Developmental Disabilities Services (DDS) Medication Administration Technician Curriculum 2025

DDMAT PARTICIPANT MANUAL

PRESENTED BY EAST CENTRAL UNIVERSITY

APPROVED TRAINING BY OKLAHOMA HUMAN SERVICES DEVELOPMENTAL DISABILITIES SERVICES

OKLAHOMA
Human Services

Use and Distribution Statement

This manual was developed through a partnership between East Central University (ECU) and Oklahoma Human Services, Developmental Disabilities Services (DDS), for use in approved DDMAT and DDMAT Update training.

The manual may be downloaded, printed, and stored electronically by agencies and individuals for purposes directly related to participation in or administration of approved DDMAT or DDMAT Update training. The manual and its content must not be modified, reorganized, reproduced as a separate training resource, or used in whole or in part to develop, deliver, or support training outside of approved DDMAT or DDMAT Update training without prior written authorization from Oklahoma Department of Human Services.

TABLE OF CONTENTS

We gratefully acknowledge the DDMAT Committee members for their contributions to this revision. *A special thanks to:* Pam Clark- RN, East Central Faculty Trainer, Phyllis McGilbray- RN, East Central Faculty Trainer, Sandra Patocka- LPN, East Central Faculty Trainer, Cindy Leishman- DDS Training Manager, Tiffany Greene- D.Ph., DDS Director of Pharmacy Services, Jill Barr- RN, DDS HCM Nurse III and Hannah Nofsinger- DDS Program Field Representative

Developmental Disabilities
Medication Administration Technician Curriculum

Introduction

It is essential that anyone working as a Medication Administration Technician has the knowledge and training to safely administer medications. Mistakes can potentially cause great harm to the person receiving the medication and may even be life-threatening.

To ensure medications are correctly administered, the Developmental Disabilities Services (DDS) of Oklahoma Human Services has developed policies and procedures designed to support safe medication administration, including medication handling guidelines, documentation requirements, and reporting of errors. A DDMAT will also need to know their own agency's requirements for administering medication. A copy of the DDS Medication Administration policy is included in the appendices at the back of this manual.

Primary Objective

After completing this training, the student will be able to safely administer medications within specific guidelines and in accordance with applicable state and federal statutes.

Applicability

The purpose of this curriculum is to ensure people receive medications in the safest possible manner. The rules and guidelines contained in this curriculum and the DDS Medication Administration policy OAC 340:100-5-32 apply to:

- Staff and service providers contracted, licensed or funded through Home and Community Based Services Waiver or DDS state funds,
- The employees who administer medications or assist with a medication support plan used by a person supported by community service, including employment providers.

About DDS

The Developmental Disabilities Services (DDS) contracts with service provider agencies around the state to offer residential, vocational and other support services to people with developmental disabilities living in Oklahoma. DDS promotes supports which enables people to lead healthy, independent, and productive lives. Inclusion in decisions about routine activities provides opportunities to exercise individual control. DDS believes that people should be active participants in the administration of their medications whenever possible, and to the fullest extent possible. The person's support team should assist in identifying their abilities or desires to be involved in the administration of their own medication, and plan accordingly. The DDS case manager assists teams in developing a medication support plan that meets the person's needs. The Team develops an individual medication support plan when a person is not independent in medication administration and desires training on his or her medication, individualization of the medication support program or both. The medication support plan identifies participation by the

person supported in medication administration and specifies supports needed for administering, storing, and monitoring medication.

DDS supports the philosophy that people should be free from unnecessary use of medication and that medication is not used for the convenience of staff or as a substitute for programming (e.g. structured activities).

Certification Requirements

Staff must be certified in a medication administration-training course approved by the DDS director or designee before administering medication(s) to a person receiving services or assisting with a person's medication support plan.

If you worked as a Medication Administration Technician or similar role in another state, you may be eligible for certification as a DDMAT without taking this course. The DDS director or designee may approve your medication administration certification in Oklahoma if you can supply a copy of the training curriculum used in your previous position administering medications.

Certification or re-certification to administer medications is valid for two calendar years from the date of issuance, if the person administered medications as a paid, certified staff for at least 12 non-consecutive months within the two-calendar year period.

- ⇨ If a DDMAT allows their certification to expire, they CANNOT administer medication(s).
- ⇨ If the DDMAT's certification has been expired for 60 days or less, taking the one-day DDMAT update training renews the individual's certification.
- ⇨ If the Developmental Disabilities DDMAT's certification has been expired for more than 60 days, the staff must take and pass the full DDMAT training course to achieve re-certification.

DDS requires that all service providers and employers of record (EOR):

- ⇨ Ensure the medication support plan is implemented as developed by the Team.
- ⇨ Ensure all staff who administer medications are certified in DDMAT,
- ⇨ Provide documentation that all DDMATs employed by the agency have received training in agency-specific policy and practices including, but not limited to medication storage requirements, documentation, and procedures for reporting medication events, and
- ⇨ Maintain a copy of each employee's current certification in their personnel file, and
- ⇨ Adhere to OSHA guidelines.

DDS provider agencies, tech schools, and independent contractors may conduct DDMAT training and certification if they meet the conditions noted in the Medication Administration Training policy OAC 340:100-3-38.10. DDMAT and DDMAT Update are taught in person.

Developmental Disabilities DDMAT who administer medications must:

- Do so in accordance with guidelines and principles established in this manual and as required by DDS Medication Administration policy,
- Complete this training course with a minimum passing score of 85% for each written test,
- Successfully complete the lab competency including return demonstration of the following permissible administration routes (Oral, Topical, Ear, Nasal, Eye, Rectal and Vaginal),
- Able to provide return demonstration for acquiring vital signs, techniques of infection control as well as FIRST AID training on emergency epinephrine use, Gvoke-Hypen, and emergency inhalers
- Able to read, write, understand and communicate the English language,
- Personally prepare, administer, observe, and document the administration of all medication they are responsible for giving, and
- Complete required DDMAT update classes.

No DDMAT may administer injectable medications in Oklahoma. If a person needs a routine injection, and neither they nor their natural supports can administer the injection, it is the team's responsibility to include a licensed professional on the plan of care to administer the injection.

Exception for licensed nurses: A licensed nurse who is currently working in the field of nursing is exempt from the training requirements of this paragraph. The following conditions apply:

⇨ Licensed practical nurses (LPNs) and registered nurses (RNs) may administer medications in accordance with their training and the Oklahoma Nurse Practice Act.

⇨ The employer of record must maintain a copy of the nurse's license in the nurse's personnel file and make the license available for review on request

Ethical and Legal Considerations

Objectives

- **Become familiar with HIPPA regulations and confidentiality requirements for the DDMAT.**
- **Introduction to the Oklahoma statute that allows paid staff to administer medications and perform health-related tasks.**
- **Gain understanding of abuse, neglect, and caregiver misconduct**

Every DDMAT is expected to act in an ethical and professional manner when administering medications. The DDS Medication Administration policy OAC 340:100-5-32 provides guidelines for how medications should be administered to people with developmental disabilities receiving DDS services and supports. All DDMAT staff should familiarize themselves with this policy.

In addition, the DDMAT must always administer medications exactly as ordered by the healthcare provider with prescriptive authority. The DDMAT should always accurately document the medications they administer in the person's Medication Administration Record (MAR) either on paper or electronically, as well as any other information required by the prescriber of the medication or as required by the DDS medication administration policy and the person's plan of care. Keep in mind that your documentation is the legal record (proof) that appropriate care was provided to the person being served.

Confidentiality

Protecting the confidentiality of the person and their personal information is an important aspect of a DDMAT's ethical, professional, and legal responsibilities. In most cases, a person's health information and other confidential information should not be released without the informed written consent of the person or the person's legal guardian or representative. The Health Insurance Portability and Accountability Act (HIPAA) privacy rules were developed to protect everyone's right to privacy regarding their medical information and are intended to:

- Protect people's medical records and other personal health information.
- Give people more control over their protected health information (PHI).
- Set boundaries on the use and disclosure of protected health information.
- Hold violators accountable.

All personal health information should be kept confidential. There are severe penalties for violating HIPAA laws, and these penalties can extend to the individual DDMAT who does not follow these rules. The following are important things to remember:

- Only authorized people should have access to a supported person's health records or personal information. Authorized individuals would include the DDS case manager and other DDS staff, medical professionals who are treating the supported person for an illness or injury, and such other individuals identified in HIPAA regulations as authorized to receive and review a person's protected health information.
- If protected health information must be shared, compliance with HIPAA regulations must be adhered to. If the DDMAT has a question about sharing such information, they should contact their supervisor.
- A DDMAT should always respect the rights and privacy of each person they work with.
- A DDMAT should recognize that they serve a critical role in assisting the person to live safely in the community and should always perform their duties in a professional manner.

Abuse, Neglect, Caretaker Misconduct
Please note: This applies to adults and children

The definition of vulnerable adult (person) **in Section 10-103(5) of Title 43A of the Oklahoma Statutes is:** "Vulnerable adult"(person) means a person who is an incapacitated person or who, because of physical or mental disability, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without assistance from others.

The definition of abuse in Oklahoma Statutes is: "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult.

The definition of neglect in Oklahoma Statutes is: "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services. It may also include neglect of a person's financial interests.

Caretaker misconduct, as defined in OAC 340:2-3-2, means:

1. An act or omission that:
- violates a statute, regulation, written rule, procedure, directive, or accepted professional standard and practice;
- is not found to be abuse or neglect; and
- results in or creates the risk of harm to a minor or vulnerable adult.

2. Includes, but is not limited to:
- acts or omissions that contribute to the delinquency of a minor;
- unintentional excessive or unauthorized use of force not rising to abuse or neglect;
- unintentionally causing mental anguish;
- other acts exposing a client to harm or threatened harm to the health, safety, or welfare of the client; or
- use of abusive or professionally inappropriate language not rising to the level of verbal abuse.

Abuse, neglect, or caretaker misconduct can occur when a DDMAT fails to adhere to the Five Rights of administering medications and/or perform the three (3) checkpoints of medication administration, which will be taught in this curriculum. All citizens have the responsibility to report suspected Abuse or Neglect.

If you suspect that a vulnerable person is the victim of abuse, neglect, or exploitation, call the Abuse and Neglect Hotline at

1-800-522-3511

General Categories of Medications

There are two general categories of medications, prescription medications and non-prescription medications (also known as over-the-counter medications). Prescription medications can include two other categories that a DDMAT will need to be familiar with, which are sample medications and scheduled (or "controlled") medications. These will be covered in more detail in the following sections.

Prescription medication is administered only when ordered or authorized by a licensed healthcare provider with prescriptive authority. In Oklahoma those include a Medical Doctor (MD, DO), Nurse Practitioner (NP), Physician Assistant (PA), or Optometrist.

Prescription Medications

A prescription medication is usually dispensed by a pharmacist to either the person taking the medication or their caregiver. It is now quite common for prescription orders to be called in by phone or electronically sent from the prescriber's office directly to the pharmacy, which are referred to as electronic scripts. Written prescriptions that a person would carry to the pharmacy are becoming less common, although some prescribers will still provide them upon request, to the agency. The agency can also use the DDS-5 (REFERAL FORM FOR EXAMINIATION OR TREATMENT) to capture information from the health care provider pertaining to the reason for and prescribed use of medications. Check your agency's policy regarding written prescriptions.

Since the trend is rapidly moving toward the use of only electronic prescription systems, obtaining copies of written prescriptions for placement in home records has become problematic and is no longer a requirement from DDS. This has resulted in the need for all DDMATs to be increasingly vigilant that the prescription label on the medication container and the MAR reflect the **current** order for the prescribed medication.

If you work in a home where copies of written prescriptions are kept in the person's home records, it is important that you remember these are legal documents.

No one is permitted to alter the label on a prescription container. If a change in medication instructions is made by the prescriber:

- The container must be prominently identified that a change has occurred.
- The medication administration record must be updated when the change occurs noting date of the change and the authorizing prescriber; and
- The EOR or DDS provider ensures the prescription label matches the updated instructions when the medication is next filled

Medication is administered according to the updated change on the medication administration record.

At an employment site, the labeled pharmacy container is considered the order for a prescription medication. If a change in directions has occurred since the prescription was last filled, the container must be prominently identified to note a change has occurred. A copy of the updated order, which has been signed by the prescribing healthcare provider, must be kept with the container until an updated label change occurs by the pharmacy or prescriber.

The container may be adapted (flagged with a sticker for example) to support a person's independence as described in the medication support plan.

The DDMAT should also be aware that a medication on a flagged container may have different instructions which are to be updated and specified clearly on the medication administration record (MAR). **It is required to update MAR at the time of change, prominently identify container, and ensure label change occurs at the time of next fill-see policy change.** If medication is reduced or discontinued and is included in a comingled package, it should be removed from current medications, secured separately from current medications, and the MAR updated accordingly. The removed medication may be kept up to 60 days unless otherwise directed by the prescriber or the time period is adjusted in the person's medication support plan.

The person's home medication administration record (MAR) will not normally be sent with them to their place of employment, so the pharmacy label is typically the only source of information on how to administer a medication at the employment or vocational site. Obviously, if the medication administration directions have changed and a new label has not yet been received, the DDMAT working in the home must notify the person responsible for giving the medication at the employment site of the change and provide them with a copy of the revised instructions.

A DDMAT should also never forget that they cannot legally take an order from a prescriber over the phone. If a prescriber gives you instructions over the phone, you should always request a copy of the order by fax or e-mail. A copy of the fax or e-mail can then be placed in the person's home record.

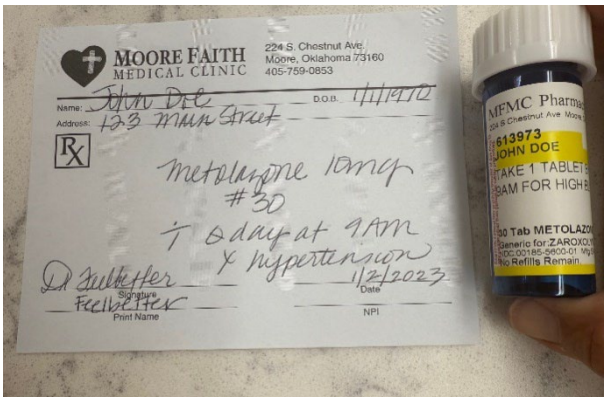
In general, before administering a prescription medication to someone, the DDMAT ensures that the medication container has an up-to-date label from the dispensing pharmacy on it.

The label should include the following information:

- the person's first and last name,
- prescribers name,
- prescription number,
- trade or generic name of medication name except when otherwise directed by the prescriber
- prescription strength of medication dosage, except when otherwise directed by the prescriber,
- directions for administration,
- date of filling,
- prescribed quantity, except when otherwise directed by the prescriber,
- name and address of pharmacy of origin or dispensing healthcare provider with prescriptive authority.

The information necessary for administering the prescription medications must also be reflected accurately on the person's MAR, as well as the reason for the medication if it is listed on the pharmacy label, as shown in the following example:

All the informaton for a prescription label, must also be reflected accuratley on the person's MAR as shown in the following example:



Medication	Hour	1	2	3
Metolazone 10mg. Take one tablet daily at 9am by mouth for hypertension. Dr. Feelbetter, 1/2/23	9am			

In most cases, any new medication prescribed should be obtained from the pharmacy as soon as possible, but within 24 hours of the time it was first prescribed. It is always a good idea to ask a prescriber when they want a new medication to be started (i.e., tonight, in the morning, etc.). DDS recognizes there is going to be some delay from when the prescriber orders the medication to when the medication can be supplied by the pharmacy, but it is important that the DDMAT recognizes that some newly ordered medications need to be given as quickly as possible (such as antibiotics or anticoagulant medications). Communication is the key here, as the DDMAT and their employing agency need to ensure the prescriber knows how quickly the person's regular pharmacy can fill orders. If a name brand medication was ordered but a generic or alternative named medication was filled, the DDMAT needs to document why the names may be different on the MAR.

As a rule, the prescriber needs to know if a newly prescribed medication is not expected to be available within 24 hours of being ordered. It is particularly important that prescribers be notified if the person uses mail-order pharmacies to fill their prescriptions. The service provider agency needs to have a plan in place if the prescriber wants the medication to be started more quickly than the person's regular pharmacy can fill it. Such a plan may involve the prescriber writing two orders, one for a short-term supply from a local pharmacy and the other for the regular supplier. In all cases where a delay in administering the medication has not been authorized, the prescriber must be notified if a medication is not available to be given within 24 hours of being ordered.

As a DDMAT, you are also responsible for ensuring medications are refilled before they run out. Not administering a medication which is ordered at the time it is ordered is a medication error and is considered a "missed dose". A refill should be requested 5-7 days before the last dose of medicine is administered and the DDMAT should follow up until the medication is received.

Always remember that an incident report is required whenever a medication error occurs. This will be covered later.

Make sure you fully document your efforts to obtain medications that have run out, including any conversations with your supervisor, prescriber or pharmacy. Document these efforts on the MAR. There can be serious repercussions for a DDMAT that does not do this. Follow your agency's guidelines.

A prescription medication must only be administered to, or used by, the person for whom the medication is ordered. A DDMAT should never administer a prescription medication from a bottle that is not clearly labeled or not dispensed by a pharmacist or physician. A DDMAT is not permitted to alter the label on a prescription container.

Sample Medications

Sample medications are a special class of prescription medications that are sometimes provided directly by the prescriber and can result in cost-savings for the person taking the medication. They can also help the prescriber determine how effective a medication may be in treating a problem when given on a trial basis.

People who have a prescriber who is willing to provide a supply of sample meds for the person throughout or part of the POC year should complete written instructions to the person as to how the sample medication is to be administered. Storage of these medications can be as easy as placing them in a zip-lock bag with the person's name on it, indicating "sample medications", the prescriber's instructions and placing in the medication box.

Non-Prescription Medications

For purposes of defining non-prescription medications, which are commonly referred to as over-the-counter (OTC) medications, we need to clarify that **personal care items are not considered medications**. Personal care items are those products the person is using for daily hygiene or just because they enjoy the way it makes them look, feel, or smell (such as makeup, lotion, or cologne/ perfume). The key is to remember that a medication is used to treat or prevent a health problem, and a personal care item is something the person chooses to use. For instance, if a person uses "Head and Shoulders" shampoo because they like the smell and the way it makes their hair feel, it would be considered a personal care item. If on the other hand, the person has a scalp condition which the prescriber recommends treating with a medicated shampoo at the annual physical, then the shampoo should be considered a non-prescription medication and would meet the same handling and documentation criteria as other such medications and listed on the annual standing medical orders.	

Common medications that are considered non-prescription or OTC such as Tylenol, Aleve, Mylanta, stool softeners, and many others are available without a prescription.

However, these medications require guidelines for their use. For the person to use or be administered a non-prescription, **approval in writing is required at least annually** from the Primary Care healthcare provider. This written approval can be provided as part of the annual physical, the healthcare provider's progress notes, and/or written by the prescriber on the 06HM005E/DDS-5 (Referral Form for Examination and Treatment) or any other type of approval form signifying the prescriber's instructions for using the non-prescription medication. The approval must include the person's name, prescriber signature, and the date signed.

Non-prescription medication containers should have the person's name clearly written on them **IF** more than one person lives in the home or works at the site. To correctly mark a non-prescription medication, find an area that will not interfere with instructions or identifying marks already on the container and use this space to clearly and legibly write the person's name. Permanent markers, such as a "Sharpie," should be used. Some non-prescription medication containers have little room to put additional information. One suggestion is to use clear scotch tape to attach a piece of paper with the person's name on it to the container (shown in example).

Non-prescription medications are to be administered in accordance with the manufacturer's directions, unless different instructions are ordered in writing by a licensed healthcare provider with prescriptive authority. For example, if the manufacturer's directions for the medication indicate it can be administered as 15 to 30 cc every 4 to 6 hours, and the prescriber wants to increase this dosage to 60 cc every 4 to 6 hours, the non-prescription medication then becomes a PRESCRIPTION medication and requires a prescriber's order and a label from a pharmacy. Another example, if the manufacturer's directions indicate an adult should not exceed 3 tablets of Docusate Sodium 100mg in one day and the prescriber wants to order 3 tablets twice a day for two days, and exceeds the manufacturer directions, the medication then requires a prescription to allow a pharmacy label to be placed on the medication.

