consumers' treatment team.

This manual contains essential information that can be readily accessed to remind the MAC Worker of key facts about assisting with medications and other delegated nursing tasks.

The checklists included provide information about signs and symptoms that may be observed when a consumer has a change in status – appearance, behavior and/or physical changes.

**ANY TIME A CHANGE IN STATUS IS OBSERVED, THE MAC WORKER SHOULD CONTACT THE MAS NURSE.**

Section 8 of this manual provides information about how to assist with types/forms of medications. If it has been some time since assisting with a particular type/form of medication, you can refer to this material as a memory aid before a medication pass.

**REMEMBER:** Your MAS Nurse is available 24 hours/day; 7 days/week to answer questions or assist you in any way.

Thank you for your devotion to our consumers. Your hard work is greatly appreciated.

# SECTION 1

## MAS-MAC Connection

***STAY CONNECTED TO YOUR MAS NURSE!***

	Name	Daytime Number	After Hours
<b>Delegating MAS Nurse</b>			
<b>On Call MAS Nurse(s)</b>			
<b>On Call MAS Nurse(s)</b>			
<b>Other Nurse(s)</b>			
<b>Residential Coordinator</b>			
<b>Agency Administrator</b>			
<b>Pharmacy</b>			
<b>Pharmacy</b>			
<b>Ambulance</b>			
<b>Police/Fire</b>			

NOTES:

## MAS-MAC Connection

- The MAS Nurse is responsible for the nursing care provided in ADMH community programs.
- The MAS Nurse is the knowledge base for the MAC Worker.
- The MAC Worker is an extension of the MAS Nurse.
- The MAC Worker must:
  - Call your MAS Nurse ***before assisting with PRN*** (as needed) medications.
  - Call the MAS Nurse to inform him/her if a ***PRN medication was effective.***
  - Call your MAS Nurse any time the ***MAR does not match the label*** on the medication container.
  - Call your MAS Nurse any time you ***commit/discover a medication error.***
  - Call your MAS Nurse any time a consumer has a ***change in status*** (behavior, physical appearance, mental status).
  - Call your MAS Nurse any time you have a ***question or concern.***
  - ***Document all calls*** to the MAS Nurse as directed by agency policy and procedure. **ALWAYS INCLUDE YOUR TITLE (MAC), WHEN DOCUMENTING.**

When the MAC Worker calls the MAS Nurse, have the following information available:

- Name of the **MAC Worker**
- Name of community **program** – residential/day/other
- Name of **consumer** you are calling about
- Current **problem/concern**
- **Vital Signs** of the consumer(s)
- **Allergies** of the consumer
- **MAR**

**YOUR MAS NURSE IS AVAILABLE 24  
HOURS/DAY, 7 DAYS/WEEK FOR  
DIRECTION, CONSULTATION AND  
COLLABORATION**

## **SECTION 2**

### **Rights and Responsibilities of the MAC Worker**

#### **Rights of the MAC Worker**

- To proper education about medication assistance and orientation to the consumer
- To be supported by the MAS Nurse and other licensed professionals within the agency/program/facility
- To 24/7 access to MAS Nurse via physical presence, electronic or telephonic communication for direction, consultation and collaboration
- To sufficient time to assure that each consumer receives the level of care which is required by their needs

#### **Responsibilities of the MAC Worker**

- To follow all policies, procedures, guidelines and regulations
- To know consumers being cared for by the MAC Worker
- To pay attention to the consumer(s) on a frequent basis and listen to their concerns or complaints
- To ask questions whenever you are unsure about whether to assist with a medication
- To recognize that there is no “dumb question”
- To stay connected to your MAS Nurse

# SECTION 3

## ATTACHMENT A

### ABBREVIATIONS

#### DOSES

gm = gram  
mg = milligram  
mcg = microgram  
cc = cubic centimeter  
ml = milliliter  
tsp = teaspoonful  
tbsp = tablespoonful  
gtt = drop  
ss = 1/2  
oz = ounce  
mEq = milliequivalent

#### ROUTES OF ADMINISTRATION

po = by mouth  
pr = per rectum  
OD = right eye  
OS = left eye  
OU = both eyes  
AD = right ear  
AS = left ear  
AU = both ears  
SL = sublingual (under the tongue)  
SQ = subcutaneous (under the skin)  
per GT = through gastrostomy tube

#### TIMES

QD = every day  
BID = twice a day  
TID = three times a day  
QID = four times a day  
q\_h = every \_\_ hours  
qhs = at bedtime  
ac = before meals  
pc = after meals  
PRN = as needed  
QOD = every other day  
ac/hs = before meals and at bedtime  
pc/hs = after meals and at bedtime  
stat = immediately

#### OTHER

MAR = medication administration record  
OTC = over the counter  
SIG = label or directions

**NOTE: 1cc=1ml**  
**NPO = Nothing by mouth**

## SECTION 4

### Infection Control Facts

#### **HANDWASHING IS THE #1 DEFENSE AGAINST THE SPREAD OF DISEASE AND INFECTIONS**

Wash your hands:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone
- Before and after treating a cut
- After using the toilet
- After changing a diaper
- After blowing your nose, coughing or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats
- After touching garbage

(CDC 24/7; *Hand washing: Clean Hands Save Lives*)

Germs can spread by:

- Air – breathing, sneezing or coughing
- Body fluids – saliva, blood, urine, nasal secretions, feces, vaginal fluids, semen
- Direct contact – between an infected person and a non infected person
- Indirect contact – between an infected person and objects in the environment; door knobs, furniture, linen, telephone

Principles of Infection Control

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- Practice good hand washing
- Treat all body fluids as potentially infectious
- Use protective barriers such as gloves, mask, gowns, when exposure to germs is possible
- Maintain a clean environment
- Store and cook foods at the proper temperature
- Properly dispose of wastes, garbage and used medical supplies
- Get protective vaccines/immunizations
- Discourage consumers from sharing personal items
- Encourage consumers to wash hands after using the bathroom and before eating

# SECTION 5

## First Aid Facts

- First Aid is used in emergency situations – falls, accidents
- You do not need an order to perform First Aid
- Contents of the First Aid Kit are approved by the MAS RN/LPN
- No item included in the First Aid Kit is considered PRN meds
- Before assisting with any task, verify consumer allergies – food, medicine, other
- Notify your MAS Nurse of the situation and use of the First Aid Kit
- In an emergency situation, **NEVER LEAVE THE PERSON ALONE**
- Note the time of the emergency and document appropriately
- **NEVER** attempt skills that exceed your training
- **DO NOT** move the person if they cannot move without assistance
- Follow the Agency's *Emergency Management Plan*
- **ANY TIME AN UNUSUAL SITUATION OCCURS, CALL YOUR MAS NURSE**

Call “911” for:

- Allergic reaction
- Chest pain
- Unresponsiveness
- Shortness of breath
- Uncontrolled bleeding
- Vomiting blood
- Serious burns
- Broken bones

## Common First Aid Situations

1. Nosebleed
  - Can happen without warning
  - Assist person to sitting position
  - Assist person to lean FORWARD
  - Pinch sides of nose for at least 5 minutes
  - Instruct person to breathe through mouth
  - Encourage person NOT to blow nose
  - Contact MAS Nurse
  
2. Minor Cuts or Abrasions (scrapes)
  - Wash area with soap and water
  - Pat dry with a clean gauze pad
  - If bleeding, apply pressure for at least 2-3 minutes
  - If no allergy, apply antibiotic ointment from First Aid Kit
  - Cover area with Band-Aid/bandage
  - Contact MAS Nurse
  
3. Burns
  - Rinse area with COLD water for at least 5 minutes
  - DO NOT PUT ICE ON A BURN
  - Call your MAS Nurse
  
4. Extreme Heat Exposure
  - Possible signs and symptoms
    - Sweating
    - Thirst
    - Fatigue
    - Cramps
    - Headache
    - Dizziness
    - Nausea/vomiting
  - Move consumer to a cool place
  - Loosen clothing

- Encourage person to drink WATER
  - Call your MAS Nurse
5. Fainting
- Check to see if the person is breathing
  - If the person is ***not*** breathing
    - **BEGIN CPR AND**
    - **CALL 911**
  - If the person ***is*** breathing
    - Elevate legs
    - Check for injuries
  - Call your MAS Nurse
6. Allergic Reaction
- Possible signs and symptoms
    - Difficulty breathing/wheezing
    - Tightness in the throat or chest
    - Skin redness or rash
    - Wheals or itching
    - Nausea/vomiting
  - If the person has difficulty breathing OR swelling of the face/neck, **CALL 911**
  - ***If ordered*** for the person, use the Epi-pen as directed
  - Call your MAS Nurse
7. Sunburn
- Get person out of sun
  - Loosen clothing
  - Call MAS Nurse
8. Other possible emergency situations that may occur when the MAC Worker should ***CALL THE MAS NURSE***
- Broken bone/muscle sprains
  - Diarrhea
  - Nausea/vomiting
  - Lice
  - Bug bites
  - Other

## **SECTION 6**

### **Vital Signs and Observation Checklist**

- Vital Signs include:
  - Temperature
  - Pulse
  - Respiration
  - Blood Pressure
- Taking and documenting vital signs is an important function for MAC Workers
- Changes in vital signs may require immediate action by the MAS Nurse
- Notify your MAS Nurse anytime a change in vital signs is noted

## VITAL SIGNS MONITORING CHECK SHEET

Vital Sign	Normal Range	Abnormal Range <b>CALL MAS NURSE</b>	Possible Cause for Abnormal Values
Blood Pressure	Top Number 90-140	<b>TO BE COMPLETED BY MAS NURSE</b>	<b>Hypertension</b> (High Blood Pressure) Pain, fear, anxiety, med side effects, noncompliance with BP med, seizure, drug intoxication
	Bottom Number 60-90	<b>TO BE COMPLETED BY MAS NURSE</b>	<b>Hypotension</b> (Low Blood Pressure) Internal bleeding, dehydration, heart problems, excessive BP medication, med side effect, drug intoxication
Temperature	97-100	<b>TO BE COMPLETED BY MAS NURSE</b>	<b>High</b> – infection, drug reaction, heat stroke <b>Low</b> - Shock, severe infection
Pulse	60-100	<b>TO BE COMPLETED BY MAS NURSE</b>	<b>Fast</b> – pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication <b>Slow</b> – heart problems, med side effects, drug overdose
Respiration	12-24	<b>TO BE COMPLETED BY MAS NURSE</b>	<b>Fast</b> – asthma, pain, lung disease, heart problems, seizures, low oxygen in blood pneumonia, drug overdose <b>Slow</b> – sedation, low blood sugar, drug overdose

The major changes that may be observed include:

1. Changes in physical appearance
2. Changes in mental status
3. Changes in behavior
4. Changes in vital signs (See Section XV)