A DDMAT should never think an over-the-counter medication is somehow "safer" than prescription medications. People are injured or die every year from overdoses of Tylenol and Aspirin, and many of the common medications we can purchase over the counter can have unexpected interactions with prescription medications, which is why we always need to ensure healthcare providers know all the medications a person routinely takes, both prescription and non- prescription. The DDMAT should always recognize that the more medications a person takes, the more chance there is for an unexpected and potentially dangerous interaction.

And don't forget to routinely check the expiration dates of non-prescription medications in the person's home. A DDMAT should never administer a medication that is past its expiration date. Non-prescription medications, especially those such as Tylenol, that are typically used only for infrequent problems, are particularly prone to expiration before they are completely used up.

Prescription and Non-Prescription Medications

Type of medication	Authorization for use	Labeling	Requirements for medication availability	PRN or "as needed" medication
Prescription medication	Written order by licensed healthcare provider with prescriptive authority	Prescription labels should include the person's name, prescriber's name, prescription number, name of drug, strength and directions for use (if prn, the circumstances it is to be given) date of filling, quantity. Reason for use (if identified by prescriber) Pharmacy name and address on label.	If the prescription medication is on the MAR and is routinely administered, it should be readily available to be given. It is essential that medication re-ordering procedures are established to prevent missed medications. Remember, each individual DDMAT is responsible for ensuring that the person gets the medication at the correct time.	The DDMAT must consult with another staff person or Team member identified in the individual's medication support plan) prior to the administration of that prn medication. This contact may be a simple phone call or even shift to shift report. This action provides another person with knowledge about the need for an "as needed" medication.
Non-prescription medication or Over-the Counter (OTC) medication	Primary care healthcare provider's written approval or authorization. This can be part of the annual physical, healthcare provider's progress notes, on a DDS-5 or other documented forms. The approval or authorization for use of the non-prescription or over the counter should be individualized for the person and not blanket approvals for "what if" situations.	The person's name should be clearly marked on the medication container **if** more than one person lives at the home or works at the site. **REMINDER:** If the non-prescription medication is to be given in a manner that differs from the manufacturer's instructions, it becomes a prescription medication and requires a pharmacy label.	If non-prescription medication is used daily or routinely, it should be on hand. If it is a seasonal medication or one that is not used often or single dosing, the agency may purchase at time of the need. NOTE if the person only uses Tylenol once or twice a year, a smaller bottle purchased is more cost-effective than a large bottle.  **RULE OF THUMB**: Whenever the non-prescription or OTC medication is brought into the home and begins to be used, it is expected to be on the MAR.	The DDMAT must consult with another staff person or Team member identified in the individual's medication support plan) prior to the administration of a prn medication. This contact may be a simple phone call or even shift to shift report. This action provides another person with knowledge about the need for an "as needed" medication.

PRN

(Latin for *pro re nata*) means: "as needed/ or as necessary" medications.

PRN, or "as needed," medications are a common part of life and are especially important for the people we support. These medications, whether over-the-counter (OTC), prescription, or samples—must be used safely. DDS has set guidelines to help with this. Any medication not given on a regular schedule may be considered a PRN. These should only be used for specific, pre-identified conditions based on the person's unique needs, and only when justified by a prescriber.

If a DDMAT ever has concerns about a person's health, a health professional should be contacted right away.

PRN medications can be a prescription, a sample medication or OTC (non-prescription) medications. All can fall into the category of needing to be administered as a PRN or on a PRN or "as needed" basis. If any medication is prescribed as PRN, it must have a prescriber's order identifying the medication, amount, route, time requirements, and under what circumstances the medication is to be administered. In instances where hospice is required, people receiving hospice services may have PRN medications ordered to provide comfort care which are not subject to the guidelines below. Instructions provided from hospice healthcare providers should be followed to keep the person comfortable. Prescriptions will have a label with directions and sample medications would have written instructions provided from the prescriber. Medications which are OTC or non-prescription require a prescriber's written approval and information as to directions from the prescriber or referral to the manufacturer's directions at least on an annual basis. REMEMBER the rule "If at any time the prescriber requires any OTC or non-prescription to be administered outside the manufacturer's directions, the medication then becomes a prescription medication with the prescriber's order and all components of a prescription."

Medication prescribed on a PRN basis must have a prescribing healthcare provider's order identifying the medication, amount, route, time requirements, and under what circumstances the medication is administered. The decision to administer a p.r.n. medication, except per OAC 340:100-5-32 (e)(6)(C), is made after consulting with another staff person or Team member identified in the medication support plan. When the same p.r.n. medication is administered an average of three times in one week or ten times in one month, the prescribing healthcare provider is contacted for further evaluation. The person's response to p.r.n. medication must be documented on the medication administration record.

Administration of PRN medications:

The reason for this additional step is simply to ensure that "continuity of care" is maintained. For example, let's say that the health care coordinator (HCC) or another staff person or Team member identified in the IMSP receives a call from the DDMAT working the night shift that Jim is running a low-grade fever of 100.8 degrees Fahrenheit, and the DDMAT wants to administer his authorized Tylenol. The HCC is naturally going to authorize this. If they receive a call in eight hours from another DDMAT wanting to administer Tylenol again for a temperature of 102.6, the HCC knows that Jim is experiencing an increasing fever and may need to be evaluated by his healthcare provider.

It is important for the DDMAT to know the seriousness of giving a person a PRN or an "as needed" medication and the medication is an appropriate course of treatment for the person at the time of giving the medication. Administration of a PRN is never intended to be a "cure all" and to be given for every "what if" situation. It is intended to provide authorized medical interventions, which if it does not work, should be taken to the next level of support with the health care professional. It is also important to know what a person's typical condition is, baselines, etc. "What is typical" for the person, is important for the DDMAT to know.

It is the DDMAT's responsibility to not only administer the PRN medication, (after the coordination and communication with the other authorized person according to policy), but they must then document this on the MAR related to the administration as well as the response to the medication (ie: Bisacodyl suppository – results "LARGE STOOL" OR headache was relieved from Tylenol or fever decreased to 98.2 axillary). This information is very helpful in determining if continuation of the medication is required or if next level of health support is needed.

Medication Administration Times

Prescriber orders may instruct the DDMAT to give a medication twice a day (BID), three times a day (TID), or even four times a day (QID). In such cases the medication should be evenly spaced throughout the day, and when possible, the administration times should be set to accommodate the person's daily schedule. For instance, if a person is to take a medication three times a day (TID) and they are at an employment site from 7:30 am to 2:30 pm (and do not want to take medication while on the job), the medication administration times could be set as 7:00 am, 3:00 pm, and 9:00 pm respectively.
To be effective, many medications must be administered according to a specific schedule. If circumstances prevent administration of the medication at the "prescribed" time, the medication must be administered no more than one hour before or after the specified time.

Anytime a medication is administered more than one hour before or one hour after the scheduled administration time, an incident report must be submitted by identified agency staff UNLESS authorization has been obtained from the prescriber or pharmacist. When authorization is obtained to avoid a missed dose, the MAR is documented with the name, title, date, and time of the person authorizing administration.

For example, if a medication is prescribed to be given at 8:00 am and the person has "slept in" past this time, the medication could be given as late as 9:00 am and no incident report would be required (unless authorization has been provided by the prescriber to administer the medication late). After 9:00 am, the DDMAT would need to submit documentation to the agency staff responsible for submission of incident reports, showing the medication was given late (e.g., dose at wrong time).

When the prescriber specifies times for the medications to be given, then these times cannot be adjusted. For example, if the prescription states, "take at 8:00 am, 2:00 pm, and 8:00 pm", then the medication must be given at the specified times. Similarly, if the prescription states, "take every 6 hours," then the medication administration times will be set from the time of the first dose to every six hours thereafter. At times, the DDMAT may require clarification from the prescriber when a medication time is questionable.

Many medications must be given before or after a particular event or occurrence, with one of the most common being medications that must be taken either before or after meals. A specific example is given in the following prescriber's order (written on a DDS-5) that illustrates how a medication must be given in a specific time frame to achieve the required results. In this case, Reglan has been ordered to prevent reflux (*return*) of food back from the stomach and into the throat of a person with gastro-esophageal reflux disease (GERD), and the medication MUST be administered 30 minutes prior to eating. There is no leeway in such an order, and the DDMAT must ensure the medication is given exactly as prescribed.

Treatments:

Reglan 10mg (for GERD). Take one tablet by mouth with a glass of water & on empty stomach, 30 minutes prior to eating.

Medication changes (please identify all medications being added, changed, or discontinued and reason):

Add Reglan 10mg.

Monitoring instructions for staff:

Contact the prescriber immediately if you observe movements they cannot control such as lip smacking, rapid movements of the tongue, involuntary or uncontrollable movements of the eyes, head, arms and legs, or muscle twitches and spasms. Drowsiness and dizziness may occur.

Similar logic would apply to a medication that is to be administered if a particular set of circumstances occurs, such as a medication that is to be given if a person experiences angina (chest pain). The DDMAT would not want to delay this medication for any reason and should administer it per the prescriber's instructions as soon as they are aware the person is experiencing chest pain. This is a good example of why the DDMAT must always ensure that medications are available to be taken when needed, even if that need cannot be predicted. If a medication isn't to be administered until 8:00 PM there would be no reason to carry it around with the person during the day. However, you would not want a person with asthma to start complaining they were having problems breathing and realize you had left their "rescue" inhaler at the house. This could have terrible consequences for the person involved, including death. A DDMAT must anticipate the person's medication needs and always be prepared.

UNIT ACTIVITY and REVIEW for PRN or "as needed" medications

1. CRITICAL SKILL TASK

It is not only the DDMAT's responsibility to administer the PRN medication (after the coordination with the HCC or other authorizing individual), but they must also document the administration AND the person's response to the medication on the Medication Administration Record (MAR). This information is critical for determining if the medication is effective at treating the problem for which it was given. Complete the next two forms using the information below to become familiar with documenting PRN or "as needed" medications:

Sam Windsor has not had a bowel movement in three days according to his elimination sheet. The prescriber's order indicates a prescription Bisacodyl suppository 10mg can be administered PRN (as needed) every three days for constipation. A co-worker administered a bisacodyl suppository on the 14th of April. Complete the example MAR below indicating you (as the DDMAT) have administered another PRN Bisacodyl suppository on April 21, 20 . Do not forget to put the RESPONSE of the prn, if no response put "pending" or "no response".

Name: Sam Windsor | **Prescriber:** Dr. Glaze | **Current month** April 20

Allergies: penicillin | **Diet:** Regular, cut meat

MEDICATION	hour	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	
Bisacodyl 10 mg 1 suppository, insert rectally as needed every 3 days for constipation 1/2/	**P**														PC														
	R																												
	N																												

Date	Hour	Medication and Dosage	Route	Reason	Result or Response	Hour	Signature
4/14/__	6pm	Bisacodyl suppository 10mg	Rectal	Constipation per no stool on elimination sheet.	Large BM, soft brown,	9pm	*Pam Clark* DDMAT

2. CRITICAL SKILL TASK

Sam Windsor has a headache and may receive Tylenol for pain or a fever according to the annual authorization from the prescriber. Complete the example MAR below indicating you (as the DDMAT) have administered the Tylenol to Sam as authorized at 9:00 AM on April 22, 20 . For this exercise, assume Sam verbalized his headache went away 45 minutes after receiving the Tylenol.

Name: Sam Windsor										**Prescriber:** Dr. Glaze								**Current month** April 20											
Allergies: penicillin										**Diet:** Regular, cut meat																			
MEDICATION	hour	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
Tylenol 500mg 2 tabs by mouth as needed for pain or temp 2 degrees above baseline (97.6) every 8 hrs	**P**																												
	R																												
	N																												

Date	Hour	Medication and Dosage	Route	Reason	Result or Response	Hour	Signature

Managing Medication Inventory

Objectives: Participants will learn about

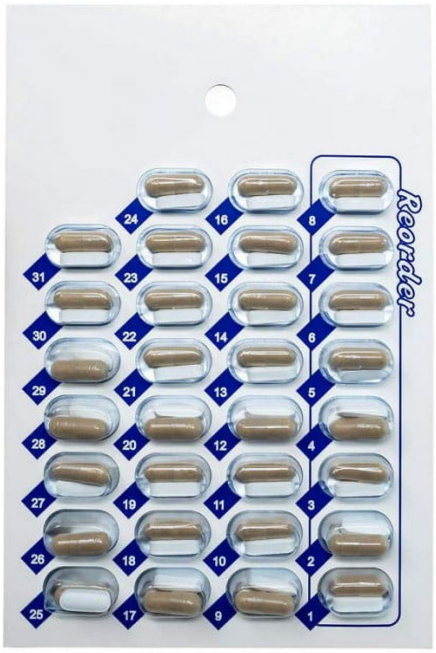
- ⇨ **DDS requirements for counting prescription medications.**
- ⇨ **how to measure or count different amounts of medications from blister/bubble packs, bottles, containers, liquid, creams, ointments and unit dosing of medications for inventory records.**
- ⇨ **DDS requirements for storage of medications.**
- ⇨ **controlled medications and requirements for storing and counting these medications.**
- ⇨ **an "ultimate user" and who can legally transfer medications.**

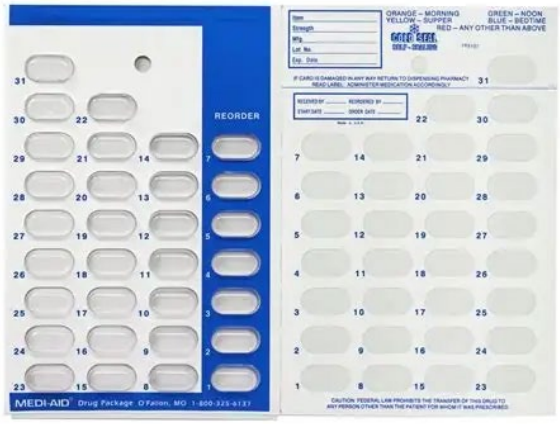
It is very important medications are managed correctly to prevent shortages and ensure safe administration to the person receiving them. The DDMAT should pay close attention to counting and storing medications correctly, maintaining correct inventory records as well as documenting the administration of the medication and the person's response to it.

Counting Medications and Medication Inventory

All new or refilled prescription medications must be counted and documented upon receipt in the home, and an inventory record maintained unless the person's medication support plan defines another method of inventorying medications. The reason a medication is prescribed must be requested from the prescriber if not provided on the prescription label or documentation received from the prescriber. The reason a medication is prescribed should be documented on the medication inventory record by the DDMAT. This initial count ensures that the correct amount of medication was received from the pharmacy and is sufficient for the period it is to be administered (e.g., until it is to be reordered or is no longer required). The count should be entered into the medication inventory tracking record used by the agency employing the DDMAT. Counts are conducted monthly. Many agencies require more frequent counting and documentation of medications administered.

When available, it is recommended that blister (or bubble) packaging be used to improve the ease of counting and administering medications. NOTE: Always start blister package count with the HIGHEST NUMBER, to maintain an accurate count. Blister package counting can be misleading due to the design of the package.





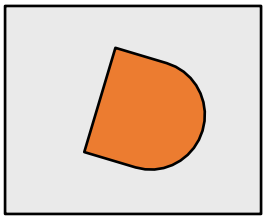
When performing a count of prescription medication removed from its container, contamination control procedures need to be followed. Just as you would when preparing food, the DDMAT should always wash their hands before handling someone's medications. Using a clean paper plate, or paper towel or a purchased counting device for a surface to count on is clearly better than a dirty countertop and can make it easier to pour pills back into the container. Avoid touching the medication with your hands by using a clean kitchen knife or similar tool to separate the medications into easily counted groups.

When inventorying a liquid prescription medication, you will normally see markings (in cc or ml) on the side of the bottle. The amount documented on the inventory tracking sheet can be based on these markings, or the overall amount of liquid medication can be **estimated.** (i.e.: ½ full, ¾ full, etc.) If a more precise measurement is required, as in the case of a liquid controlled substance, exact measurement must be documented. [NOTE: liquid medications categorized as suspensions must be shaken to ensure that the various components have not separated during storage. This is a crucial step in administering these medications, and the DDMAT should make sure they know if a medication needs to be shaken before administering].

When inventorying a topical prescription medication, you will normally measure based on the size of the container or the amount of the medication estimated in the container. Some containers for topicals are in squeeze type containers, some are in jars. The amount documented on the inventory tracking sheet can be based on the overall amount of medication can be **estimated** (i.e.: ½ full, ¾ full, etc.) if a more precise measurement isn't required.

The reason a medication is prescribed must be requested from the prescriber if not provided on the prescription label or documentation received from the prescriber. This must be documented in the person's medication inventory record.

EXAMPLE OF COUNTING MEDICATION "UNITS": The use of "blister" or "bubble" packaging by a pharmacy can present certain challenges to inventory counting. The DDMAT and their employing agency must determine if the medication(s) contained in a packaging system, which has several medications in one bubble or package (comingled), is to be counted individually or considered as a "unit" for the purpose of inventory tracking. For example, if a pharmacy has dispensed a medication in bubble packs and there is ½ tablet of a given medication per bubble, the ½ tablet can be counted as one "packaged unit." If there are 60 bubbles with a packaged unit in each bubble, the agency would document 60 packaged units to begin the count. After the first packaged unit (½ tablet) is given, the count entered on the inventory tracking form would then be 59 units. On an inventory sheet, it should be clear on how many pills in a blister will equal a unit. For units of multiple pills, we can list them all on a count sheet and begin with 30 for a month and reduce as a blister or unit is administered by 1.



One half orange tablet (Naproxen 500mg) = **ONE PACKAGED UNIT**

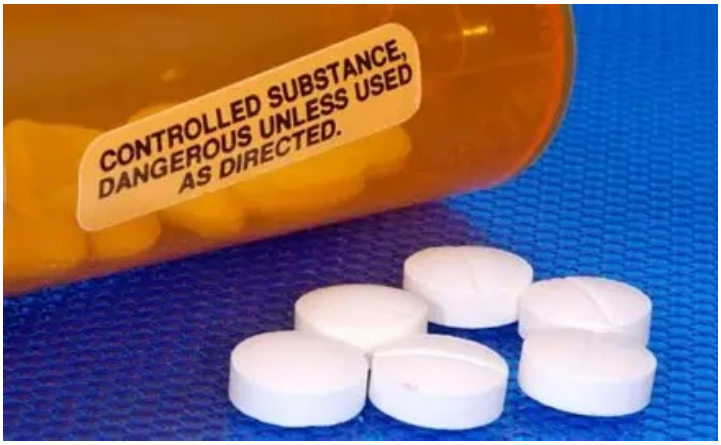
If the pharmacy dispenses the medication with several medications contained in each bubble or package system, the same logic can be applied where each bubble is considered as a single packaged unit (e.g., all the medications contained in an individual bubble are considered one packaged unit on the inventory tracking form). The individual medications contained in each bubble of the bubble package should be clearly listed on the medication label, along with their associated dosages.

1 oblong green tablet; (Tiagabine 12mg) 1 round blue scored tablet (Clonazepam 1mg) 2 orange capsules (Docusate Sodium)

= **ONE PACKAGED UNIT**

While packaging medications in a bubble pack can make both counting and administration simpler, a DDMAT should never become complacent when using such a system. Pharmacies make mistakes. You need to be familiar with the medications a person takes and question when something doesn't look right. If medication is reduced or discontinued and is included in a comingled package, it should be removed from current medications, secured separately from current medications, and the MAR updated accordingly. The removed medication may be kept up to 60 days unless otherwise directed by the prescriber or the time period is adjusted in the person's medication support plan.

Controlled medications



Medications identified as controlled dangerous substances in the Oklahoma Uniform Controlled Dangerous Substance Act, Title63, Chapter 2, Article 2, must be counted and the inventory documented each time the responsibility for medication administration is transferred to another person, but at least monthly.

The Controlled Substances Act of 1970 is a federal law that created drug categories called "schedules." These categories are based on things like how likely a drug is to be abused, whether it's used to treat illness in the U.S., and international drug agreements. Drugs on these schedules are called "controlled" substances. States can also add their own rules—Oklahoma, for example, has added some drugs to its list that aren't on the federal one.