Changes in physical appearance may indicate a health problem. Obvious changes in physical appearance must be immediately reported to the MAS Nurse. The chart below may be used by the MAC Worker to identify possible changes in physical appearance

## **CHANGES IN PHYSICAL APPEARANCE**

<b>Appearance of Consumer</b>	<b>Possible Cause</b>	<b>Action of MAC Worker</b>
Cold, Sweaty	Infection, low blood pressure, low blood sugar, drug overdose	<b>CALL MAS NURSE</b>
Pale	Anemia, infection	<b>CALL MAS NURSE</b>
Grey, Dusky	Low oxygen, low blood pressure, low blood sugar	<b>CALL MAS NURSE</b>
Red-faced, Warm	Infection, drug allergy, high blood pressure, drug intoxication	<b>CALL MAS NURSE</b>
Red-eye	Infection, increased blood pressure, eye injury, drug intoxication	<b>CALL MAS NURSE</b>
Rash	Drug or food allergy, fever, infection	<b>CALL MAS NURSE</b>

Changes in Mental Status may indicate exacerbation of the current diagnosis or the development of a new, undiagnosed mental or physical problem. Obvious changes in a person's mental status must be immediately reported to the MAS Nurse. The chart below may be used by the MAC Worker to identify possible changes in mental status.

## CHANGES IN MENTAL STATUS

<b>Consumer Appearance</b>	<b>Possible Cause</b>	<b>Action of MAC Worker</b>
Sleepy	Infection, med toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug overdose	<b>CALL MAS NURSE</b>
Irritable	Pain, drug toxicity, low blood sugar	<b>CALL MAS NURSE</b>
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug overdose	<b>CALL MAS NURSE</b>
Agitated, Aggressive	Drug toxicity, pain, UTI, seizures, low blood sugar, constipation, drug intoxication	<b>CALL MAS NURSE</b>

Changes in behavior may indicate exacerbation of the current diagnosis or the development of a new, undiagnosed mental or physical problem. Obvious changes in a person's behavior must be immediately reported to the MAS Nurse. The chart below summarizes possible behavior changes as "unable to", i.e., unable to walk, unable to talk, unable to eat and unable to wake up.

## CHANGES IN BEHAVIOR

<b>Consumer unable to:</b>	<b>Possible Cause</b>	<b>Action of MAC Worker</b>
Walk	Pain, stroke, heart problems, sedation/overdose, broken bone	<b>CALL MAS NURSE</b>
Talk	Stroke, sedation/overdose	<b>CALL MAS NURSE</b>
Eat	Stroke, stomach problems, bowel problems, infection, teeth problems, sore tongue	<b>CALL MAS NURSE</b>
Wake up	Stroke, overdose <b>Medical Emergency</b>	<b>CALL 911 then call MAS NURSE</b>

# SECTION 7

## Seizures

**There are many types of seizures and treatment of seizures is customized to the consumer and the type of seizure they experience**

- Seizures are caused by brain cells firing beyond the control of the person
- Medication can reduce the frequency and severity of seizures
- Persons taking medications for seizures must receive the medications at the time ordered by the prescriber
- Notify your MAS Nurse anytime a person is not taking their seizure medications
- Many seizure medications require blood test to be done at specific intervals to determine how much medicine is in the blood stream – verify date of last blood test
- Never put your hands, fingers or any object in the mouth of a person having a seizure
- Remove all potentially harmful objects from near the person
- Protect the person's head
- Never put a pillow under the head; you may use a towel if available
- Do not hold the person down
- Follow your Agency's *Seizure Management Plan*
- Seizure activity in person with no history of seizures is a medical emergency
- Grand-Mal Seizure (Tonic-Clonic)
  - Best known type of seizure
  - May cause unconsciousness
  - Causes loss of control of body muscles
  - Causes rhythmic jerking motions of the arms, legs and body
  - May cause loss of bowel and/or bladder function

***The observations and documentation of the MAC Worker are key to tracking consumer response and effectiveness of seizure medications***

**CALL YOUR MAS NURSE**

# SECTION 8

## Assisting with Medications

Before assisting with medication administration, you should wash your hands; this is the 1st step. Hand washing is the best way to prevent the spread of germs.

### **Procedural steps for washing hands**

- Turn on water
- Wet hands
- Apply liquid soap to your wet hands
- Rub hands together covering all surfaces for 20 seconds (Hum the “Happy Birthday” song from beginning to end, twice)
- Rinse hands under running water for 10 seconds
- Dry hands with paper towel (water is still running)
- Use paper towel to turn off water
- Put paper towel in trash

When you don't have liquid soap and water available, you may use **antibacterial hand sanitizer**

- place at least a dime size amount of sanitizer in the palm of your hand
- rub hands together
- cover all surfaces of your hands and fingers with the gel for 10 to 15 seconds until the gel dries

## **Assisting with Oral Pills/Tablets/Capsules**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Medicine cup
  - b. Water
  - c. Gloves
  - d. MAR

***SOME ORAL PILLS/TABLETS/CAPSULES CANNOT BE CRUSHED.  
USUALLY PILLS/TABLETS WITH A SMOOTH COATING OR A TIME  
RELEASED CAPSULE SHOULD NOT BE CRUSHED.  
CALL YOUR MAS NURSE IF YOU HAVE ANY QUESTIONS***

4. ***IDENTIFY*** and bring consumer to medication area.
5. Unlock medication storage area and provide privacy
6. Read the MAR and compare with the label on medication containers using the 7 rights. (Check #1)

### **Remember! THE LABEL MUST MATCH THE MAR**

7. Pour medicines, one at a time, carefully out of the bottles, by tapping meds into the medicine bottle top then pour into the medicine cup OR punch the medicine out of the blister pack/strip package into the medicine cup. DO NOT TOUCH THE MEDICINE.  
Check and compare the medicine label with the MAR. (Check #2)
8. Give the consumer the medications with a cup of water
9. Observe closely to ensure meds are swallowed without difficulty

### **Check mouth to ensure that the consumer has swallowed the medications**

10. Direct consumer from the area
11. Remove gloves if used, wash hands
12. Compare medication labels with MAR (Check #3)  
Document appropriately on MAR
13. Return medication to storage area.

## **Assisting with Liquid Oral Meds**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Medicine cup
  - b. Water
  - c. Gloves
  - d. MAR
4. **IDENTIFY** and bring consumer to medication area.
5. Unlock medication storage area and provide privacy
6. Read the MAR and compare with the label on medication containers using the 7 rights. (*Check #1*)

### **Remember! THE LABEL MUST MATCH THE MAR**

7. Check and compare the medicine with the MAR. (*Check #2*)
8. Shake the medication if instructed to do so
9. Remove the top from the medication bottle and place upside down on a flat surface (screw on part of cap pointing up to ceiling)
10. Place the measuring cup on a flat surface
11. At eye level, identify the correct level on the medicine cup for the dosage stated on the MAR
12. Pour, away from the labeled side of the bottle, the correct amount of liquid into the medicine cup
13. Wipe off any excess liquid from the medicine bottle using a clean paper towel and replace the top onto the medicine bottle
14. Check and compare the medication to the MAR again.
15. Ask the consumer to swallow the medicine. Give water afterwards if instructed to do so
16. Watch for difficulty swallowing
17. Direct consumer from the area
18. Remove gloves if used, wash hands
20. Compare medication labels with MAR (*Check #3*)  
Return medicine to proper storage. Document appropriately on MAR

## **Assisting with Sublingual or Buccal Oral Medications**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Medicine cup
  - b. Water
  - c. gloves
  - d. MAR
4. **IDENTIFY** and bring consumer to medication area.
5. Unlock medication storage area and provide privacy
6. Read the MAR and compare with the label on medication containers using the 7 rights. (Check #1)

### **Remember! THE LABEL MUST MATCH THE MAR**

7. Open medication container as directed.
8. Use gloves as directed. Check and compare the medicine with the MAR. (Check #2)
9. Place medication “under tongue” or “between cheek and gum” as directed

### **Check mouth to ensure that the medication has dissolved**

10. Direct consumer from the area
11. Remove gloves if used, wash hands
12. Compare medication labels with MAR (Check #3)  
Document appropriately on MAR
13. Return medication to storage area.

***It is important to remember to always wear gloves with sublingual or buccal medications, since these medications will disintegrate immediately if they come into contact with any water, even if it is on the skin of your hand.***

## **Assisting with Eye Drops**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed
  - a. Clean damp cloth or tissue
  - b. Gloves
  - c. MAR
4. IDENTIFY and bring consumer to medication area.
5. Unlock medication storage area and provide privacy.
6. Read MAR and compare with label on medication containers using the 7 rights. (**Check #1**)

### **THE LABEL MUST MATCH THE MAR.**

7. Inspect eye for problems.
8. If necessary, clean any excess drainage with clean damp cloth, wiping from nose out toward the ear.
9. Check and compare the medicine label with the MAR. (**Check #2**)
10. Roll medication container between your hands to mix as instructed. Explain process to consumer.
11. Remove top from medication container. Place top on flat surface. Position consumer with head tilted back, looking toward ceiling.
12. With two fingers of one hand (non dominant hand), gently pull the bottom eyelid down and out forming a small pocket.
13. With your dominant hand, drop the ordered number of eye drops into the pocket formed by pulling down the bottom eyelid.

### **DO NOT TOUCH EYE WITH DROPPER**

Have consumer close eyes for at least one minute.

### **IF SEVERAL DIFFERENT TYPES OF DROPS HAVE TO BE GIVEN, WAIT AT LEAST FIVE MINUTES BETWEEN DIFFERENT MEDICINES.**

14. Clean any excess drops from the consumer's skin if necessary with a clean damp cloth or tissue.

***IF THE DROPS DID NOT FALL INTO THE POCKET, REPEAT STEPS 12-13.***

15. Replace top on medication container. Observe consumer for any problems.
16. Direct consumer from the area. Remove gloves, if used, and wash hands.
17. Return medicine to proper storage. Compare medication label with the MAR (Check #3). Document appropriately on MAR

## **Assisting with Eye Ointments**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed
  - a. Clean damp cloth or tissue
  - b. Gloves
  - c. MAR
4. IDENTIFY and bring consumer to medication area.
5. Unlock medication storage area and provide privacy.
6. Read MAR and compare with label on medication containers using the 7 rights. (Check #1)

### **THE LABEL MUST MATCH THE MAR.**

7. Inspect eye for problems.
8. If necessary, clean any excess drainage with clean damp cloth, wiping from nose out toward the ear.
9. Check and compare the medicine label with the MAR. (Check #2)
10. Remove top from medication container/tube. Place top on flat surface. Position consumer with head tilted back, looking toward ceiling
11. With two fingers of one hand, gently pull the bottom eyelid down and out forming a small pocket.
12. With your dominant hand, squeeze a line of ointment into the pocket formed by pulling down the bottom eyelid, starting near the nose moving out toward the ear

### **DO NOT TOUCH THE EYE WITH TUBE**

13. Have consumer close eyes for at least 1 minute
14. Clean any excess ointment from the consumer's skin if necessary with a clean damp cloth or tissue.