In all cases, a controlled medication:

- has the potential for abuse and may result in physical or psychological dependence if abused (all the controlled medications have a potential for abuse, but schedule I and II drugs have the most significant abuse rates).
- may have specific requirements for storage, requiring limited access to the substance.

Schedule I medications are not usually prescribed in the United States, but a DDMAT may be required to administer and manage Schedule II - IV medications.

Provider Letter - Administrative Letter 19-07 – Medical Marijuana
Dear providers,
Licensing of medical marijuana use was approved by the passage of State Question 788. The regulatory authority for medical marijuana licensing is the Oklahoma Medical Marijuana Authority, a division of the Oklahoma State Department of Health. The legal authority is found in Title 63 of the Oklahoma Statutes, Section 420A through 426, and Oklahoma Administrative Code (OAC) 310:681-1-1 et seq. The medical marijuana statutes and administrative rules may change over the next 12-18 months, so the content of this letter is based on currently available information.

Currently, medical marijuana is treated similar to the way Developmental Disabilities Services (DDS) addresses certain prescription medications like opioids. A caregiver license may be recommended for an individual caring for a patient when that patient is likely to receive therapeutic or palliative benefit from medical marijuana use and is homebound and unable to ambulate sufficiently to leave his or her residence or does not have the capability to self- administer or purchase the medical marijuana due to a physical or cognitive impairment. DDS does not have any restrictions regarding which provider agency employees can be designated as licensed caregivers, but per the administrative rules, each patient can only have one caregiver. Licensed caregivers can have more than one patient…….
SEE COMPLETE LETTER IN APPENDIX

When Scheduled medications are a part of the person's medication regimen, the DDMAT should always carefully follow counting, documentation and storage procedures for these medications.

Counting Controlled Medications:

Medications identified as controlled dangerous substances must be counted and the inventory documented each time the responsibility for medication administration is transferred to another DDMAT or other individual, but at least monthly.

Staff identifying a discrepancy in the medication inventory must promptly report this information according to service provider policies or procedures. A Specialized Foster Care (SFC) provider reports any discrepancy to the foster care specialist. Self-Directed (SDS) staff report any discrepancy to the Employer of Record (EOR).

Storage of Medications

All medications must be secured under proper conditions of temperature and light; and kept in a locked medication area, or container unless the person's medication support plan specifies other storage arrangements. Each service provider is responsible for developing and enforcing policies or procedures that ensure medication security in the absence of a person's medication support plan. SFC, AC providers and EOR's adhere to established policy.

In general, DDS requires all medications to be kept in a locked medication storage area or container. There are many ways to achieve this, as shown in the following photos. The person's plan of care may modify the requirement for restricting access to medications in some cases.

Medications requiring **refrigeration** must be secured separately from food or other non-drug items and kept in the temperature range according to label directions. For instance, you would not want a bottle of Amoxicillin (which is pink) sitting next to a bottle of strawberry milk on the same shelf for fear that a small child or other vulnerable person would mistake the medication for the milk.

Other storage considerations include:

- There must not be any **hazardous materials, such as pesticides or cleaning compounds, stored next to medication**. **Hazardous medications can only be stored alongside other medications for the same person. If for multiple people the hazardous medications need to be in separate locked container/cabinet.**

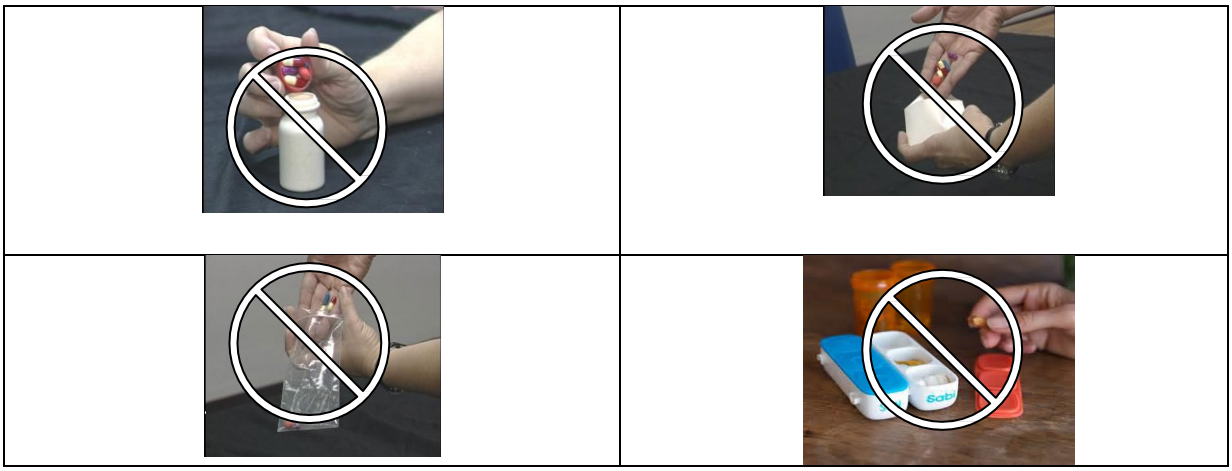
- External medications must be kept separate from internal meds. **EXAMPLE**: We would not want to mistake a medication that should be administered in the ear canal for multi-vitamin drops that go in the mouth, or vice versa.

- Each person's medications must be stored separately from the medications of others.

Contract provider agencies sometimes make their own medication storage and handling policies stricter than the requirements found in DDS policy. As a DDMAT, it is your responsibility to know and follow your agency's policy.

Transferring Medications:

No contract provider, Self – Directed staff, or DDS staff member is permitted to transfer medications from the original container to another container (including automated medication dispensers). DDMAT Staff can provide verbal assistance, oversight to ensure accuracy or assist with problem resolution when assisting a supported person to fill an automated medication dispense. Verbal assistance and oversight by DDMAT staff must be specified in the medication support plan. The person's medication support plan cannot modify this requirement. There have been past cases where provider staff have taken medication from an officially labeled dispensed pharmacy bottle and placed it in other containers, such as weekly medication planners, empty prescription bottles with hand-written labels, envelopes, the individual's pocket, etc.



Only the ultimate user or a person supported with an approved IMSP who is learning how to manage their medications with staff oversight, can legally move medications from one container to another. An ultimate user is defined in policy as the service recipient, if assessed by the Team as able to carry out each step in OAC 340:100-5-32(d); an adult member of the service recipient's family as identified in the medication support plan; the service recipient's SFC provider; or the service recipient's ACS provider.

The DDMAT is responsible for keeping medications in the original pharmacy container for trips out of the home (i.e., attendance at a work site, vacations, camp, overnight stays, etc.) unless the person supported uses an automated medication dispense and the team has determined supports necessary to promote safe medication administration will be available. Correct use of automated medication dispensers is addressed in the section below. Agencies can plan ahead for extended stays away from home may seek assistance from the pharmacist to dispense a small amount of medications for the time the person will be away from home, otherwise all medications, in their original pharmacy containers, will need to be counted and signed out to the individual responsible for administering the medications to the person supported while they are away from home.

Automated Medication Dispensers

DDS wants to ensure we promote supports that enable people to lead healthy, independent, and productive lives, to the fullest extent possible. Inclusion in decisions about routine activities provides people with opportunities to exercise personal control; and such autonomy can be expressed during the administration of medication. The person receiving the support should be the cornerstone for planning medication administration. The Individualized Plan includes any modifications to policy requirements in the areas of counting, storage, and PRN medications to allow a person to achieve as much independence as possible. Automated medication dispensers are tools that can assist with independence in medication administration.

Only the following people can fill an automated medication dispenser:

- A person identified as an ultimate user
- A person who is not yet an ultimate user but has been determined by the Team to have the ability to safely do so with staff verbal assistance, staff oversight, or staff assistance with problem resolution
- A Specialized Foster Care (SFC) provider
- A Specialized Agency Companion Services (ACS) provider

DDS staff other than those mentioned above cannot fill automated medication dispensers.

Only the person who transferred to the new container or automated medication dispenser, is allowed to administer medications transferred from the original container. The person's medication support plan cannot modify this requirement.

A copy of the MAR or another document which provides all information listed on a prescription label must be kept with the automated medication dispenser if the dispenser cannot be labeled. When more than one person lives in the home, the automated medication dispenser must be kept in a secure location separate from medications of other people.

Automated medication dispensers can be taken with a person to assist with medication administration while away from home if the Team has determined supports will be available for safe medication administration. The medication support plan must identify supports needed for verbal assistance, oversight, and problem resolution for safe use while away from home.

Although DDS does not provide oversight of medication administration of ultimate users, if they travel with an automated medication dispenser, they are encouraged to keep a document verifying authorization to possess a controlled dangerous substance if this applies to any medications contained in the device.

The Individual Medication Support Plan addresses Individual Training and/or Staff Modifications as identified below:

1. INDIVIDUAL TRAINING TO PROMOTE THE PERSON'S ABILITY TO administer his/her own medication. If the person can accomplish the following six tasks: They can be considered an Ultimate User. This will be documented in the IP.

If the answer to any of the six items is "NO,"

Then an IMSP is written, and the agency provider is responsible to ensure that the IMSP clearly specifies the DDMAT's responsibilities in the administration of medication, and the DDMAT implements the IMSP as developed by the team.

Total independence of person – no involvement from DDMAT: For a person who is totally independent (an "ultimate user"), it might be as simple as writing a statement into the health section of the Individual Plan that states:

"An assessment was done on 8/8/20__ regarding Johnny's ability to administer his own medications. The team agrees that Johnny can understand and follow label directions, properly identify his medication, take the right amount of medication at the right time without supervision and know when to ask for help. Johnny will be able to administer his own medications without training or other supports. The ability to safely continue to self-administer medication will be reviewed annually and if a concern is identified by a Team member, DDS RN, quality assurance staff, or other interested person, the IP can be revised."

Individual training – person is capable of learning – training involvement from paid staff: If training is identified, a plan might include items from the assessment. IMSP should include an outcome statement and action steps on how the plan will be accomplished:

SAMPLE STATEMENT FOR TRAINING in a person's Individual Plan:

Beverly will identify her Nexium pills and take them at the appropriate time. Staff will remind Beverly to take Nexium every morning prior to getting dressed and coming to breakfast, in addition, a "purple dot" will be placed on the Nexium bottle, to assist Beverly with knowing which medication is to be taken every morning prior to breakfast. Staff will work with Beverly to recognize the color of the medication (purple,) which will reinforce recognizing the medication.

Staff Supports/Modifications

Person not involved, DDMAT involved: (remember these modifications can only occur in the areas of storage and counting)

If only staff support is identified, then a statement regarding the storage is required. For example, if the person lives at home by himself /herself and there are no concerns about others accessing the medication or the person may not have the ability to access the medications themselves due to physical limitations, then the IMSP might support keeping the medications in an unlocked cabinet above the sink.

"Sally requires total support by staff to administer her medications. Since she is in her own home, and access is limited to only her agency staff, her medications may be kept unlocked above the kitchen sink. Sally also receives a 90-day supply of medication from Indian Health Services so counting of medication will occur every 90 days upon receipt of the medication, and thereafter monthly."

Finding Information about Medications

The DDMAT **must know how to obtain information for each medication administered including**

- **possible side effects**
- **both generic and trade names**
- **the purpose of the medications**
- **any special instruction for administration (i.e. with food, empty stomach, separate from other medications)**

A DDMAT who administers medications or implements an IMSP must know how to access information on common side effects and potential problems that can occur when using a medication. Finding such information can be as simple as knowing how to look up the medication on a reputable internet site or referring to a drug information book or medication information sheet provided by the pharmacy. Every DDMAT should develop a working knowledge of the common side effects and potential adverse effects that can occur with the medications they are responsible for administering. Whenever the DDMAT suspects that a person may be experiencing a problem with a particular medication, such as a significant change in behavior or alertness, the appearance of a rash after starting a new medication, or any other potential medication-related concern occurs, immediate action and notification is required according to service provider policies or procedures. Specialized Foster Care (SFC) providers report concerns to their foster care specialist and Self Directed EOR's adhere to established policy. In the case of a life-threatening emergency, such as the person becoming unconscious or having difficulty breathing, the DDMAT should immediately call 911 and request emergency assistance. Information about a medication can range from the simple to the extremely complex. Don't be dismayed the first time you research a medication if the information seems too technical to easily understand. A reputable internet link can be an invaluable tool in this regard, since with a little effort you can usually find a reputable link (e.g. Drugs.com, Web MD, Mayo) that will

provide the information you need to know in understandable language for DDMAT. This is also a case where practice makes perfect, as the more you work with medications the more comfortable you will become in researching information about them. That said there are some important terms that a DDMAT needs to be familiar with when researching and administering medications, and these are provided in the following table:

Terminology	Definition
Therapeutic effect	**The desired response to a medication (for example, relief from a headache or fever when Tylenol is taken).**
Contraindications	**A symptom, condition, or potential interaction that makes the use of a medication inadvisable (for example, the person has a known allergy to the medication).**
Precautions	**Warnings to use care when giving a medication under certain conditions (for example, a warning to use care when operating a car or other machinery when taking an antihistamine such as Benadryl, which can be sedating to some people).**
Side effect	**An undesired reaction to a medication, usually mild and often only lasting for a short period of time. Many medications have commonly encountered side effects that are typically not severe enough to warrant discontinuation of the medication, such as mild nausea or dizziness.**
Adverse effect	**A harmful, unintended reaction to a drug administered at normal dosage. Examples could include rash or problems breathing. Adverse effects usually warrant discontinuing the medication, and should be immediately reported to the prescriber.**
Brand Name	**The name given to a medication by the original manufacturer of the drug (for example, Tylenol and Motrin are brand or trade names).**
Generic Name	**The common, non-proprietary chemical name of a medication which is the same for all manufacturers of that medication. For instance, ibuprofen is the generic name for both Motrin and Advil which are two brand names made by different companies.**

Drug Information Exercise

Use the medication information sheet provided to you by the instructor, and complete the sections below:

Drug assigned: _____

Generic Name: _____

Trade or Brand Name: _____

What is this medication used for?

_____

_____

_____

_____

What are some of the Precautions of this medication:

_____

_____

What are some of the Side effects:

_____

_____

_____

What is the drug's Therapeutic effect?

_____

_____

Medication Administration

Objectives: Participants will learn about:

- **The five rights of Medication Administration and**
- **Three checkpoints of Medication Administration**
- **The use of the three checkpoints of medication administration and the five rights of medication administration.**
- **The PAD administration of Medication method**
- **Practicum skills participation on how to administer and document medications.**

Five Rights of Medication Administration

This curriculum teaches "best practices" of medication administration. Understanding the 5 RIGHTS of medication administration is a critical skill for any DDMAT, and this is something you must learn and apply each time you give medication to someone. The 5 RIGHTS are as follows:

Right Person

Make sure you are not distracted and are giving medication to the right person. Only administer medication to one person at a time. Never put medication down and leave it unattended where someone might grab and take it.

Triple check labels and the persons medication administration record (MAR) to confirm you are giving the right medication.

Right Medication

Right Time

Some medications must be taken at specific times, such as with meals. Check the MAR and the label to make sure you are administering medication at the right time.

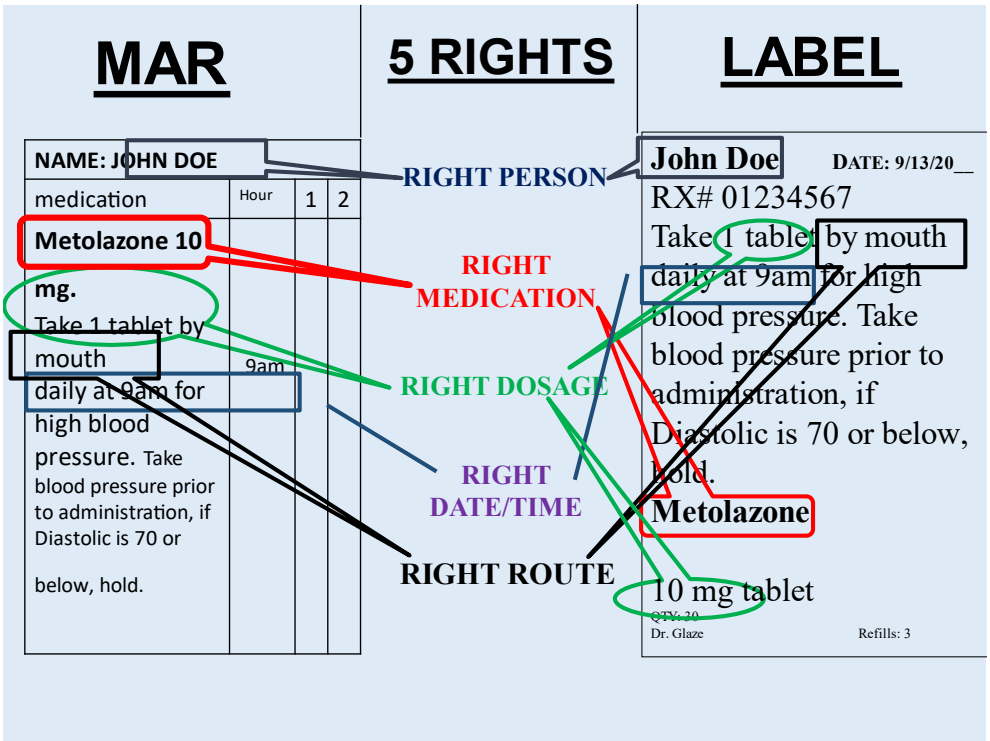
Giving the wrong dose could cause the person to get sick or worse. Check the MAR and the label to make sure you are giving the right dose.

Right Dose

Right Route

Route means how and where the person takes the medication- oral (mouth), nasal (nose), otic (ear), etc. There should be specific instructions on the label and MAR. Don't just assume, always check how and where the medication should be given.

This may all seem very cumbersome, but these checks only take a few moments for an experienced DDMAT to accomplish, and if you always ensure that the 5 RIGHTS of medication administration are correct and correctly and consistently perform the three checkpoints, you are much less likely to make a mistake when administering medications. So how do you check the 5 RIGHTS? You compare the 5 items between the MAR (Medication Administration Record) and the LABEL (from the pharmacy).

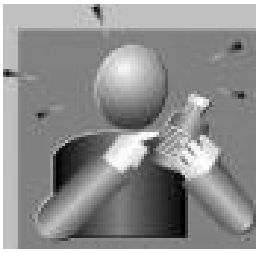


Three Checkpoints of Medication Administration:

In addition to the 5 RIGHTS, the DDMAT must learn the concept of the 3 CHECKPOINTS of medication administration. These are as follows:

1. LOOK AT the medication LABEL and make sure it matches the instructions on the MEDICATION ADMINISTRATION RECORD (MAR) **when the medication is <u>removed from where it is stored.</u>**

2. LOOK AT the medication LABEL and again compare it to the instructions on the MEDICATION ADMINISTRATION RECORD (MAR) **when medication is <u>punched, poured, or otherwise taken out of its container</u>**



3. Perform one final comparison of the medication LABEL and the instructions on the MEDICATION ADMINISTRATION RECORD (MAR) **<u>before administering the medication to the person or when returning it back into the storage area.</u>**

Now that we have trained on the FIVE RIGHTS, and the 3 CHECKPOINTS, there are several different philosophies of what RIGHTS are RIGHT! Some businesses have up to 10 rights, but for our purpose we begin with the 5 RIGHTS above and include 2 additional RIGHTS which are very important but will be discussed in other parts of the manual.

These other 2 rights are:

#6 REASON for the medication and #7 DOCUMENTATION.

Right Reason	Know the reason you are giving the medication and if the person has the condition. Reason should be on the label, MAR or medication inventory record. If not, obtain reason from prescriber. You will not know if the medication is helping if you don't know why you are giving it to the person.

Right Documentation	Document after administering the medication. Never pre-document. Remember to document and report any medication errors and actions taken to make sure the person is safe and/or getting needed evaluation or treatment following a medication error.