***IF THE OINTMENT DID NOT FALL INTO THE POCKET,  
REPEAT STEPS 12-13.***

15. Replace top on medication container. Observe consumer for any problems.
16. Direct consumer from the area. Remove gloves, if used, and wash hands.
17. Return medicine to proper storage. . Compare medication label with the MAR (**Check #3**). Document appropriately on MAR

## **Eye Patches**

1. If necessary, clean the eye with a clean, damp cloth.
2. Obtain a clean patch or shield.
3. Cut two pieces of tape 5 inches long.
4. Explain procedure to consumer,
5. Position consumer comfortably in a sitting or lying position and provide for privacy.
6. Ask consumer to close eyes.
7. As directed by the MAR, gently place a clean pad/shield on the affected eye.

**DO NOT TOUCH SIDE OF PAD THAT WILL BE PLACED  
AGAINST EYE**

8. While holding pad in place, apply tape in a slanted fashion from forehead to cheek toward the ear.
9. Document procedure on MAR and/or as directed by MAS Nurse

## **Assisting with Ear Drops**

1. Wash your hands.
2. Locate a clean and private area. It may be helpful to have consumer lie down and turn head to affected side, if possible.
3. Gather equipment needed.
  - a. Clean damp cloth
  - b. Gloves if needed
  - c. MAR
4. IDENTIFY and bring consumer to area, and provide privacy
5. Unlock the medication storage area.
6. Read MAR and compare with label on medication container using the 7 rights (**Check #1**).

### **The Label Must Match the MAR**

7. Clean the outer ear, if necessary.
8. Roll the container between your hands to mix, if necessary.
9. Check and compare the medicine label with the MAR. (**Check #2**)
10. If it is not possible to have the person lie down with head tilted to the unaffected side; have the person sit with their head tilted to the unaffected side. Explain procedure to consumer
11. Remove top from medication container. Place top on flat surface.
12. With your non dominant hand, gently pull *top* part of outer ear *upward* and *back*

### **Consult your MAS Nurse when assisting children**

13. With your dominant hand, squeeze container to drop the ordered amount of ear drops into the center of the ear.

### **DO NOT TOUCH EAR WITH DROPPER.**

- Clean off any excess drops with clean damp cloth, if necessary.
14. Have the consumer stay on side if lying down or keep head tilted to side if sitting up for at least 3 minutes. Replace top on medication container. Observe consumer for any problems.
  15. Repeat process with the opposite ear, if ear drops are ordered for both ears.

16. Upon completion, assist the consumer to an upright position if needed. Remove gloves, if used, and wash hands.
17. Compare medication label with the MAR (**CHECK #3**). Return medicines to proper storage. Document appropriately on the MAR

## **Assisting with Ear Creams/Ointments**

**Creams for the ear should only be applied to the external ear – the part you can see on both sides of the head.**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed:
  - a. Gloves
  - b. Tongue blade, if needed
  - c. Clean damp cloth
  - d. MAR
4. **IDENTIFY** and bring consumer to medication area.
5. Unlock medication storage area and provide privacy.
6. Read the MAR and compare with the label on the medication container using the 7 rights. (**Check#1**)

### **The Label Must Match the MAR.**

7. Inspect affected ear for any problems.
8. If necessary, clean any excess drainage with a clean damp cloth. Report any signs of infection or any other problems noted to your MAS Nurse.
9. Check and compare the medicine label with the MAR. (**Check#2**)
10. If the medicine is in a tube, squeeze a small amount of the cream onto your gloved hand. If the medication is in a jar, use a tongue blade to scoop a small amount of cream onto your gloved hand.
11. Apply a thin layer of cream, in a downward motion, using smooth strokes.

**DO NOT RUB THE CREAM BACK AND FORTH OR MASSAGE THE AREA.**

12. Return top to medication container. 13. Remove your gloves, wash your hands and return cream medication to proper storage.
13. Check and compare the medication label with the MAR. (Check#3)  
Document appropriately on the MAR

## **HEARING AIDS**

- Some persons with a mental health disorder have problems with hearing and require hearing aids
- Problems with hearing can produce behavioral problems
- A hearing aid is designed to increase the volume of sound
- Hearing aids do not work unless the batteries are charged and the aid is properly placed in the ear.
- Some persons who are deaf may have a special surgery to implant electrical devices inside the ear.
- Ear wax can reduce the usefulness of the hearing aid
- Consult your MAS Nurse if you have any questions or concerns about your consumers' ability to hear.

## **Nose Drops**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Clean damp cloth
  - b. Gloves
  - c. MAR
4. **IDENTIFY** and bring consumer to the medication area.
5. Unlock medication storage area and provide privacy.
6. Read MAR and compare with label on medication container using the 7 rights. (Check#1)

### **The Label Must Match the MAR**

7. Put on gloves; inspect the nose for redness, drainage or complaint of pain. Notify your MAS Nurse of any problems.

8. If necessary, clean away any excess drainage with the clean damp cloth.
9. Warm the drops by rolling between your hands if necessary. Remove top from the medication container and place top on a clean flat surface. Check and compare medication label with the MAR. (Check #2)
10. Explain procedure to consumer. Tilt the consumer's head backward or have consumer lay down. Ask consumer to breathe through his mouth.
11. Drop the ordered number of nose drops in the center of the nose openings as instructed. **DO NOT TOUCH THE MEDICATION CONTAINER TO THE NOSE.** Clean away any excess drops with the clean damp cloth.
12. Ask the consumer to keep his head tilted backward for at least three minutes. Observe consumer for any problems/complaints
13. Replace top on medication container.
14. Direct consumer from the area. Remove gloves and wash hands
15. Compare medication label with the MAR (Check #3)  
Document appropriately on the MAR

## **Nose Sprays/Inhalers**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Clean damp cloth
  - b. Gloves
  - c. MAR
4. **IDENTIFY** and bring consumer to the medication area.
5. Unlock medication storage area and provide privacy.
6. Read MAR and compare with label on medication container using the 7 rights. (Check#1)

### **The Label Must Match the MAR**

7. Put on gloves; inspect the nose for redness, drainage or complaint of pain. Notify your MAS Nurse of any problems.
8. If necessary, clean away any excess drainage with the clean damp cloth.

9. Explain procedure to consumer. Check and compare medication label with the MAR. (Check#2)
10. Position person in a seated or standing position with head upright.
11. If necessary shake the inhaler or spray to mix.
12. With your non dominant hand, gently press closed one side of the nose.
13. Spray the ordered amount in the open side of the nose and ask the person to breathe in through the nose
14. Repeat steps 12-13 on the other side of the nose if ordered
15. Replace top on medication container. 9. Direct consumer from the area. Remove gloves and wash hands
16. Compare medication label with the MAR (Check #3)  
Document appropriately on the MAR

### **Special Rules When Applying Any Type of Topical Medications**

- **Never touch the consumer's skin with the container of medication. This may cause germs to harbor in the container containing the medicine.**
- **Always follow the directions on the MAR.**
- **Look carefully at your consumer's skin to make sure that there is no redness or other changes that might indicate an allergic reaction or infection. REPORT ANY CHANGES TO YOUR MAS NURSE.**
- **Always use gloves to apply topical medications.**
- **Clean the skin area where you plan to apply topical medications before you apply a new layer of medication to the affected site.**
- **Avoid the eyes, mouth and nose if applying to the face**

## **Assisting with Topical Creams, Ointments and Pastes**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Gloves
  - b. Tongue blade, if needed
  - c. Clean damp cloth
  - d. MAR
4. **IDENTIFY** and bring consumer to medication area
5. Unlock medication storage area and provide privacy
6. Read the MAR and compare with the label on the medication container using the 7 rights **(Check#1)**

### **The Label Must Match the MAR**

7. Put on gloves. Remove top from medication container, place on a clean flat surface
8. Inspect affected area for redness, drainage or any other problems. Clean affected area with damp cloth as needed. Report any problems noted to your MAS Nurse
9. Check and compare the medicine label with MAR **(Check#2)**
10. If medication is in a tube, squeeze a small amount of the medication onto your gloved hand. If medication is in a jar, use a tongue blade to scoop a small amount of the medication onto your gloved hand.
11. Apply a thin layer of the medication in a downward motion, using smooth strokes. **DO NOT RUB BACK AND FORTH OR MASSAGE THE AREA.**
12. Return top to medication container.
13. Remove gloves, wash your hands and return medication to proper storage
14. Check and compare the medication label with the MAR **(Check #3)**  
Document appropriately on the MAR

## **Assisting with Topical Lotions/Suspensions**

1. Wash your hands.
2. Locate a clean and private area.
3. Gather equipment needed.
  - a. Gloves
  - b. Tongue blade, if needed
  - c. Clean damp cloth
  - d. MAR
4. **IDENTIFY** and bring consumer to medication area
5. Unlock medication storage area and provide privacy
6. Read the MAR and compare with the label on the medication container using the 7 rights **(Check#1)**

### **The Label Must Match the MAR**

7. Put on gloves. Remove top from medication container, place on a clean flat surface
8. Inspect affected area for redness, drainage or any other problems. Clean affected area with damp cloth as needed. Report any problems noted to your MAS Nurse
9. Check and compare the medicine label with MAR **(Check#2)**
10. Explain procedure to consumer. Shake the medication container briskly
11. Apply a thin layer of the medication to the affected area in a downward motion, using smooth strokes. **DO NOT RUB BACK AND FORTH OR MASSAGE THE AREA.** Allow area to dry.
12. Return top to medication container.
13. Remove gloves, wash your hands and return medication to proper storage
14. Check and compare the medication label with the MAR **(Check #3)**  
Document appropriately on the MAR

### **Special Rules When Applying Medicated Lotions to the Scalp**

- Using gloves to apply the medicated lotion evenly, beginning at the neck and continuing about every inch until the entire scalp or affected area has been covered
- Gently massage the medication into the scalp

- Observe the scalp for signs of allergic reaction such as redness or swelling

### **Special Rules When Applying Topical Sprays or Powders**

- Wear gloves
- Because powders and sprays may be inhaled (breathed in), have consumer turn their head away from the affected area
- Shake powder into gloved hand. Do not shake powder over affected area
- Gently pat powder onto the cleaned affected area. Do not rub or massage the skin
- Sprays maybe applied directly to the skin or affected area

### **Special Rules When Applying Topical Patches**

- Wear gloves. Do not touch the medicated side of the patch with your ungloved hand
- Remove the old patch if still present on the skin. Check the skin for any problems
- Apply the **new** patch to a **new**, clean, dry area of the skin as directed by the MAR
- Do not rub patch