The PAD Medication Administration Method

Now that we have learned the 5 RIGHTS and 3 CHECKPOINTS, we will now put it all together using the PAD method of Medication Administration. As a reminder, every DDMAT must personally prepare, administer, observe, and document the administration of all medications they are entrusted to give. **Only administer and document medications that you have personally prepared and given.**

With that said, let's proceed to the actual administration of medication. The process of medication administration can be broken down into three primary steps, which are as follows:

- ⇨ **P**repare
- ⇨ **A**dminister and observe
- ⇨ **D**ocument

We call this the **PAD** method of administering medications. When employing the **PAD** method of medication administration, the DDMAT should apply the 5 RIGHTS and the 3 CHECKPOINTS during the medication preparation phase. Combining the 5 RIGHTS and the 3 CHECKPOINTS with the PAD process is critical to ensure correct medication administration is achieved. This may sound confusing, but we are just pulling together everything you have learned to form a safe process of medication administration. With practice this process becomes habit, and if done correctly can prevent most medication errors from occurring.

Incident Reports on Medication

Objectives

- ⇨ **Demonstrate how to use critical thinkings documentation when an incident report relating to medication administration is required. Knowledge base is evaluated through class participation and exercises.**
- ⇨ **Importance of knowing the REASON a medication is being used. (6th RIGHT)**

Please refer to your handout for reportable events.

Contract provider staff and Developmental Disabilities Services (DDS) staff must report incidents involving the health and welfare of any person receiving DDS services.

The DDMAT must document the event and submit the documentation to the person designated by their agency. Each agency should designate staff to complete and submit incident reports and have a clear process for the DDMAT to follow. For example, the DDMAT may write incident details and send a photo to the PC or write them out and have the PC pick them up. Submissions should always be signed and dated by the DDMAT.

The documentation must be thorough and written using the **"who, what, where, when, how, why"** format to ensure all relevant details are captured accurately. This format supports clear communication, appropriate follow-up, and compliance with reporting requirements.

The agency staff in charge of submitting Incident Reports to DDS will determine the category. **The DDMAT must provide this documentation to the appropriate person ASAP as there are very firm guidelines for submission.**

Documenting a Medication Event for an Incident Report

When documenting a medication event (such as a missed dose, wrong medication, or late administration), provide clear information:

- Who was involved – Name the person supported and any staff involved.
- What happened – Describe the event, name medication (e.g., "missed morning dose of Metformin").
- When and where it happened – Include the date and time.
- Why it occurred – Briefly explain the reason, if known (e.g., "medication not available at scheduled time").
- What actions were taken – Note immediate steps taken (e.g., " supervisor notified, person monitored for symptoms").
- Follow-up to keep the person safe – Include any next steps of what you did to ensure the safety of the person and prevent reoccurrence.

Keep your language objective and avoid opinions or blame. Focus on ensuring accurate communication and promoting health and safety.

The following case studies provide examples of how inattention to the 5 RIGHTS or the 3 CHECKPOINTS can cause problems. We will primarily focus on one person in these scenarios named Sam Windsor.

Sam Windsor is a 42-year-old male with Down syndrome. He shares a home with Billy Smith and Bobby Jones, who also receive services from DDS. Sam works at a local car dealership where he assists with washing and detailing cars. Sam is allergic to Penicillin and XYZ soap, which is used at his job. Sam's healthcare physician is Dr. Glaze. Sam has some swallowing issues and must have thickened liquid to prevent aspiration. He receives the following routine medications:

Keppra 500mg, (take 2 tablets = 1,000mg) by mouth twice a day at 9am and 9pm for seizures (may use generic brand levetiracetam)
Zaroxolyn 5mg, one tab by mouth twice a day at 9am and 9pm for high blood pressure (may use generic metolazone) NOTE: Take blood pressure prior to administration of medication. If DIASTOLIC is 70 or below, HOLD.
Metoclopramide 10mg by mouth three times a day at 9am, 12 noon, and 5pm for reflux. Brand name: Reglan
Singulair Chewable 5mg, Two tablets by mouth at bedtime for asthma prevention. Crush tablets and sprinkle onto food product recommended by prescriber or pharmacy. (generic name montelukast)
Docusate sodium 100mg twice daily at 9am and 9pm by mouth for constipation and softens stool.
Prilosec 20mg capsule. Take contents of one capsule once daily in the morning 30 minutes before breakfast for GERD. Open capsule and sprinkle onto food product recommended by prescriber or pharmacy. (generic name omeprazole)

Read the following case studies and complete information on the incident report excerpts as well as answer the questions.

Case Study #1:

Mary, a DDMAT who has worked in the home for nearly a year, is preparing morning medications for Sam, Billy, and Bobby. They have planned a trip to the state fair, and everyone is hurrying to get ready. Mary is feeling rushed and doesn't perform her checks as she normally would when preparing medications for the three men. Both Sam and Billy take Keppra. The DDMAT from the previous shift had mistakenly placed Billy's 1,000mg Keppra in Sam's medication box. Mary picks up the prescription bottle and glances at the label. She sees the word Keppra, opens the bottle and drops two pills in the medication cup, mistakenly administering 2,000 mg of Keppra to Sam, from Billy's medication. No one notices the medication error event until Sam falls asleep in the car, and by the time they get to the fair, he is so sedated they must turn around and go home. Everyone is upset, and when Mary realizes what she has done, she notifies Sam's prescriber's office, and the nurse tells her to just keep an eye on Sam and let him "sleep it off" and her supervisor (whose response is not so pleasant).

Critical Thinking Questions:

- Who was responsible for the mistake, Mary or the DDMAT from the previous shift who had placed Billy's medicine in Sam's box?
- Which of the 5 RIGHTS was Mary's first mistake?
- When she gets off the phone to the prescriber, she notifies her supervisor. Can you think of any other problems that her error is going to create for Mary and other DDMAT staff (hint: what is going to happen the next time they count both Sam's and Billy's medications)?
- How will Mary document this event?

Case Study #2:

Betty is a new DDMAT in the home and is preparing Sam's medications. One of Sam's morning meds is Metoclopramide (for reflux). This medication contains several of the same letters as Sam's blood pressure medication, Metolazone. When Betty goes to set up Sam's noon medications, she hears Billy and Bobby arguing over the TV channel selector. She runs into the living room to calm things down and returns to set up the medication. She hears the men starting to argue again and doesn't perform either the five rights or three checkpoints as she hurries to prepare the medication. She mistakenly administers Metolazone (for high blood pressure) instead of Metoclopramide (for reflux) to Sam, who had already been given his blood pressure medication at 7:00 that morning by the previous shift. By 2:00 that afternoon Sam is complaining of dizziness and has difficulty walking and staying awake. An ambulance is called, and he is admitted to the hospital with a blood pressure of 70/40 due to Metolazone overdose.

Critical Thinking Questions:

- Which of the 5 RIGHTS of medication administration did Betty fail to ensure?
- If a complaint was lodged against Betty for this incident, what possible charges could she face: abuse, neglect, or caretaker misconduct?
- Betty is pretty shaken up over this incident and is determined to never let something like this happen again. She knows that she is working in a busy house, and there are going to be times when she is interrupted when setting up medications. What should she do to make sure that medications are correctly administered after such interruptions?
- How will Betty document this event?

Case Study #3:

It is the second day of the new month, and the normally scheduled DDMAT working in the home was unable to work their shift. Sam's health care coordinator, Joe, is called in to work. Joe, who is also a DDMAT, is trying to do everything in this busy house without another individual there to assist. He rushes through setting up and administering the men's medications, only referring to the MAR for times and dosages. The day gets worse when he receives a call from the DDMAT scheduled to work the next shift, who tells him he will be an hour late. When the on-coming DDMAT finally arrives (nearly two hours late), Joe is annoyed, tired, and ready to go home.

They quickly start the medication count so Joe can leave. When they get to the Keppra, the evening shift DDMAT hesitates, and asks when Sam started taking his Keppra at noon instead of 9:00am. Joe realizes that the MAR had just been written for the new month, and the individual doing it had mistakenly written that the Keppra was to be given at noon and 9pm instead of 9am and 9pm as ordered by the prescriber and written on the prescription label. Joe realized he had given the Keppra at the wrong time.

Critical Thinking Questions:

- Who was responsible for the mistake, Joe or the individual who failed to correctly fill out the MAR?
- How would Joe document this incident?

Case Study #4

Ted has worked as a DDMAT with Sam for three years. Because Sam's medications rarely change, Ted usually doesn't bother to perform the **5 RIGHTS**, nor does he complete the **3 CHECKPOINTS**. He gives Sam his 9:00pm medications, makes some popcorn and settles in with the guys to watch some movies. After about an hour he notices Sam is asleep on the couch, and when he wakes him up Sam seems very lethargic. Sam nearly falls when he stands to go to the bathroom. Ted can't figure out what the problem is but finally decides to double-check the medications. He finds that the pharmacy, which was out of 500 mg Keppra tablets when they filled Sam's prescription that morning, had substituted 1,000 mg tablets with instructions on the prescription label to give one tablet at 9am and 9pm (**instead of the two 500 mg tablets** Sam would usually receive). Ted is furious that no one had updated the MAR to reflect this change, as he now realizes that he has given Sam twice the amount of Keppra he should have (e.g., two 1,000 mg tablets instead of one). Ted tries to call Sam's doctor, but since it is after hours the message on the office answering machine tells him that he should call 911 "if this is a medical emergency." It is getting harder to keep Sam awake, so Ted calls an ambulance. While he is waiting for the ambulance to get there, Ted calls his supervisor to report what has happened.

Critical Thinking Questions:

- Who was responsible for the mistake, Ted or the DDMAT from the previous shift who failed to update the MAR after picking up the refilled prescription?
- Which of the 5 RIGHTS did Ted fail to verify that resulted in the error?
- How would Ted document this incident?

Understanding Medications

Objectives: Participants will learn about

- ⇨ **the types and purposes of medications**
- ⇨ **how drugs metabolize**
- ⇨ **drug classifications of medications**
- ⇨ **psychotropic medications and Tardive Dyskinesia.**

Before we get into the "nuts and bolts" of medication administration, let's review. A DDMAT who administers medications to people we support must:

- Do so in accordance with guidelines and principles established in this manual and as required by DDS Medication Administration policy
- Complete this training course with a minimum passing score of 85% for each written test
- Successfully complete the lab competency including return demonstration of the following administration routes (Oral, Topical, Ear, Nasal, Eye, Rectal and Vaginal)
- Successfully complete return demonstration for acquiring vital signs, epi-pen use, Gvoke HypoPen, emergency inhaler, and procedures used to prevent contamination
- Able to read, write, understand and communicate the English language
- Personally prepare, administer, observe, and document the administration of all medication they are responsible for giving
- Complete required DDMAT update classes

Types and Purposes of Medications

Medications are prescribed for a variety of reasons and work in different ways. Some are used to prevent disease—for example, immunizations protect against infections like the flu or Hepatitis B. Others are used to cure illnesses, such as antibiotics that kill the bacteria causing strep throat.

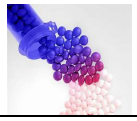
Many medications are intended to relieve symptoms. For instance, Tylenol can reduce pain or fever, anticonvulsants help control seizures, and decongestants relieve nasal congestion and sinus pressure.

Additionally, some medications are used as replacement therapy when the body can no longer produce essential substances. For example, insulin is often prescribed to treat diabetes when the body doesn't make enough insulin.

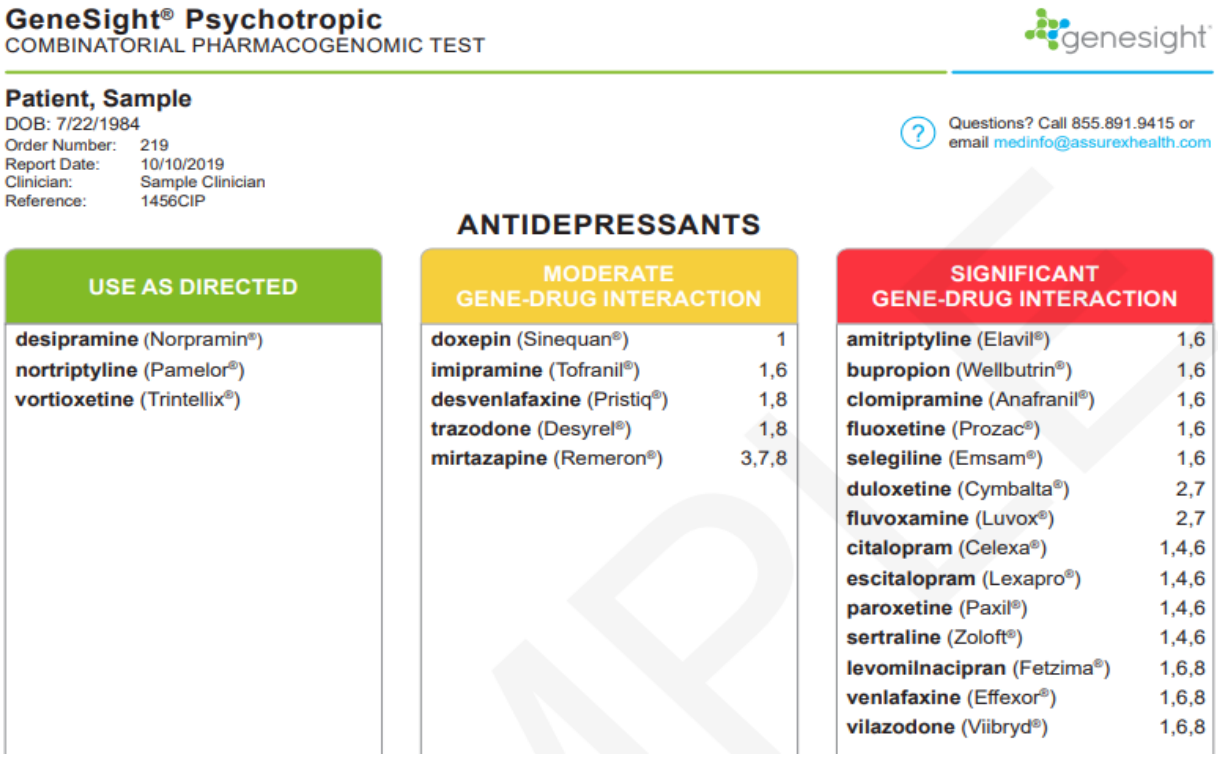
Drug Metabolism

People's bodies process medications at different speeds. The liver and kidneys are often involved in the way medicines are broken down and eliminated from the body. If someone's liver or kidneys are not working normally, it can affect how much medication stays in the body. This is important because the amount of medicine in the body affects how it works and the chance for side effects to occur.

Medications are made to be absorbed and removed at certain rates. If a medicine isn't absorbed properly, it may not work as well. If it isn't removed from the body fast enough, too much can build up, which can be dangerous. This is called drug toxicity. For example, people who take anticonvulsants for seizures or lithium for bipolar disorder or 'mood' can become toxic if the levels get too high. That's why lab work is very important for people taking these medications.

Age   Older people may have slower metabolism rates for certain drugs, as well as longer times to excrete medication from the body. This can play a role in drug toxicity in older people.	**Drug Combination** Taking certain medications at the same time can affect how quickly or effectively they are absorbed by the body. This can sometimes cause problems. For example, taking an antacid with other medications may slow down or reduce the absorption of those medications. Likewise, taking multiple medications that cause similar side effects—such as constipation—can increase the likelihood of experiencing that side effect.  
Body Build How the body is built can also affect how medicine works. For example, the amount of muscle and fat a person has can change how the body uses medicine. Body composition (fat and muscle content) can affect efficacy of some medcaitons. People with more muscle may break down medicine more quickly. 	**Present Symptoms**  Certain symptoms or health conditions can affect how the body processes medicine. For example, if someone is nauseated and throws up, they might lose some of the medicine before it can be absorbed. Also, if a person is dehydrated from vomiting or diarrhea, their body may break down medicine differently than someone who is well-hydrated.

Pharmacogenomic testing is a genetic test that can help healthcare providers identify differences in drug metabolism for people This testing is typically done by swabbing a small amount of saliva from the inside of the person's cheek. A lab analyzes the person's DNA in the saliva and can report if the person would be expected to have different metabolism of certain medications. Recommendations are made of how the dosing should be changed or whether certain medications should be used. These tests can be useful when someone is not responding to multiple medications as would be expected or has experienced side effects at doses that would not be expected. GeneSight and GenoMind are a couple examples of companies that provide pharmacogenomic testing.



GeneSight® Psychotropic
COMBINATORIAL PHARMACOGENOMIC TEST

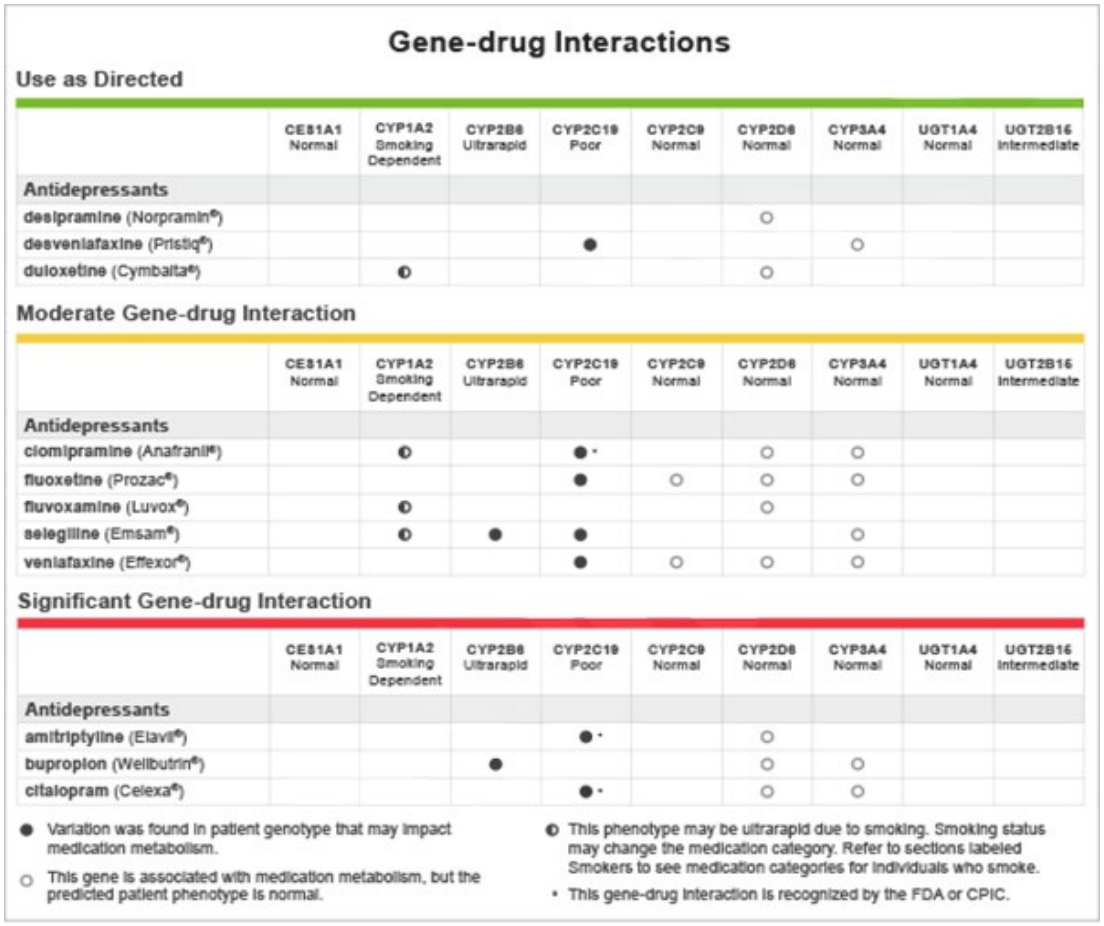
genesight

Patient, Sample
DOB: 7/22/1984
Order Number: 219
Report Date: 10/10/2019
Clinician: Sample Clinician
Reference: 1456CIP

Questions? Call 855.891.9415 or email medinfo@assurexhealth.com

ANTIDEPRESSANTS

USE AS DIRECTED	MODERATE GENE-DRUG INTERACTION		SIGNIFICANT GENE-DRUG INTERACTION	
desipramine (Norpramin®)	**doxepin** (Sinequan®)	1	**amitriptyline** (Elavil®)	1,6
nortriptyline (Pamelor®)	**imipramine** (Tofranil®)	1,6	**bupropion** (Wellbutrin®)	1,6
vortioxetine (Trintellix®)	**desvenlafaxine** (Pristiq®)	1,8	**clomipramine** (Anafranil®)	1,6
	trazodone (Desyrel®)	1,8	**fluoxetine** (Prozac®)	1,6
	mirtazapine (Remeron®)	3,7,8	**selegiline** (Emsam®)	1,6
			duloxetine (Cymbalta®)	2,7
			fluvoxamine (Luvox®)	2,7
			citalopram (Celexa®)	1,4,6
			escitalopram (Lexapro®)	1,4,6
			paroxetine (Paxil®)	1,4,6
			sertraline (Zoloft®)	1,4,6
			levomilnacipran (Fetzima®)	1,6,8
			venlafaxine (Effexor®)	1,6,8
			vilazodone (Viibryd®)	1,6,8



Gene-drug Interactions

Use as Directed

	CES1A1 Normal	CYP1A2 Smoking Dependent	CYP2B6 Ultrarapid	CYP2C19 Poor	CYP2C9 Normal	CYP2D6 Normal	CYP3A4 Normal	UGT1A4 Normal	UGT2B15 Intermediate
Antidepressants									
desipramine (Norpramin®)						○			
desvenlafaxine (Pristiq®)				●			○		
duloxetine (Cymbalta®)		◐				○			

Moderate Gene-drug Interaction

	CES1A1 Normal	CYP1A2 Smoking Dependent	CYP2B6 Ultrarapid	CYP2C19 Poor	CYP2C9 Normal	CYP2D6 Normal	CYP3A4 Normal	UGT1A4 Normal	UGT2B15 Intermediate
Antidepressants									
clomipramine (Anafranil®)		◐		●•		○	○		
fluoxetine (Prozac®)				●	○	○	○		
fluvoxamine (Luvox®)		◐				○			
selegiline (Emsam®)		◐	●	●			○		
venlafaxine (Effexor®)				●	○	○	○		

Significant Gene-drug Interaction

	CES1A1 Normal	CYP1A2 Smoking Dependent	CYP2B6 Ultrarapid	CYP2C19 Poor	CYP2C9 Normal	CYP2D6 Normal	CYP3A4 Normal	UGT1A4 Normal	UGT2B15 Intermediate
Antidepressants									
amitriptyline (Elavil®)				●•		○			
bupropion (Wellbutrin®)			●			○	○		
citalopram (Celexa®)				●•		○	○		

● Variation was found in patient genotype that may impact medication metabolism.