### **Special Rules When Applying Medicated Shampoos**

- Equipment needed includes:
  - Gloves
  - Towels
  - Washcloth and
  - Medicated shampoo
  - MAR
- Remove medicated shampoo from the locked storage area prior to taking the consumer to the sink or tub
- Avoid the eyes
- Start at the front of the scalp and work to the back of the head
- Rinse the hair well after application
- Dry and style

## **Assisting with Inhaled Medications**

1. Wash your hands
2. Locate a clean and private area
3. Gather equipment needed
  1. Gloves
  2. Clean damp cloth
  3. Cup of water
  4. MAR
4. IDENTIFY and bring consumer to medication area
5. Unlock medication storage area and provide privacy
6. Read MAR and compare with label on medication containers using the 7 rights (**Check#1**)

### **THE LABEL MUST MATCH THE MAR**

7. Put on gloves, remove the top from the medication container and place on a clean flat surface. Shake container vigorously
8. Check and compare the medicine label with the MAR (**Check#2**)
9. Explain procedure to consumer. Ask consumer to take a deep breath in then breathe out through their mouth
10. Hold the container as directed, place mouth piece into consumer's mouth. Ask consumer to close lips and teeth around mouth piece
11. Ask consumer to breathe in deeply, through their nose. Press down on container while consumer breathes in. Ask consumer to hold breath for up to ten seconds, and then breathe normally.
12. Repeat steps 9-11 until the number of puffs has been given
13. Wipe away any excess fluids from mouth piece. Replace top on container. Observe consumer for any problems
14. Have consumer rinse mouth with water
15. Remove gloves, wash hands and return medicine to proper storage
16. Compare medication label with the MAR (**Check#3**). Document appropriately on MAR

### **Special Considerations**

- If the consumer is ordered more than one inhaler, follow directions on MAR regarding which inhaler should be taken first.
- Wait 30 – 60 seconds between doses

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- Emergency inhalers used for asthma attacks may be kept with the consumer for easy access. Check with the consumer several times during the day to ensure they have the inhaler and ask about usage. Document appropriately
- Contact your MAS Nurse any time the emergency inhaler is used

## SECTION 9

# Medication Errors

7 Rights	Medication Errors
Right Drug (medicine)	Wrong drug
Right Dose (amount)	Wrong dose
Right Route (way)	Wrong route
Right Time	Wrong time
Right Person	Wrong person
Right Reason (purpose)	Wrong reason
Right Documentation (MAR)	No documentation on the MAR
	Missed dose

A medication error is any mistake with the 7 rights of medication administration. Not assisting with a medication as ordered is called a “missed dose”. A missed dose is also a medication error.

- When an error occurs:
  - Keep the person under observation; don’t leave them alone
  - Take their vital signs – temperature, pulse, respiration and blood pressure
  - Ask person if they are experiencing any problems
  - CALL YOUR MAS Nurse
- All medication errors must be documented. Complete the medication error form when the error is noted as directed in your MAC II training

**NEVER ASSIST WITH “PRN” MEDICATIONS  
WITHOUT THE APPROVAL OF YOUR MAS  
NURSE**

# SECTION 10

## Documentations and Forms

**All agency staff must use standard NDP forms OR electronic medical record. Any exception must be as directed by agency policy and procedure approved by the agency's Board of Directors.**

### **Forms Used by the MAC Worker**

- MAR
- MAC Call Log
- Medication Error Form
- Other agency required forms (List below)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

***There must be documentation of all communication between the MAC Worker and the MAS Nurse***

## **Documentation**

Documentation must be:

- Legible – Can be read by someone other than the writer
- Accurate – State the facts only; describe what happened or what you observed
- Complete – Signs, symptoms, responses to meds/treatments, care rendered, communication with other team members, unusual occurrences, writer's signature including title/position
- Timely – Documenting prior to care being provided violates principles of documentation
- Properly corrected – No scratch outs, white out cannot be used, include date and initials of person making the correction

## **SECTION 11**

### **OTHER IMPORTANT FACTS**

#### **Mental Disorders**

- Some persons with mental disorders may not understand the need to take medications
- Some mental disorders can cause symptoms called hallucinations, such as hearing voices or seeing things that others do not hear or see;
- Some persons with mental disorders have false beliefs called delusions
- Do not argue or try to reason with a delusional person or someone experiencing hallucinations
- The delusions and/or hallucinations are real to the person and often are very stressful
- Medications called “antipsychotic drugs” reduce the intensity of the hallucinations or delusions and improve the quality of life for persons with mental disorders

#### **Medication Side Effects**

- Medication side effects are common
- People with communication problems may not be able to describe/verbalize side effects
- Side effects are more common during the first 2-4 weeks of treatment
- Side effects can occur at any time during treatment
- Allergy to a medicine can cause an allergic reaction
- Allergic reactions can cause a skin rash, nausea/vomiting
- More severe allergic reactions may cause swelling of the face, tongue and/or throat
- Severe allergic reactions can cause death

**ALWAYS CHECK THE PERSON’S LIST OF ALLERGIES BEFORE ASSISTING WITH A MED PASS**

## **Antibiotics**

- Antibiotics are prescribed to treat infections caused by bacteria
- Antibiotics are not effective against viruses
- Some antiviral medications such as, Tamiflu, may be used to reduce the symptoms of a cold or the flu which are caused by viruses
- Infections can occur in any part of the body
- Infections can produce behavioral problems or confusion in persons with mental disorders
- Bladder infections are common in women
- Antibiotics may cause diarrhea or yeast infections in the mouth or vagina

## **Reproductive Health**

- Persons with mental disorders may be sexually active
- Persons with mental disorders must be legally able to consent to sex
- Persons with a mental disorder can contract a sexually transmitted disease (STD) and/or become pregnant
- Women with mental disorders may be prescribed some type of contraception such as birth control pills or hormonal injections
- Birth control pills have side effects
- Women should not stop birth control pills without consulting the prescriber through the MAS Nurse
- Many medications prescribed for mental disorders can cause birth defects
- Call your MAS Nurse any time a women complains of missing periods or suspects pregnancy

## **General Observations**

- Excessive tearing of the eye suggest some problem that requires the attention of your MAS Nurse
- A painful or swollen eye is an emergency – Call you MAS Nurse
- Ear problems can produce serious pain and distress
- Do not put anything in the ear
- Hearing problems can cause behavior problems
- Head banging may result from hearing voices or having pain in the ear

- Low oxygen in the blood can damage the body and brain
- Low oxygen in the blood can produce confusion, lethargy and behavior problems
- Some persons with mental disorders may have difficulty swallowing or may “cheek” medications
- Be sure medicines are swallowed. Call your MAS Nurse if a person complains of or you observe food/meds getting stuck in the throat
- Many medications slow bowel movement and may cause constipation
- Call your MAS Nurse when a person has not had a bowel movement for several days, especially after a laxative or enema
- Bowel problems can cause distress and agitation

## **Diabetes**

Diabetes, sugar diabetes and sugar are the same disease. Diabetes means that a person’s blood sugar is too high. Diabetes is common in older persons and in persons with mental disorders. This disease is invisible and people with diabetes usually look the same as healthy people.

Sugar is the fuel that powers the body and the brain. Blood sugar comes from food and is controlled by the hormone “insulin”. Insulin is produced in the pancreas, an organ that sits behind the stomach.

### **Types of diabetes**

Diabetes has two forms – Type I and Type II. Type I diabetes is caused by the pancreas not producing enough insulin. Type II diabetes is caused by the body having too much resistance to the insulin that is produced by the pancreas.

Persons with serious mental disorders have twice the risk of having diabetes. Persons with severe or chronic diabetes have an increased risk for heart disease, kidney disease, blindness and nerve disease in the hands and feet. Poor blood sugar control increases the risk of developing foot sores and losing a limb.

Proper control of diet, weight and blood sugar will reduce health problems caused by diabetes.

## **Helping your Consumer with Diabetes**

As part of the treatment team, you can help consumers with diabetes by encouraging exercise, proper diet and medication compliance.

Two kinds of medications are available for diabetes:

1. Insulin injections
2. Pills that lower blood sugar

As a MAC Worker, you should ***not*** be giving injections. Injections are a skilled nursing task that is restricted to licensed nurses. You may be giving oral medications to people with diabetes.

## **Blood Sugar Levels**

People with diabetes may develop high blood sugar or low blood sugar. You must be alert to both symptoms.

***Symptoms of high blood sugar*** include:

- excessive thirst
- excessive urination
- fruity odor to the breath
- changes in level of alertness

***Symptoms of low blood sugar include:***

- sweatiness
- shaking
- coolness to the skin
- drowsiness/unconsciousness
- seizures (severe low blood sugar)

As a MAC Worker your role is to be sure consumers receive medicines on time and are encouraged to eat properly and/or exercise. You must monitor for signs of high or low blood sugar. Anytime a consumer refuses to take his/her blood sugar medicine, you must report this to your MAS Nurse. Persons who can self administer medications must be monitored to determine if they are taking their medicines on time and eating properly. Antipsychotic medications can cause high blood sugar.

When a person takes his/her insulin, they must eat on schedule to make sure their blood sugar does not dip too low. Encourage diet control, avoiding large quantities of sweets or sugary foods. Avoid negative comments. Use positive statements i.e. “you will feel better when you eat well” or “you will feel healthy when you loose weight”.

### **Finger Stick Checks**

You may need to perform or assist consumers with finger-stick blood sugars. In MAC II your MAS Nurse will verify that you can perform this nursing task correctly. As a MAC Worker, you must report the results of the finger stick blood sugar to your MAS Nurse.

### **High Blood Pressure (Hypertension)**

High blood pressure is a common health problem. Medications can control high blood pressure. Untreated high blood pressure can cause heart attack, stroke, kidney failure, blindness and many other severe health problems.

As a MAC Worker, you can help consumers live a healthy life by providing medications for high blood pressure. High blood pressure can be produced by the heart pumping too strong but most commonly, it is caused by excessive squeezing of the blood vessels throughout the body.

High blood pressure medications reduce the power of the heart beating or reduce the pressure on the blood vessels. The major side effect of blood pressure medication is low blood pressure. Consumers may feel “swimmy-headed” or faint when they stand up. You can monitor the blood pressure with an automatic blood pressure cuff after completion of MAC II. This measurement helps to ensure the medication(s) are controlling the blood pressure. Anytime a consumer on blood pressure medicine is unsteady or appears faint, contact your MAS Nurse

As the MAC Worker, it is important to provide the blood pressure medicine on time and watch for side effects. People with high blood pressure cannot feel the change in their body. Therefore, it is important that consumers take their medication even though they may not “feel sick”. You can assure consumers that monitoring the blood pressure is an important part of

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controlling the blood pressure. Report to your MAS Nurse any time a consumer refuses to take their high blood pressure medicine.

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