○ This gene is associated with medication metabolism, but the predicted patient phenotype is normal.

◐ This phenotype may be ultrarapid due to smoking. Smoking status may change the medication category. Refer to sections labeled Smokers to see medication categories for individuals who smoke.

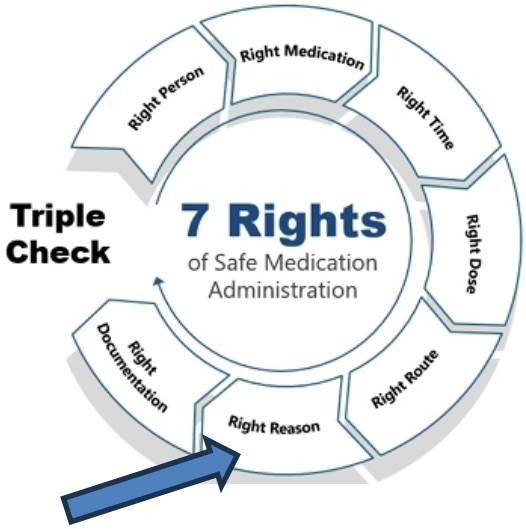
• This gene-drug interaction is recognized by the FDA or CPIC.

Remember, we have already learned the 5 RIGHTS of Medication Administration. We also discussed two other rights which can be included to emphasize the importance of not making a medication mistake.

Attention on Prevention
Fact Sheet

OKLAHOMA Human Services
Developmental Disabilities Services

Seven Rights of Safe Medication Administration



The **6th Right** is very important to the DDMAT when administering medications. Let's take a closer look at why this next step matters.

Know the reason you are giving the medication and if the person has the condition. Reason should be on the label, MAR or medication inventory record. If not, obtain reason from prescriber. You will not know if the medication is helping if you don't know why you are giving it to the person.

Right Reason

Reason for Prescription

It is **very important** to obtain the **reason** for each medication, and this information must come directly from the prescriber. This is now a required practice so that staff clearly understand why the medication has been prescribed. For example, clonidine is a medication that can be used to treat blood pressure or impulsive symptoms that can occur with Attention-Deficit Hyperactivity Disorder (ADHD). It is extremely important to know the reason the person is receiving clonidine so staff understand whether blood pressure should be monitored routinely (if used for blood pressure) or only at follow-up appointments (if used for ADHD). Staff should know to monitor, document, and report behavioral changes to the prescriber if clonidine is prescribed for ADHD.

Agency staff **must ensure** this information is collected during the healthcare provider's visit. If it is not provided, the agency will need to follow up with the prescriber to obtain it.

Drug Classifications

Medications that have similar effects on the body are grouped together in "classifications". By becoming familiar with these medication classifications, you can develop an understanding of the general characteristics of each group. However, be aware that individual medications can have their own unique characteristics and potential side effects, so you should carefully read the information available from the pharmacy about the medications you are responsible for administering.

The table below contains information about some of the more common drug classifications:

Classification of Drug	**Description of the classification**
Analgesics (pain medication)	This class of medications includes a wide variety of drugs used to relieve pain or discomfort. Pain is a symptom, not an illness—it's often called the 5th vital sign because of its importance in assessing health. Because there are many types of pain, different types of analgesics (pain relievers) have been developed to manage them. Some analgesics may include controlled substances, such as narcotics, while others are available over-the-counter, like Tylenol (acetaminophen) or Advil (ibuprofen), which can also help reduce fever. There are also topical analgesics—medications applied to the skin—such as Biofreeze, Ben Gay, and Voltaren, which are often used for muscle or joint pain.
Antihistamines	Antihistamines are used to reduce allergy symptoms such as sinus congestion and runny nose. Common examples include diphenhydramine (Benadryl) and loratadine (Claritin). Antihistamines can also prevent or treat motion sickness. For this purpose, meclizine (Antivert) is often prescribed.
Antacid	Antacids neutralize stomach acids and typically contain aluminum, magnesium, calcium, or a combination of these. Common side effects include constipation or diarrhea. Well-known antacids include Tums, Rolaids, Mylanta, and Maalox.
Antiemetics	These medications are used to treat nausea and vomiting. They are often given via injection (DDMAT never give and injection) or suppository, since the individual might not be able to keep an oral medication down. Some commonly prescribed antiemetics are promethazine (Phenergan) and prochlorperazine (Compazine). These medications have side effects of drowsiness and dry mouth.

Antibiotic	This group of drugs is used to treat infections caused by bacteria. Antibiotics have no effect on viruses. These medications stop bacterial infections by interfering with the way bacteria live and reproduce, which allows the individual's immune system to more easily eliminate the infection. An individual should always take all the antibiotics that they are given for a particular infection. Failing to do so could result in re-infection with bacteria that are then drug-resistant.
Anticoagulant (blood thinner)	*Anticoagulant* literally means "against blood clotting." Another term used for anticoagulant is blood thinners. Anticoagulants are prescribed to treat or prevent conditions like heart attack, stroke, and blood clot information. Because this class of medication delays blood clotting, the individual taking them is at risk for internal or external bleeding problems. It is important to observe people taking anticoagulants for black, tarry stools, bleeding gums, nosebleeds and excessive bruising. Heparin is an anticoagulant that is typically given by injection or through an intravenous line, which a DDMAT can't administer, however, Coumadin is a common oral anticoagulant a DDMAT might give.
Anticonvulsant (seizure control medication)	Anticonvulsants reduce the frequency and severity of seizures. Some commonly prescribed options include phenytoin (Dilantin) and carbamazepine (Tegretol). levetiracetam (Keppra) divalproex (Depakote). Some anticonvulsant medications can also be used as mood stabilizers.
Bronchodilators	Bronchodilators widen the air passages in the lungs and are used to treat conditions like asthma and emphysema. These medications come in intravenous, oral, and inhaled forms. Common bronchodilators include Albuterol, Xopenex, and Proventil.
Cardiac (heart medications)	Uncontrolled high blood pressure can damage major organs, including the heart and kidneys. Antihypertensive medications help control blood pressure and may be prescribed in combination because they work in different ways. When the heart is not beating normally, antiarrhythmic medications may be prescribed to regulate the rhythm. These drugs often slow the heartbeat and lower blood pressure, so checking the person's pulse before giving the medication may be required. Antianginal medications are used to treat chest pain (angina), which occurs when the heart muscle doesn't get enough oxygen. These drugs work by dilating the coronary arteries. The most common antianginal medication is nitroglycerin.

Diuretic (water pill) INCREASES URINARY OUTPUT	Diuretics, also known as "water pills," help the body get rid of extra fluid by increasing urination. They work by telling the kidneys to remove more salt and water from the blood. This decrease in fluid can help lower blood pressure. However, some diuretics can cause an electrolyte imbalance, which may lead to muscle weakness or cramping—remember, the heart is also a muscle. Because diuretics increase urination, they are usually prescribed in the morning to help prevent waking up at night to use the bathroom.
Hormones	Insulin is a hormone that regulates blood sugar. When the pancreas can't produce enough, insulin injections are prescribed to prevent high blood sugar (hyperglycemia), which can damage organs such as the eyes, kidneys, and blood vessels. Oral hypoglycemics may also be prescribed in addition to insulin to help control blood sugar levels. Estrogen, a female hormone, may be prescribed during menopause to reduce symptoms and prevent calcium loss in bones. It may also be prescribed for males with certain cancers to counteract testosterone. When the thyroid gland is not functioning properly, thyroid hormone replacement, such as levothyroxine (Synthroid), may be used. If too much is given, signs like excitability, irritability, or anxiety may occur.
Laxatives and stool softeners	These medications treat constipation in different ways: • Stool softeners help the intestines keep water in the stool, making it easier to pass. • Some laxatives stimulate the bowel muscles to move waste more quickly. • Others, like Milk of Magnesia, pull water into the intestine to soften stool. Before giving a laxative or stool softener, always check when the person last had a bowel movement. If they are having frequent, soft stools, consult the health care coordinator or supervisor before continuing.
Psychotropic	Psychotropic medication is used to treat a mental disorder or prescribed to stabilize or improve mood, mental status or behavior. The DDMAT should carefully observe and document both the effectiveness of these medications and any side effects, such as excessive drowsiness or tardive dyskinesia (involuntary movements). Antidepressants are usually used to treat depression or anxiety disorders. This is a broad class of drugs, and it is important for DDMATs to: • Review the pharmacy handout and prescriber's directions for each specific antidepressant. • Watch for side effects that may need to be reported. • Document the person's response to the medication to ensure it is being used safely and effectively.

Sedatives	Sedatives are prescribed to reduce anxiety or help a person fall asleep. DDMATs should monitor for oversedation and an increased risk of falls when these medications are used.

Psychotropic Medications

The administration of psychotropic medications presents several challenges to the DDMAT. A psychotropic medication is a drug used to treat a mental disorder, or any drug prescribed to stabilize or improve mood, mental status, or behavior. The policy goes on to state that no medication is to ever be used as a punishment, for the convenience of staff, as a substitute for a program (meaningful activity), or in quantities that interfere with a person's participation in programming.

Any person who has a medication used to address challenging behaviors should have a Protective Intervention Protocol (PIP), which the DDMAT would need to know how to implement. A PIP is created if a person's behavior puts themselves or others at risk or creates a risk of involvement in civil or criminal processes. The PIP should describe the preventative measures (supports) that are to be used to keep the person and others safe. This may include education for the person and their staff and should provide detailed instructions for preventing problem situations and reducing safety risks.

The DDMAT should always be aware that psychotropic medication use should be closely monitors and documented. DDS believes that when these medications are used, they should be used in the lowest dosages possible to achieve the desired therapeutic effect, and their use should be evaluated at least annually to determine if they are still needed.

PRN or "as needed" Psychotropic Medications

Occasionally, a DDMAT may work with someone who is prescribed a PRN psychotropic medication for behavioral control. Medication is considered for behavioral control when it is prescribed to achieve a desired behavioral outcome. DDS has developed strict guidelines for the DDMAT to follow in these cases. **DDS considers the administration of any PRN medication for behavioral control, including sleep, to be a highly restrictive procedure.**

When a medication is ordered to be administered PRN for behavioral control there **must** be a written protocol for use of the medication from the prescribing healthcare provider as part of the protective intervention protocol (PIP), and this written protocol should clearly describe the circumstances in which the medication is to be given. Staff should request specific directions for administration of PRN medication for sleep which eliminates subjectivity for administration and prevents consideration as a restrictive procedure. For example, direction provided as "administer 1 tablet if still awake at (specific time) while maintain a sleep log, ensure the medication is administered appropriately and protects the person from receiving medication unnecessarily. Without specific direction as above, administration of a PRN medication for sleep is a restrictive procedure. The PIP should contain information that instructs staff in methods to manage problem behavior before resorting to the use of medication, and the DDMAT and other direct care staff should always try those methods first. **Since DDS considers the administration of any PRN medication for behavior control to be a highly restrictive procedure, the DDMAT will need**

to document and report each incident of administration through the incident reporting process.

Tardive Dyskinesia

A DDMAT needs to know that the use of certain psychotropic medications can cause a condition called Tardive Dyskinesia (TD). TD is a potentially permanent neurologic disorder characterized by repetitive abnormal involuntary muscle movements which often involve the face, tongue lips, trunk or extremities. Some examples of involuntary movements associated with TD are grimacing, tics, frequent blinking, chewing, lip smacking, puckering, tongue thrusting, and twisting or jerking movements of the arms or neck.

TD is usually an adverse effect occurring because of antipsychotic medication use but can also occur with metoclopramide or amoxapine. The risk of developing TD is higher with use of older antipsychotic agents, but some risk still exists with newer (second generation) antipsychotics. Symptoms can affect activities of daily living, including eating, drinking, speaking, dressing, writing, and working, significantly affecting quality of life-

TD movements typically stop or significantly decrease during sleep. Symptoms may worse with stress or fatigue and may be more apparent during rest.

Risk Factors for Developing TD

- Older age (this is the strongest risk factor for developing TD)
- Longer duration of exposure to causative medications
- Female gender

- Diabetes mellitus
- African descent
- Smoking and substance use
- Family history of TD
- Use of anticholinergic agents

Managing a TD Diagnosis

- Encourage physical activity. Exercise can relieve movement symptoms, including tremors and those related to balance, gait, and flexibility.
- Avoid use of anticholinergic medications (diphenhydramine/benztropine) since these may worsen TD.
- Document changes in symptoms/observations and promptly report to prescriber.

Monitoring Requirements

- Monitor, document, and promptly report to prescribers any observed symptoms on a DDS-5 DDS-73 (see copies in Appendix).
- Agency PC, HCC or DDMAT will request a copy of TD assessments completed by the prescribing healthcare provider or designee and file in the person's supported record.

Managing the Risk of TD

- Encourage modifying lifestyle factors that increase the risk of developing TD such as smoking cessation, controlling blood glucose, and avoiding substance use.
- Monitor, document and promptly report to prescribers any observed symptoms.
- Maintain documentation of antipsychotic exposure.
- Encourage participation in regular prescriber completed TD assessments.

Treatment Options for TD

Prescribers may choose to discontinue or decrease the dose of the medication causing symptoms or change to a medication less likely to cause TD. When the medication causing TD must be continued, the addition of an FDA-approved medication to treat TD symptoms can be considered. **FDA approved medication to treat TD:**

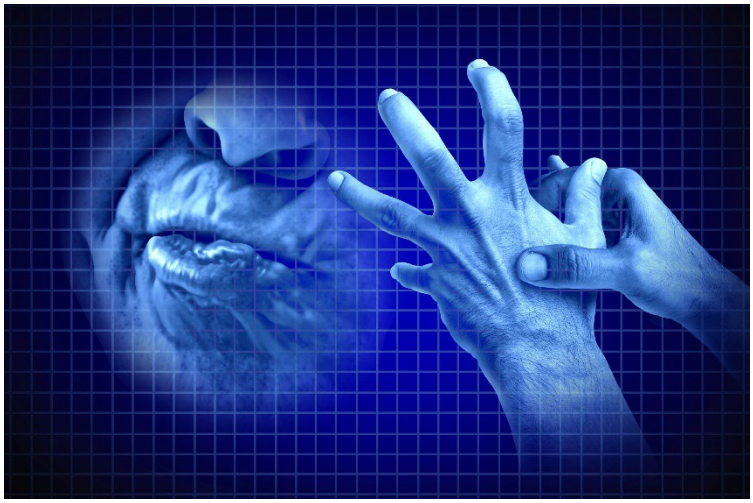
- Deutetrabenazine (Austedo)
- Valbenazine (Ingrezza)

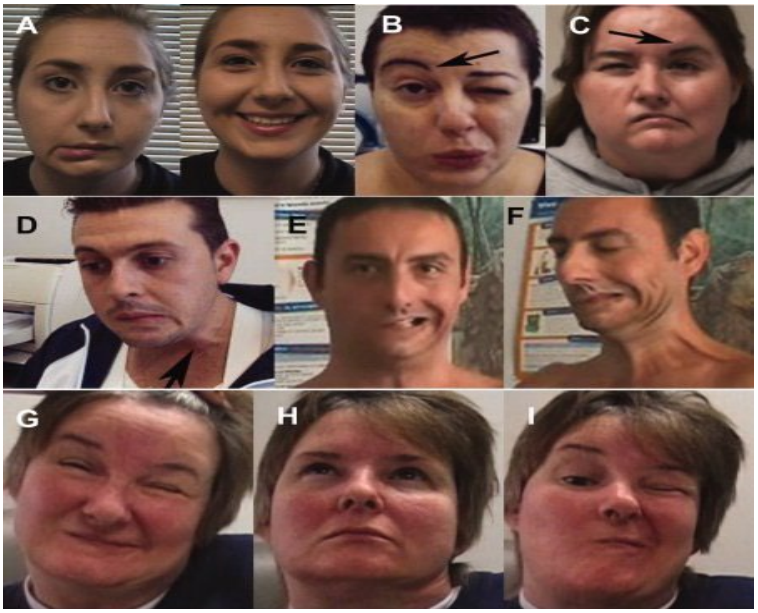
Symptoms will return with discontinuation of medication.

Non-FDA-Approved Options to treat TD:

- Clonazepam, Ginko Biloba, Amantadine and Vitamin E

The series of photos below show two people who suffer from TD and are demonstrating involuntary facial movements and tongue thrusts. The photos were taken in very rapid succession, and the person experienced many of these involuntary movements every few seconds. Can you imagine how difficult it would be for these people to safely eat or drink?





Psychotropic Medication List

ANTIANXIETY	
(Generic Name)	(Trade Names)
Alprazolam	Xanax
Buspirone	Buspar
Chlordiazepoxide/Amitriptyline	Limbitrol
Chlordiazepoxide	Librium
Clonazepam	Klonopin
Clorazepate	Tranxene
Diazepam	Valium
Hydroxyzine HCl	Atarax
Hydroxyzine Pamoate	Vistaril
Lorazepam	Ativan/Loreev ER
Meprobamate	
Oxazepam	

ANTIPSYCHOTICS	
Aripiprazole*	Abilify/Aristada
Asenapine*	Saphris/Secuado
Brexpiprazole*	Rexulti
Cariprazine*	Vraylar
Chlorpromazine*	Thorazine
Clozapine*	Clozaril/FazaClo/Versacloz
Fluphenazine*	
Haloperidol*	Haldol
Iloperidone*	Fanapt
Loxapine*	Adasuve/Loxitane
Lumateperone*	Caplyta
Lurasidone*	Latuda
Molindone*	Moban
Olanzapine*	Zyprexa
Olanzapine/Samidorphan*	Lybalvi
Paliperidone*	Invega
Perphenazine*	
Quetiapine*	Seroquel
Risperidone*	Perseris/Risperdal/Rykindo/Uzedy
Thioridazine*	Mellaril
Thiothixene*	Navane
Trifluoperazine*	Stelazine
Ziprasidone*	Geodon

TARDIVE DYSKINESIA TREATMENT	
Deutetrabenazine	Austedo
Valbenazine	Ingrezza

***Associated with a risk of developing tardive dyskinesia**

ANTIDEPRESSANTS	
(Generic Name)	(Trade Names)
Amitriptyline	Elavil
Amoxapine*	
Brexanolone	Zulresso
Bupropion	Aplenzin/Wellbutrin/Forfivo
Bupropion/Dextromethorphan	Auvelity
Citalopram	Celexa
Clomipramine	Anafranil
Desipramine	
Desvenlafaxine	Pristiq
Doxepin	Silenor/Sinequan
Duloxetine	Cymbalta/Drizalma
Escitalopram	Lexapro
Esketamine	Spravato
Fluoxetine	Prozac
Fluvoxamine	Luvox
Gepirone	Exxua
Imipramine	
Isocarboxazid	Marplan
Levomilnacipran	Fetzima
Mirtazapine	Remeron
Nefazodone	
Nortriptyline	Pamelor
Paroxetine	Paxil/Brisdelle
Phenelzine	Nardil
Protriptyline	
Selegiline	Eldepryl/Zelapar/Emsam
Sertraline	Zoloft
Tranylcypromine	Parnate
Trazodone	
Venlafaxine	Effexor

APPETITE SUPPRESSANTS	
Bupropion/Naltrexone	Contrave
Benzphetamine	
Diethylpropion	Tenuate
Phendimetrazine	Bontril
Phentermine	Adipex-P/Lomaira
Phentermine/Topiramate	Qsymia
Setmelanotide	Imcivree

ADHD/NARCOLEPSY	
(Generic Name)	(Trade Names)
Amphetamine	Adzenys/Dyanavel/Evekeo
Armodafinil	Nuvigil
Atomoxetine	Strattera
Calcium/Magnesium/Potassium/Sodium Oxybates	Xywav
Dexmethylphenidate	Focalin
Dextroamphetamine	Dexedrine/Xelstrym
	ProCentra/Zenzedi
Dextroamphetamine/Amphetamine Salts	Adderall/Mydayis
Dexmethylphenidate/Serdexmethylphenidate	Azstarys
Lisdexamfetamine	Vyvanse
Methamphetamine	Desoxyn
Methylphenidate	Methylin/Concerta/Cotempla
	Daytrana/Metadate/Quillivant/Jornay
	Ritalin/Quillichew/Aptensio/Relexxii
Modafinil	Provigil
Pitolisant	Wakix
Solriamfetol	Sunosi
Viloxazine	Qelbree

MISCELLANEOUS	
Clonidine	Catapres/Kapvay/Nexiclon XR
Dexmedetomidine	Igalmi
Dextromethorphan/Quinidine	Nuedexta
Fluoxetine/Olanzapine*	Symbyax
Guanfacine	Intuniv/Tenex
Melatonin	
Naltrexone	Revia/Lotrexone/Naltrex
Perphenazine/Amitriptyline*	
Pindolol	
Propranolol	Inderal/InnoPran/Hemangeol
Ramelteon	Rozerem
Carbamazepine	Tegretol/Epitol
	Carbatrol/Equetro
Divalproex	Depakote/Depakote ER
Lamotrigine	Lamictal/Subvenite
Lithium	Lithobid
Oxcarbazepine	Trileptal/Oxtellar XR
Valproic Acid	Depakene

OTHER	
Metoclopramide*	Reglan/Gimoti

ALZHEIMERS AGENTS	
Donepezil	Aricept/Adlarity
Memantine	Namenda
Galantamine	Razadyne
Memantine/Donepezil	Namzaric
Rivastigmine	Exelon
IV INFUSIONS FOR ALZHEIMERS	
Aducanumab-avwa	Aduhelm
Donanemab-azbt	Kisunla
Lecanemab-irmb	Leqembi

SEDATIVE/HYPNOTICS	
Daridorexant	Quviviq
Estazolam	
Eszopiclone	Lunesta
Flurazepam	
Lemborexant	Dayvigo
Midazolam	
Quazepam	Doral
Suvorexant	Belsomra
Temazepam	Restoril
Triazolam	Halcion
Zaleplon	Sonata
Zolpidem	Ambien/Edluar

Documentation

Objectives: Participants will learn about

- **documentation and legalities**
- **trend tracking of situations and the importance of documenting**
- **"objective and subjective" documentation**
- **Who, What, Where, When, How and WHY**
- **Situations which flagging is allowed on medication containers**
- **completing a Medication Administration Record (MAR)**
- **components of transferring information from a prescription, sample and non-prescription medication onto a MAR**
- **how to document a medication that has been discontinued**
- **how to take medications away from home and discontinuation medications.**

Right Documentation

Document after administering the medication. Never pre-document. Remember to document and report any medication errors and actions taken to make sure the person is safe and/or getting needed evaluation or treatment following a medication error.

An accurate record of a person's medication administration schedule must always be maintained. The primary purpose of this documentation is to communicate essential information about the support you provided to the person with other agency staff. This ensures continuity of care, meaning the next agency staff will know exactly what you did, why, and what to do next.

As a DDMAT, accurate and complete documentation is one of the most important responsibilities you have. Inaccurate or incomplete records can lead to a person not receiving the correct care. Medication administration records (MARs) are among the most critical care documents your agency is responsible for maintaining. These records are often the first reviewed when there is an injury or unexpected health concern. All DDMAT staff should strive to develop strong, clear, and concise documentation skills.

Documentation becomes part of the permanent legal record of the care provided. Medication administration records are considered confidential and must only be accessed by authorized individuals. If you are uncertain about confidentiality requirements, refer to the Ethical and Legal section of this manual and review the HIPAA guidelines.

Additionally, all DDMAT staff should be aware that medication orders may change after the pharmacy has already dispensed the medication. For example, the dosage or frequency may be updated by the prescriber, but a new medication supply may not be immediately necessary or possible due to insurance coverage. It is your responsibility to ensure the most current prescriber's orders are followed and documented.

Example: a person supported has a seizure disorder and is prescribed Keppra 500 mg, two tablets twice daily. The person experiences an increase in their seizure activity, and staff contacts the prescriber by phone to inform him of the change in their status. The prescriber orders an increase in the Keppra to two 500 mg tablets three times per day and instructs the DDMAT to make an appointment for the person supported to come into the prescriber's office for some testing in one week. The DDMAT reminds the prescriber to fax or email a copy of the changed order to their agency's office and updates the person's MAR to reflect the new orders as soon as they get off the phone. REMEMBER A DDMAT CAN NOT TAKE A PRESCRIBER'S ORDER OVER THE PHONE. However, now, the prescription label on the medication container no longer matches the prescriber's order.

The MAR must be updated when the change occurs noting date of the change and the authorizing prescriber; the container must be prominently identified that a change has occurred; and the EOR or DDS provider ensures the prescription label matches the updated instructions when the medication is next filled. Medication is administered according to the updated change on the MAR while waiting on a prescription label change to occur. A copy of the updated order, which has been signed by the prescriber, must be kept with the medication container at the vocational site until the prescription label is updated with the current instructions by the pharmacy or prescriber.

If a medication is reduced or discontinued and is included in a comingled pack, it should be pulled during medication administration to ensure the correct dosage is given (or omitted, if discontinued). Any medication removed due to a prescriber's change must be stored separately for up to 60 days unless otherwise directed by the prescriber or the time period is adjusted in the person's medication support plan. Medication destruction occurs in compliance with service provider policies or procedures, Environmental Protection Agency recommendations, local, state and applicable federal requirements.

From this example, you can see how easy a medication error could occur if those managing the person's medications aren't paying attention and communicating well. The DDMAT should always recognize how important it is that everyone involved in administering the person's medications knows when a change has occurred. A label or sticker for any changes in the medication must be flagged or prominently identified. PLEASE NOTE: When the label is officially changed by the pharmacy, ONLY PHARMACY STAFF can adhere that official label on to the medication container.

Trend Tracking

Tracking medication and changes in a person's condition is very important. As a DDMAT, you give medications almost every day, so you're in a good position to notice small or big changes in the person's health. Reviewing the MAR (Medication Administration Record) daily can help you spot patterns. For example, if Milk of Magnesia is being given every three days but the person isn't on anything for constipation, that might be something to report.

Every person is different. People can have different body sizes, appearances, and differences in how their bodies work—like digestion, blood pressure, or body temperature. That's why it's important to get to know what is normal for the person you support.

It may take months to really understand someone's usual health patterns. You might only learn a little at a time. But if you think something might be wrong, even if you're not sure, don't wait. Speak up or act. Acting quickly can help prevent serious health problems.

You will be learning about yellow flags and red flags as part of this course. When you suspect something is not typical for the person you are working with then a warning "yellow flag" should alert you to the possibility of further action, and a "red flag" should alert you to take immediate action.

YELLOW FLAGS - when you suspect something is not typical, this should warn you and should alert to further action.

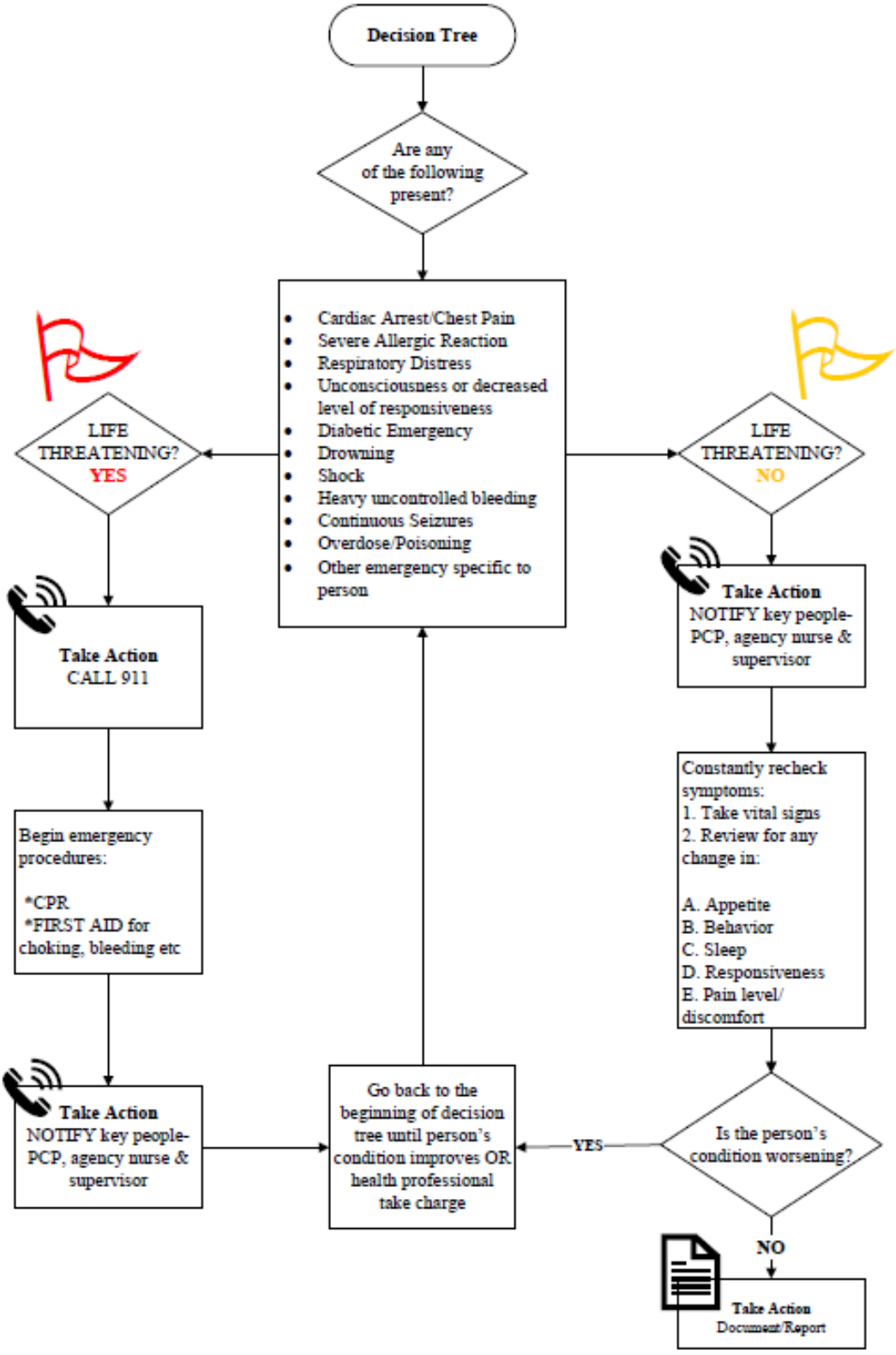
RED FLAGS - should alert you to take immediate ACTION

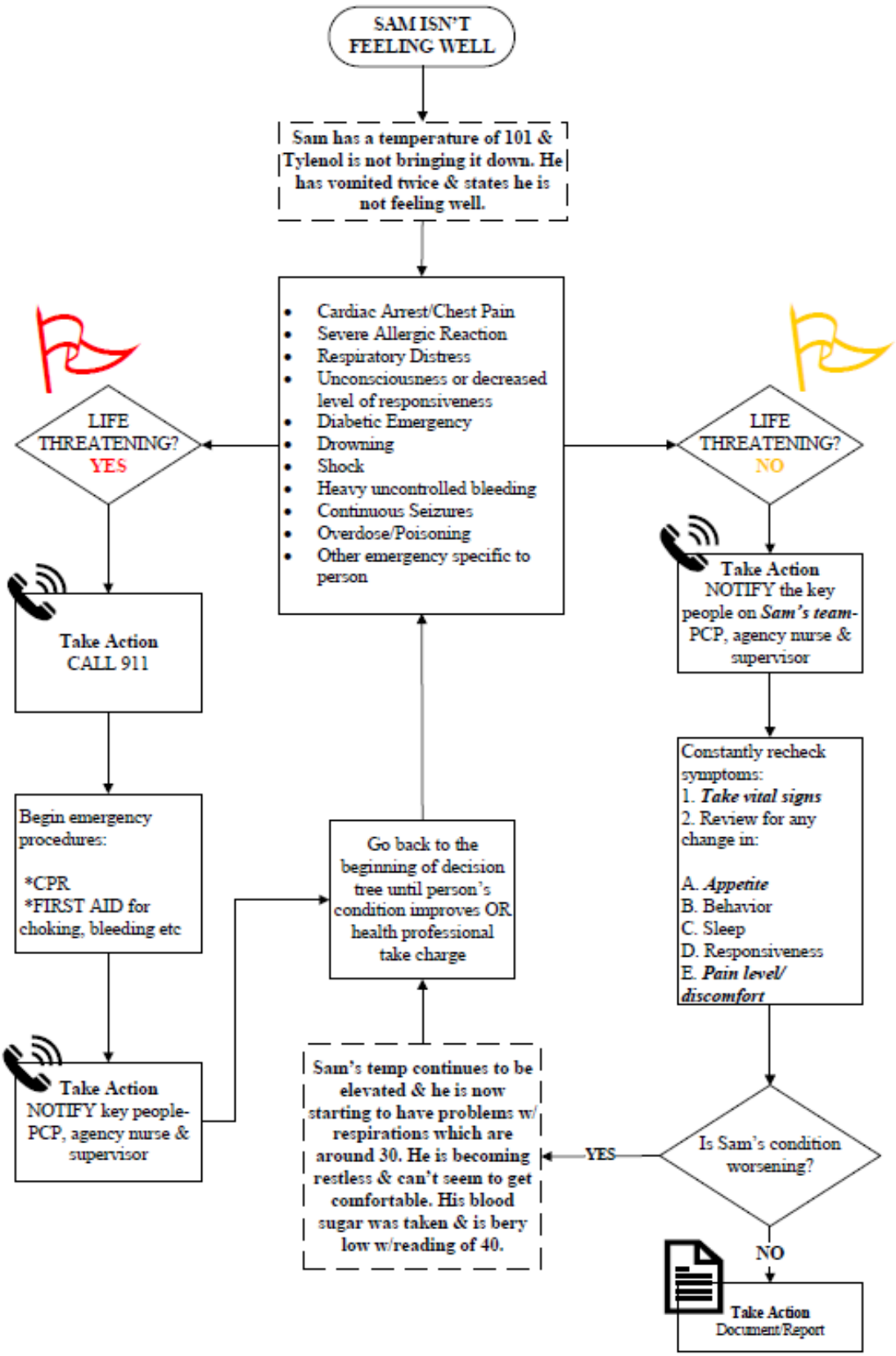
If an emergency does occur, you should IMMEDIATELY activate emergency medical services (EMS) CALL 911 or local emergency number then initiate CPR/First Aid if necessary.

Examples of Yellow Flags

Some examples of warning signs identifying 'at risk' health situations may include:

Changes in normal appetite, unplanned weight loss or gain.
Conditions which decrease mobility. (Like a broken bone or sprained or strained muscle/ligament)
Raised or lowered blood sugar levels especially in people who are diabetic.
Increases in the number, type, length, or response of the person before, during, or after a seizure.
Change in mental status and responsiveness.
Changes in any normal health patterns e.g. including eating, drinking, sleeping, constipation, elimination, medication tolerance, etc.
Repeated episodes of high or low body temperatures (hypo or hyperthermia)
Bloody discharges anywhere!
Any infection that does not respond to treatment after a healthcare provider's recommended time. Or, if the infection does not respond to treatment or recurs shortly after treatment is discontinued (i.e. lung infections, ear infections, urinary tract infections, etc.)
Changes in breathing either awake with coughing, gagging, raspy, rapid, shallow or difficult breathing or during sleep (apnea – episode of irregular breathing).
Cyanosis — blue or purple-tipped nails or lips indicating lack of oxygen in the blood.
Changes in activity levels – overactive or under active
Changes in the skin, including breakdown, draining lesions, open wounds, and/or open/exposed second- and third-degree burns.
Unusual fatigue (tiredness) or signs of depression including crying spells, negativity, or unusual attachments including grabbing or hanging on to other people**.**
Behavioral changes such as DESTRUCTIVENESS (withdrawal, demanding more affection, more aggressive behavioral outbursts, either physical and /or verbal) and **Self-injurious behavior** such as head banging, scratching, and picking at own hair, skin, etc.


Decision Tree
Are any of the following present?
Cardiac Arrest/Chest Pain
Severe Allergic Reaction
Respiratory Distress
Unconsciousness or decreased level of responsiveness
Diabetic Emergency
Drowning
Shock
Heavy uncontrolled bleeding
Continuous Seizures
Overdose/Poisoning
Other emergency specific to person
LIFE THREATENING? YES
LIFE THREATENING? NO
Take Action CALL 911
Take Action NOTIFY key people- PCP, agency nurse & supervisor
Begin emergency procedures:
*CPR
*FIRST AID for choking, bleeding etc
Constantly recheck symptoms:
1. Take vital signs
2. Review for any change in:
A. Appetite
B. Behavior
C. Sleep
D. Responsiveness
E. Pain level/ discomfort
Take Action NOTIFY key people- PCP, agency nurse & supervisor
Go back to the beginning of decision tree until person's condition improves OR health professional take charge
YES
Is the person's condition worsening?
NO
Take Action Document/Report


SAM ISN'T FEELING WELL
Sam has a temperature of 101 & Tylenol is not bringing it down. He has vomited twice & states he is not feeling well.
Cardiac Arrest/Chest Pain
Severe Allergic Reaction
Respiratory Distress
Unconsciousness or decreased level of responsiveness
Diabetic Emergency
Drowning
Shock
Heavy uncontrolled bleeding
Continuous Seizures
Overdose/Poisoning
Other emergency specific to person
LIFE THREATENING? YES
LIFE THREATENING? NO
Take Action CALL 911
Take Action NOTIFY the key people on Sam's team- PCP, agency nurse & supervisor
Begin emergency procedures:
*CPR
*FIRST AID for choking, bleeding etc
Constantly recheck symptoms:
1. Take vital signs
2. Review for any change in:
A. Appetite
B. Behavior
C. Sleep
D. Responsiveness
E. Pain level/ discomfort
Go back to the beginning of decision tree until person's condition improves OR health professional take charge
Take Action NOTIFY key people- PCP, agency nurse & supervisor
Sam's temp continues to be elevated & he is now starting to have problems w/ respirations which are around 30. He is becoming restless & can't seem to get comfortable. His blood sugar was taken & is bery low w/reading of 40.
YES
Is Sam's condition worsening?
NO
Take Action Document/Report

Give emergency personnel important information about the person. Let emergency personnel know if the person is wearing or owns a medical alert card or bracelet. Provide any additional important general or health-related information which would help the emergency staff, including current medications, how the person communicates, diagnosis and allergies.

Objective and Subjective Documentation

Objective documentation is writing what you have seen, heard, felt, smelled or measured, without commenting on your own personal opinions. It provides consistent, accurate information. Objective writing is when you **NEVER ASSUME ANYTHING and LEAVE EMOTIONS OUT!** Think in terms of the **"who, what, when, where, why and how"** information to ensure complete and thorough writing. Your words must **"paint a picture"** or **"tell a story"** from beginning to end. Documentation should describe actions that can be observed and measured. Record information using your five senses like: "I saw him running", "the dog is barking," "I smelled smoke," "his skin was red and hot to touch."

Documentation Tips

Always read the Progress Notes from previous shifts when reporting to work. Changes can occur unexpectedly in a person's health status or condition in a very short period of time. You can be prepared to act responsibly by staying informed. Knowing what has occurred during a previous shift may sharpen your own observation skills, alerting you to be watchful regarding a particular issue. Before you begin to document, consider "who, what, when, where, why, and how" as each relates to a specific situation."

"Who" are you going to be documenting on?
Determine which person you are going to document on, especially if you are administering medications to more than one person.

"What" are you going to be documenting"
As you are documenting information relating to medications, you will have information on the MAR (Medication Administration Record) which will be transcription of medications, dosages, routes, times, etc. that must be very specific, placing your initials or signature confirming appropriate administration of medications/treatment as well as certain narrative requirements related to medication responses, etc.

"When" should information be recorded?
Always document events as they occur! Failure to do so may result in serious mistakes that could jeopardize the health and wellbeing of the person served.
Entries on the Medication Administration Record (MAR) must be made as soon as medication is administered. A person's response to a PRN (as needed) medication must be recorded within one hour after being administered.

"Where" (referring to forms) should staff record information about the person being served?
It is important, as staff, to become familiar with the various Medication Forms used by your

agency and those required by DDS. Be careful to use appropriate forms when recording information, and ensure that all areas are completed legibly, and with accuracy.

"Why" must staff develop good documentation skills?
Your documentation communicates a lot of valuable information to many people about the person served. Healthcare providers and other professionals sometimes make changes relating to a person's care or treatment, based upon documentation by a DDMAT. Good documentation skills will help to ensure continuity of care and provide protection for the person receiving services.

Your documentation skills may prove to be your strongest legal defense, if you should find yourself in a court of law. If your professional conduct is challenged, a Judge or jury is likely to assume, **"If it wasn't written in the record, IT NEVER HAPPENED!"**

"How" can Staff Develop the Skills to Document Well?
Following these guidelines will help you perform your medication administration duties successfully.

Observation

Some people with long-term health problems can get sick suddenly, without much warning. Others may show small signs that their health is getting worse over time—these are **yellow flags**. Noticing and writing down these signs early can help prevent serious or life-threatening problems—**red flags**.

Luckily, there are some signs that can indicate when someone's health may be getting worse. If someone has problems with movement, seizures, or other health issues, there are certain things to watch for. These signs should make you pay closer attention. Writing down what you see (documentation) is just as important as noticing the change. When someone's health gets worse, paying attention and acting quickly is **very important**.

Subjective documentation is when you write down your own thoughts, feelings, or opinions. This kind of writing is not helpful and can be confusing. It's also not a good defense in court. Different people may see or feel things in different ways. Instead of writing how you feel, write only the **facts**—what you can see, feel, hear, smell or measure.

Objective recording	Subjective
His temperature was 101.2 axillary	He's burning up.
She cried throughout our visit and indicated she missed her mom since her passing last month.	She appeared depressed.
Open area on left inner forearm measures 1" by 2" in rectangular shape, and there is no drainage during application of Neosporin ointment.	Ulcer on arm is getting worse.

She was mumbling and pacing and about every 5 steps she yelled “zebra”!	She is acting crazy.

Documentation of Medication Administration

An accurate written record of the administration of a person’s medication must be maintained. The main purpose of documentation is to communicate information about the care you provided for a person to his/her other caregivers. In this way, *continuity of care* is maintained (which is just another way of saying to other caregivers “now you know what I know”).

Accurate and complete documentation of care is one of the most important tasks you will perform as a DDMAT. If you make a mistake in documenting care, the person may not receive the proper care from the next person to assist him/her. Medication administration records are one of the most important records of care that your agency is responsible for completing, and these records are some of the first reviewed when an injury or other unexpected health problem with the person. Every DDMAT should work toward the goal of developing accurate and concise documenting skills.

Documentation becomes a permanent, legal record of the care provided to the person. Records such as medication administered should always be considered confidential and only authorized people should have access to them. Refer to the Ethical and Legal section of this manual related to HIPAA guidelines if you are unsure of confidentiality guidelines.

Your agency will train you in the specific records you will be required to use when documenting care, including the Medication Administration Record (MAR) that you will use. The Appendix of the manual contains further information about accurate documentation strategies, but the following are some general suggestions for documenting medication administration.

Documentation guidelines for the MAR

- Look at medication names very carefully. Some medications are spelled or sound so similar that you might mistake one for another. (i.e., Celebrex and Celexa; Lasix and Lanoxin; Flomax and Flonase; Zyrtec and Zyban; Metoclopramide and Metolazone; Xanax and Zantac, etc.)
- Make sure when you are documenting PRN or “as needed” medication that you include information regarding the reason it was given, as well the results of the medication (i.e., “states no longer has headache,” or “states she is having less heartburn,” or “states no relief of nausea one hour after receiving ordered medication,” etc.).
- Do not forget objective vs. subjective information.
- Be alert to the use of generic medication. For example**,** a healthcare provider may write an order for a “brand name” medication like “Inderal.”, but when the pharmacy dispenses the medication, they may use a generic medication, such as “propranolol”. The DDMAT administering the medication is responsible for ensuring that the correct medication is given, which means that you will have to research medications to make sure a generic medication dispensed is the same drug as the brand name ordered.
- NEVER document another individual’s initials or any other information for a medication you did not personally prepare and administer.

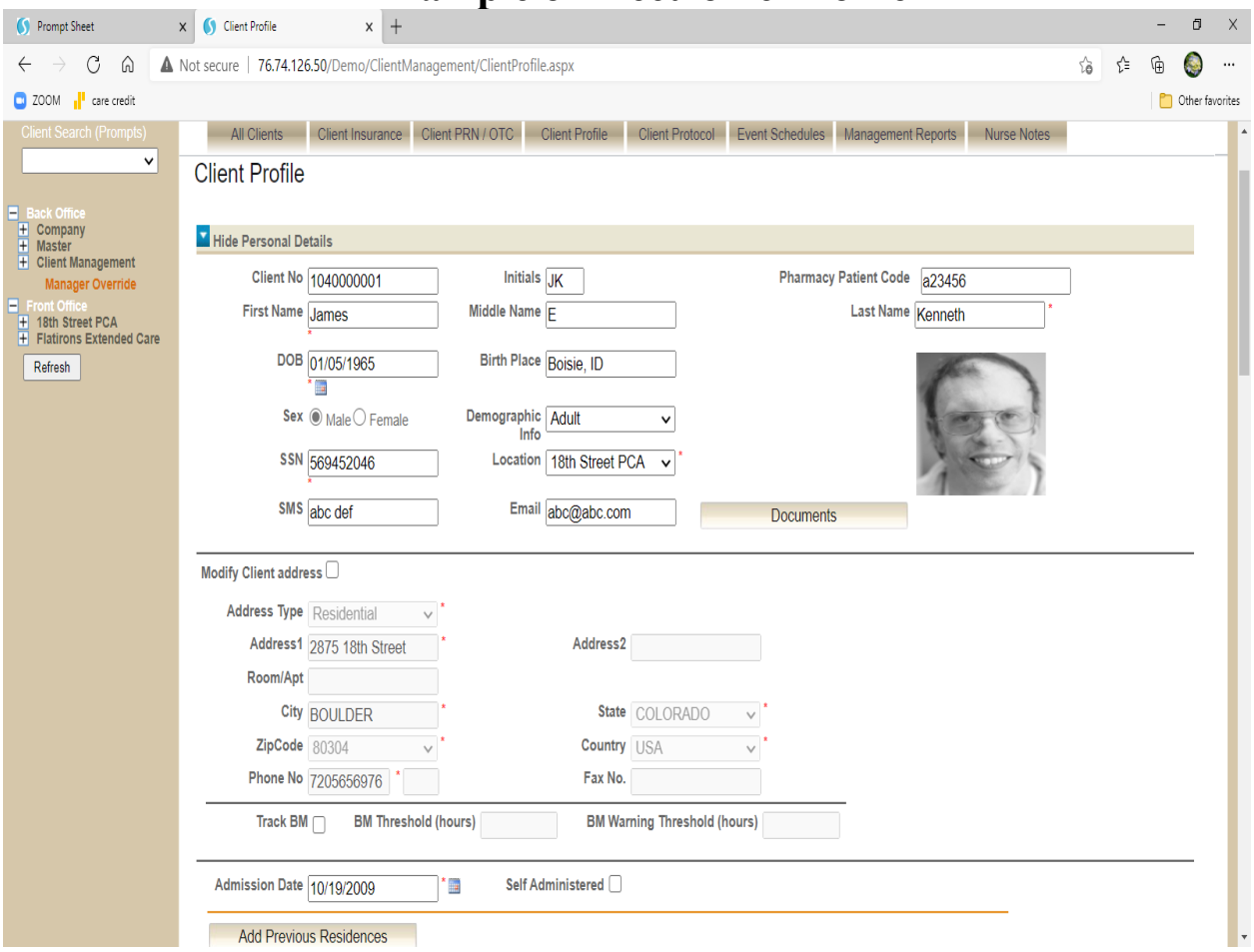
- Do not backdate or add information to notes previously written. If you need to clarify something, document a "late entry" with the correct time and date.
- NEVER document in advance.
- Always identify your initials with your full signature on back of MAR (or other appropriate block of your agency's medication administration record).

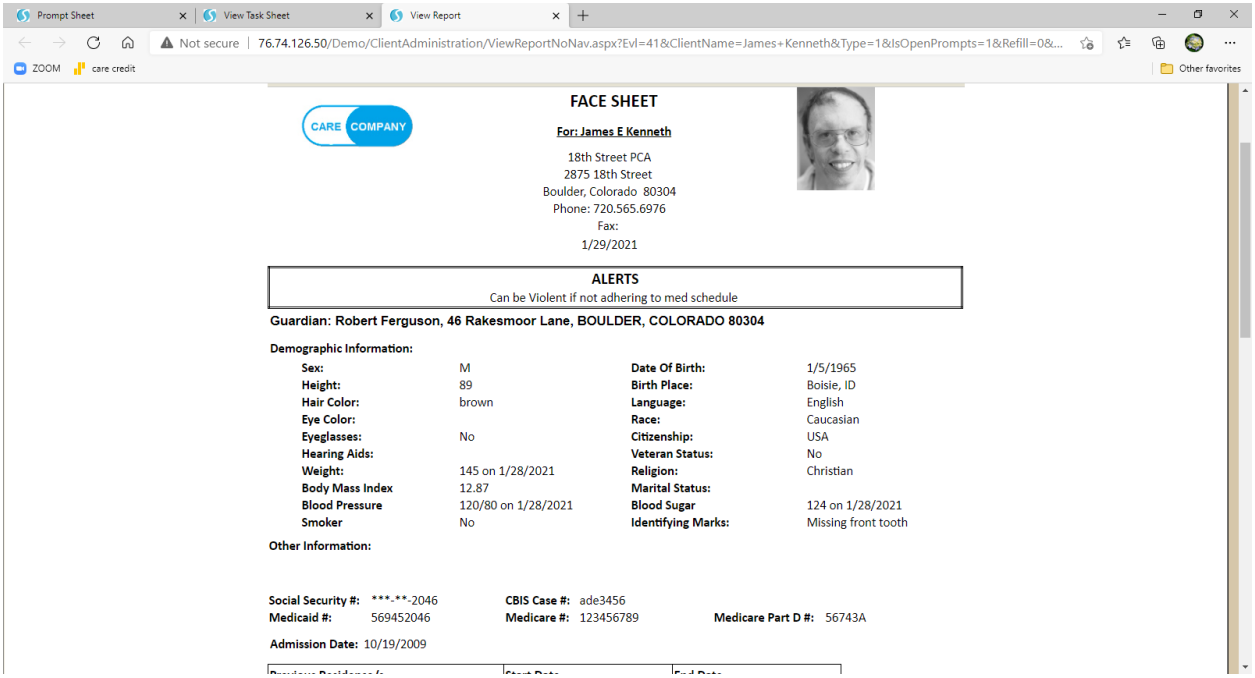
Electronic MAR

Today there are several different types of electronic documentation programs. These programs have the capabilities of using electronic MARS (medication administration records) and progress notes. The electronic MAR usually has a box to check once the medication is given, very similar to a paper MAR. There are also other areas to document narrative information for the DDMAT to type in their objective documentation. Agencies that use the electronic MAR must have reliable internet access and the necessary equipment to run the program on an electronic device. Most agencies report that once staff are trained, the electronic MAR is easier to use, reduces frustration, and decreases errors.

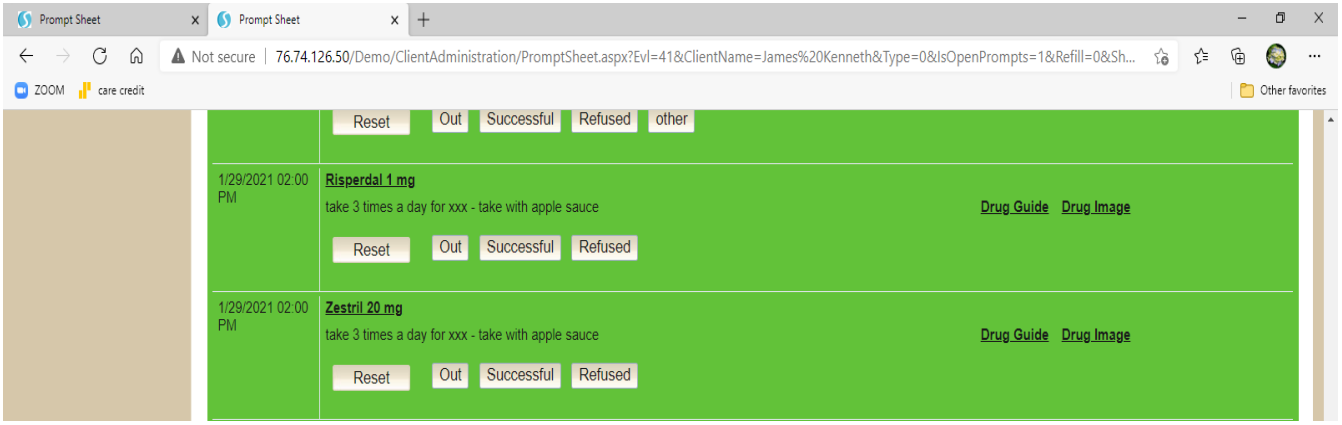
There are several electronic documentation programs throughout the nation. The example below is from a company called CaraSolva, which provides sample electronic MARS and narrative documentation in this curriculum. The other example is from Therap. There are several other E-MARS available, and agencies have flexibility regarding what they want to use.

Example of Electronic Profile

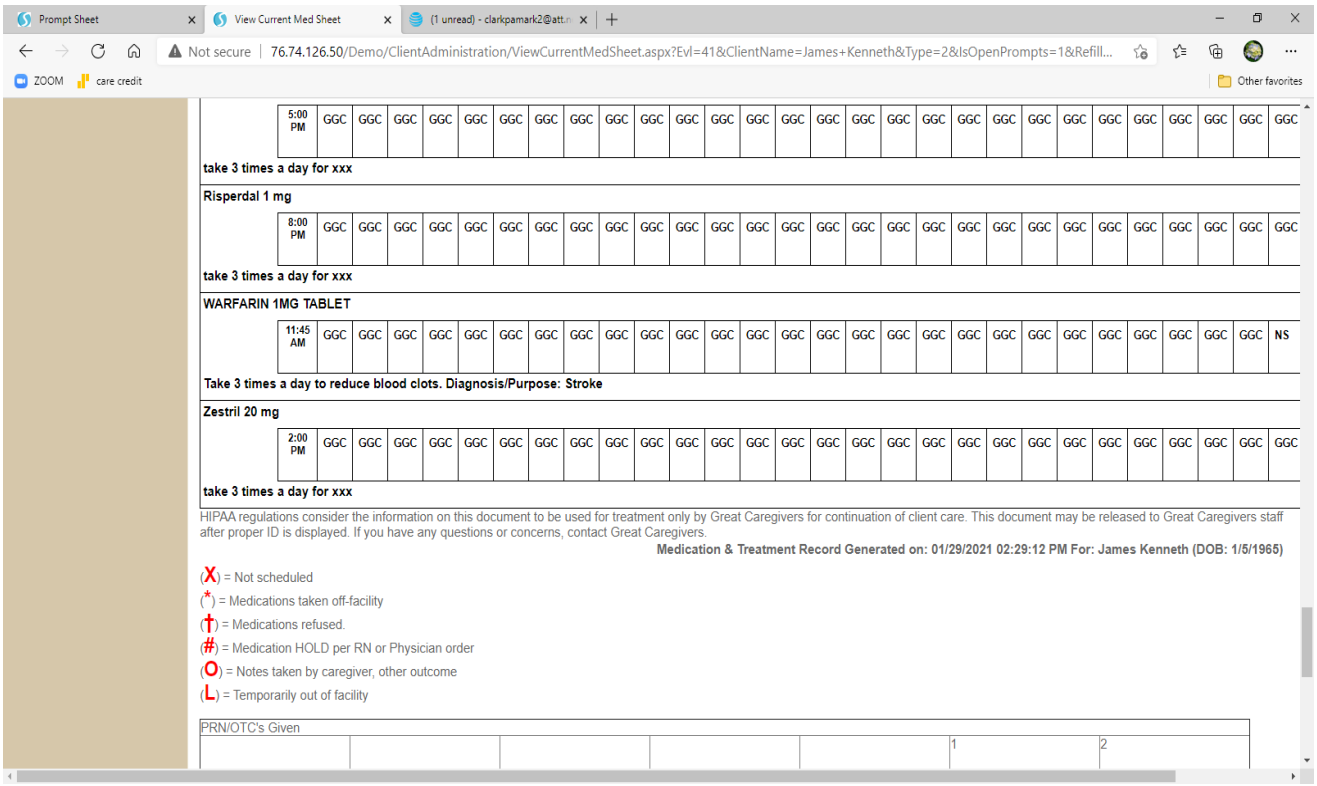




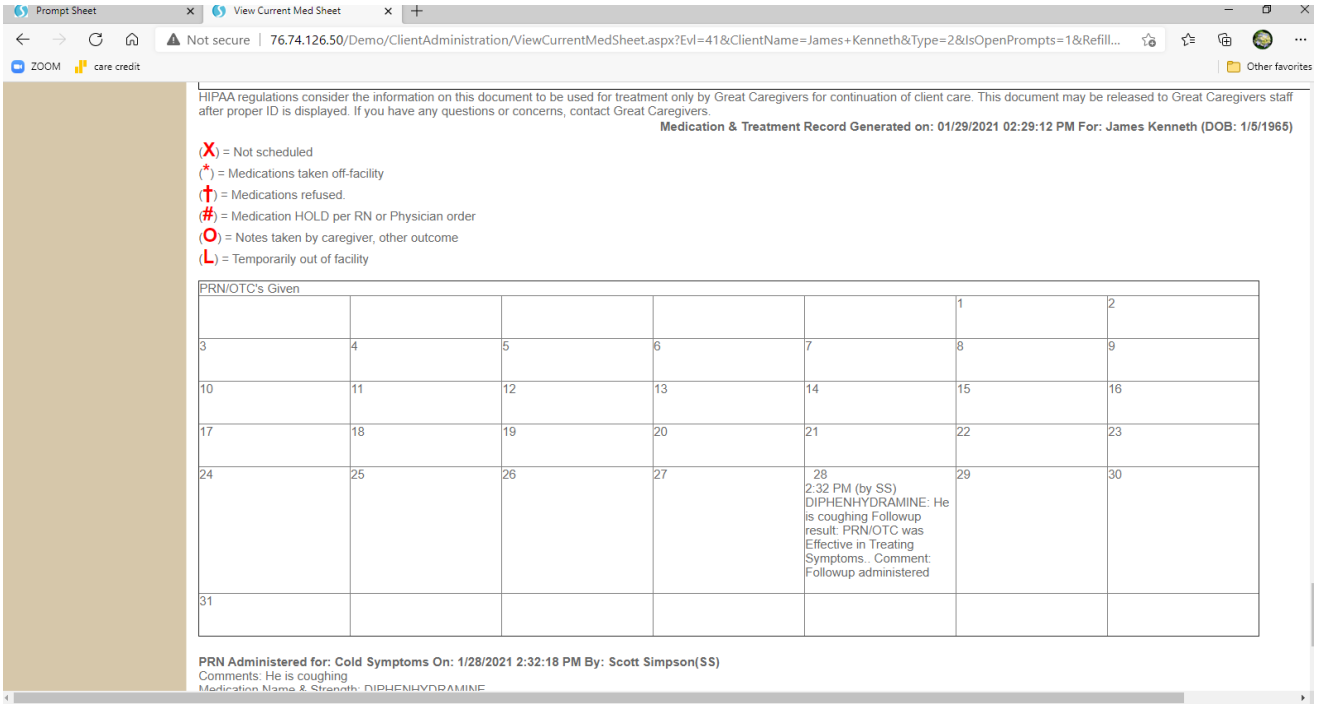
Example of Medication Sheet



Example of MAR



Example of OTC or PRN MAR



Example of Therap MAR

Therap®

Medication Administration Record (MAR)

*Individual Name: _____ *Program Name: _____

Medication Name: _____ Medication Type: _____

Month: _____ Year: _____ Legend: ☐ Administered ☐ Not Administered

Dose Form: _____ *Note: If the 'Record Type' differs from the above two you may fill in the boxes with the required initials from below:*

M-Missed **R**-Refused **LOA**-Leave of Absence **OH**-On Hold **D**-Deleted

Drug Details:

Strength: _____ Give Amount/Quantity: _____ Measurement Unit: _____

Route: _____ Frequency: _____ Begin Date & Time: _____

End Date & Time: _____ Schedule Repeat: _____ Schedule Weekdays: _____

Schedule Time Slot(s): _____ Prescriber: _____

Day/Time	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

Indication/Purpose: _____

_____

Instruction/Comments: _____

_____

Administered By: _____ Signature: _____ Initials: _____ Date: _____ Time: _____ am/pm

Administered By: _____ Signature: _____ Initials: _____ Date: _____ Time: _____ am/pm

Administered By: _____ Signature: _____ Initials: _____ Date: _____ Time: _____ am/pm

Administered By: _____ Signature: _____ Initials: _____ Date: _____ Time: _____ am/pm

Administered By: _____ Signature: _____ Initials: _____ Date: _____ Time: _____ am/pm

SIGNATURE ..... **NAME** ..... **DATE** ..... **TIME** ..... **am/pm**

Note: Required fields are marked with an asterisk (*)

© Therap Services 2003 - 2019.

Last update: 07/23/2019

Documentation of Prescription Medication

The person's Medication Administration Record (MAR) must specify:

- Person's complete first and last name
- Name and strength of medication, exactly as written on the label (example: 50mg or 100mg)
- Dosage and frequency to be administered
- Date (or day) and time med is given, including a.m. or p.m. for each entry
- The person's medication allergies and other known allergies
- The results or the person's response to PRN medication and other treatments (example: usually noted on back of sheet and indicates results)
- The name of person administering the medication, or initials supported by signature
- The route of administration, if specified on the label; example: oral, nasal, topical, etc.
- Any special orders about the timing of the medication administration, if specified on the label; example: before meals, with food, etc.
- The reason for the use of medication when specified on the label. * (xi) all medications a service recipient receives including routine medications administered by a healthcare provider, notated accordingly; and (xii) any special instructions applicable to the service recipient including but not limited to oral intake status, preferred food for administration of medication(s) as approved by the prescriber, any color coding or adaptation systems used.

Remember, our 6th Right—the reason—is especially important for the DDMAT when administering medications. Let's take another look at why this step matters.

Know the reason you are giving the medication and if the person has the condition. Reason should be on the label, MAR or medication inventory record. If not, obtain reason from prescriber. You will not know if the medication is helping if you don't know why you are giving it to the person.

Right
Reason

Reason for Prescription

The reason for the medication is requested and obtained from the prescriber and noted on the inventory record or the MAR if that is where inventory is kept. Remember, this is now a required practice so that staff clearly understand why the medication has been prescribed. When a person supported goes to the healthcare provider and the prescriber is placing them on a new medication it is IMPORTANT for the staff to obtain the reason for that medication.

Example: Diazepam (Valium) has numerous uses. It might be prescribed as an anticonvulsant, an antianxiety agent, or muscle relaxant… the reason for use is necessary.

Example of Medication Administration Record (MAR)

Name: **Prescriber:** **Current month**

Allergies: **Diet:**

MEDICATION	hour	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

Date	Hour	Medication and Dosage	Route	Reason	Result or Response	Hour	Signature

MEDICATION CHART

FACILITY

PHARMACY

Admit Date: __________

Pg: 1 of 1

Facility RP Pg#: 1

PATIENT NAME | DATE OF BIRTH | SEX | MO | YEAR

	HOUR	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
RX#:_________ Dr:___________________																																
Drug:_______________________________																																
Sig:																																
Brand Name:________________________																																
RX#:_________ Dr:___________________																																
Drug:_______________________________																																
Sig:																																
Brand Name:________________________																																
RX#:_________ Dr:___________________																																
Drug:_______________________________																																
Sig:																																
Brand Name:________________________																																
RX#:_________ Dr:___________________																																
Drug:_______________________________																																
Sig:																																
Brand Name:________________________																																

DIAGNOSIS & COMMENTS	ALLERGIES	PRIMARY CARE PHYSICIAN (PCP)
		Dr: PCP PHONE PCP DEA

UNIT ACTIVITY and REVIEW

Sam Windsor is a 42-year-old male, who we support who has Down syndrome. He shares a home with Billy Smith and Bobby Jones, who also receive services from DDS. Sam works at a local car dealership where he assists with washing and detailing cars. Sam is allergic to Penicillin and XYZ soap, which is used at his job. Sam's primary care provider is Dr. Glaze. Sam has some swallowing issues and must have thickened liquid to prevent aspiration. He receives the following routine medications.

Keppra 500mg, (take 2 tablets = 1,000mg) by mouth twice a day at 9am and 9pm for seizures (may use generic brand levetiracetam)
Metolazone 5mg, one tab by mouth twice a day at 9am and 9pmfor high blood pressure (may use brand zaroxolyn)
Metoclopramide 10mg by mouth three times a day at 9am, 12 noon, and 5pm for reflux. Brand name: Reglan
Singulair Chewable 5mg, Two tablets by mouth at bedtime for asthma prevention. Crush tablets and sprinkle onto food product recommended by prescriber or pharmacy. (generic name montelukast)
Phenergan 50mg, one suppository per rectum every 8 hours as needed for nausea /vomiting.
Docusate sodium 100mg twice daily at 9am and 9pm by mouth for constipation and to soften stool.
Prilosec 20mg capsule. Take contents of one capsule once daily in the morning 30 minutes before breakfast for GERD. Open capsule and sprinkle onto food product recommended by prescriber or pharmacy. (generic name omeprazole)

Enter Sam's Medications as directed by your instructor onto the blank MAR:

Name:	Prescriber:						Current Month:				
Allergies:	Diet:										
Medication:	Hour:	1	2	3	4	5	6	7	8	9	10

You might have to change a MAR (Medication Administration Record) if a prescriber has decided to reduce one medication.

For example: If Sam's healthcare provider decided on the 7th of the month to decrease his Keppra from 1,000mg twice a day to 500mg twice a day.

How would you reflect that change on the MAR? Complete the change noted for the month related to the Keppra being reduced.

Keppra 500mg, (take 2 tablets = 1,000mg) by mouth twice a day at 9am and 9pm for seizures (may use generic brand levetiracetam)
Metolazone 5mg, one tab by mouth twice a day at 9am and 9pmfor high blood pressure (may use brand zaroxolyn)
Metoclopramide 10mg by mouth three times a day at 9am, 12 noon, and 5pm for reflux. Brand name: Reglan
Singulair Chewable 5mg, Two tablets by mouth at bedtime for asthma prevention. Crush tablets and sprinkle onto food product recommended by prescriber or pharmacy. (generic name montelukast)
Phenergan 50mg, one suppository per rectum every 8 hours as needed for nausea /vomiting.
Docusate sodium 100mg twice daily at 9am and 9pm by mouth for constipation and to soften stool.
Prilosec 20mg capsule. Take contents of one capsule once daily in the morning 30 minutes before breakfast for GERD. Open capsule and sprinkle onto food product recommended by prescriber or pharmacy. (generic name omeprazole)

Name:	Prescriber:						Current Month:				
Allergies:	Diet:										
Medication:	Hour:	1	2	3	4	5	6	7	8	9	10

Name: Sam Windsor	Prescriber: Dr. Glaze							Current Month:			
Allergies: PNC, XYZ soap	Diet: Thickened liquid										
Medication:	Hour:	1	2	3	4	5	6	7	8	9	10
Keppra 500mg, take two tablets to equal 1000mg, by mouth twice a day for seizures. May use generic levetiracetam.	9am	Pm	Pm	TG	TG	TG	TG	TG	→		
	9pm	CL	cl	Cl	Cl	Pc	Pc	→			
Keppra 500mg, take one tablet by mouth twice a day for seizures. May use generic levetiracetam.											
	9am	→									
	9pm	→									

Any changes in medication must be reported to the PC and the team to ensure everyone is informed and can properly monitor any effects related to the change. In the case above, it's important that the team is aware that a change in an anticonvulsant may trigger a seizure or alter the person's seizure pattern.

This ties directly into the trend tracking process and highlights the importance of knowing the person well. Being aware of changes or concerns allows the team to stay alert and respond appropriately.

Taking Medications Away from Home

When a person supported leaves the location where he or she typically takes medication, accountability for medication is required.

When medication is taken from this location, medication must leave and return in the original container unless the person uses an automated medication dispenser or has been identified as an ultimate user. The medication inventory records the amount of medication taken and returned for the leave of absence, the party responsible for receiving the medication, and staff responsible for medication administration who releases the medication. Responsibility for medication administration is transferred at that time to another individual. The inventory should be

confirmed with two signatures (receiver and releaser). It is recommended that blister packs be used, when possible, for ease in counting and handling of medications.

People supported who use an automated medication dispenser can take the device to assist with medication administration while away from home if the Team has determined the supports necessary to promote safe medication administration will be available. The IMSP must identify the supports needed for verbal assistance, oversight, and problem resolution to safely use the automated medication dispenser away from home. Automated medication dispensers must be accompanied by a copy of the medication administration record.

Ultimate users that travel with an automated medication dispenser or other container which does not have a prescription label are encouraged to keep a document verifying authorization to possess a controlled dangerous substance if this applies to any medications transported.

Although the Medication Administration Record (MAR) is not removed from the home, documentation of medication administration or implementation of the medication support plan is kept while away from home. Many times, a MAR will have a legend that reflects the person is away, but if not, a plan should be developed for how this might be accomplished, such as documentation on a copy of the MAR. Any discrepancies in medication inventory upon return are documented and action is taken by the service provider, EOR, or SFC provider to prevent recurrence.


Discontinued, Expired and the Destruction of Medication

All discontinued medications are to be secured separately from current medications and discontinued on the Medication Administration Record; and may be kept up to 60 days unless otherwise directed by the prescriber or the time period is adjusted in the person's medication support plan.

Expired or discontinued medications are safely disposed of in compliance with service provider policies or procedures, Environmental Protection Agency recommendations, local, state, and applicable federal requirements. SFC providers and EOR's adhere to established policy.

The service provider agency develops and enforces written policies or procedures regarding the

disposal of any medication without an expiration date. SFC providers and EOR's adhere to established policy

In addition to following the service provider policies or procedures, controlled dangerous substance medications should be disposed of in compliance with OBNDD and Oklahoma State Bureau of Investigation requirements with the medication inventory record updated accordingly.

When a person dies, any unused medication is safely disposed of in compliance with service provider agency policies or procedures. If death:

- is unexpected or unanticipated, unused medication is kept for at least 30 days.
- results in an investigation, medication is kept the length of time determined relevant by the investigative authority.
- is due to a terminal illness, unused medication is safely disposed of according to the service recipients end of life plan.

The service provider agency develops and enforces written policy or procedures regarding the disposal of any medication without an expiration date. SFC providers and EOR's adhere to established policy.

Preferred Option: **Medication Disposal Boxes** and **Take-Back Events**:
Drop boxes are located in many locations across the state. While most locations accept solid medication dosage forms, only certain ones accept liquids, inhalers and sharps. You can visit the website OKsafemeddisposal.org and follow the links for details.

Mail Back Envelopes can be utilized as well. On 10-31-2024 the FDA announced approval of the mail-back envelope program for opioid medications. Beginning 3-31-2025, drug manufacturers must provide prepaid envelopes upon request when these medications are dispensed. Leftover medication can be safely disposed of in these envelopes by mailing for destruction free of charge.

Household disposal is the last resort for medication disposal. Here are some guidelines to follow:

For tablets/capsules/liquids

1. Remove medication from containers (don't crush or open caps)
2. Mix with undesirable substance (cat litter/used coffee grounds)
3. Place mixture in disposable container with lid or a sealed bag
4. Remove identifying information from the prescription container
5. Place sealed container/bag and empty prescription container in trash

Sharps (syringes/needles/lancets)

1. Place in heavy-duty plastic container with screw top (such as laundry detergent bottle. Label "CAUTION: SHARPS. DO NOT RECYCLE"
2. Fill container, needle side down until 3/4/full
3. Screw on cap
4. Duct tape top so it cannot be removed and then place in trash

Inhalers Check with local trash or recycling facility or read package insert. Some can be dangerous if punctured or incinerated.

Routes of Medication Administration

Objectives: Participants will learn about:

- ⇨ **The Routes of medication administration and be able to identify those routes of administration including oral (mouth), ophthalmic (eye) optic (ear), nasal, topical (surface of the skin), rectal, and vaginal**
- ⇨ **Crushing of medications if appropriate**
- ⇨ **Universal Precautions/ Infection Control**
- ⇨ **Practicing how to obtain vital signs**

Through this curriculum, a DDMAT is trained to administer routine medications only by mouth, in the eyes, ears, nose, on the skin, and through the rectal or vaginal routes.

DDMATs are not allowed to give routine injections. That means they cannot give medications under the skin, into a muscle, or into a vein. The only exception is emergency use of devices like an EpiPen or Gvoke, which are covered under First Aid.

They can also give medications through a G-tube, inhaler, or nebulizer and what are considered hazardous drugs—but only after they've been trained and have shown a licensed professional, they can do it correctly. The only exception is emergency use of an inhaler, which is covered under First Aid.

Each DDMAT is responsible for giving medications safely and only by approved routes when medication is ordered by a prescriber. If a DDMAT isn't confident or feels unsure about giving a medication, they should contact their agency right away to get help or make other arrangements, such as having a more experienced DDMAT give the medication.

Precautions for Administering Hazardous Drugs

Hazardous drugs include various types of medications, including certain chemotherapy agents, antivirals, hormones, and immunosuppressants. Typically, a DDMAT will most often see an anticonvulsant prescribed. Protection guidelines can be found at the Occupational Safety and Health Administration (OSHA) website. Hazardous medications may pose risks to the DDMAT administering them and require strict safety precautions. Provider agencies are responsible for providing a safe work environment and their guidelines should be followed.

Proper handling helps prevent exposure through skin contact, inhalation, or ingestion especially if they are manipulated in any way (G-tube administration, split, crushed, etc.). Depakote, topiramate and birth control are examples of hazardous meds. They require nitrate gloves when the tablets/capsules are crushed, split, opened, etc. Anytime hazardous medication is prescribed, the DDMAT should follow the directions for safe administration as outlined from the OSHA website www.OSHA.gov

To Crush or Not to Crush?

As a DDMAT, you may work with a person who has a doctor's order for their medications to be crushed or dissolved. This is sometimes needed when the person has trouble swallowing. In other cases, a person may refuse a medication because of how it tastes or feels, and crushing the medication and mixing it with something like pudding or ice cream may help.

You may also support a person who takes all their medications through a feeding tube, which would require specialized training according to 340:100-5-26.3. These medications usually need to be crushed or dissolved before being given.

Crushing or dissolving a medication that isn't meant to be taken that way can cause serious side effects, lead to an overdose, or even inactivate the drug and make it ineffective.

A doctor may order medications to be crushed or dissolved, but each medication must be checked separately to make sure it's safe.

What a DDMAT Should Do

- Always follow the doctor's order.
- Read the instructions from the pharmacy for each medication.
- If you are unsure whether a medication can be crushed or dissolved, call the pharmacist.
- The pharmacist may need to check with the doctor to see if:
- A liquid version is available, or
- A different, safer medication should be used.

Medications That Usually Should Not Be Crushed or Dissolved

Some medications are made to release slowly or to protect the stomach. Crushing or dissolving them can make them unsafe. These may include:

- Extended-release tablets (ER, XR, XL)
- Enteric-coated tablets (EC)
- Coating is designed to keep medication intact until it passes through the stomach and reaches the intestines.
- Coating is sometimes present to protect the stomach from irritation or to protect the medication from being destroyed by stomach acids.
- Time-release or slow-release medications
- Beads or pellets inside capsules

Always check before crushing or dissolving any medication. If you're not sure, ask the pharmacist or your supervisor. Safety comes first.

Long-acting tablets should not be crushed

- Used for timed-release of the medication,
- Crushing can result in the person getting too much medication too quickly.
- Some abbreviations for long-acting medications include:
  - SR (slow or sustained release)
  - LA (long acting)
  - CR (controlled release)
  - CRT (controlled release tablet)
  - SA (sustained action)
  - TD (time delay)
  - TR (time release)
  - XL (extended length)
  - 24 (24 hour)

The DDMAT should also be aware that while some medications come in capsule form that can be opened and mixed with other substances, some can't. The following is general information regarding medication that is contained in capsule form: **Capsules may contain powder, liquid or pellets.**

If **Long-acting**, make sure to check with prescriber/pharmacist concerning administration instructions

Powder filled, check with pharmacist to determine if it is better to mix with water, juice, milk, or sprinkled on food.

Liquid filled (recommended as a last resort if a liquid is not available, due to the difficulty of extracting the entire dose and possible irritation to tissues) should be administered according to prescriber/pharmacist administration guidelines.

Pellet or bead filled are generally long acting and a capsule can be opened but contents should not crushed or chewed. make sure to check with prescriber/pharmacist concerning administration instructions

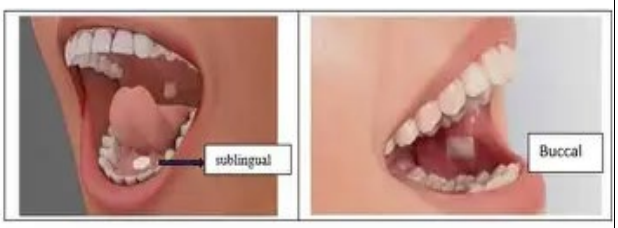
Chewable tablets may also be encountered by the DDMAT. Chewable tablets can always be crushed.

Oral Medications

Oral medications take many forms, including capsule, tablet, gel cap, elixir/fluid/extract (liquid with an alcohol base), emulsion (liquid that contains oils and fats in water), lozenge, solution, suspension (liquid that requires shaking before using), syrup, and topical (mucosal) gels.

Route	How Administered	Examples of	Oral Medications
Oral 	Taken or applied through the mouth	Capsule	Drug placed in gelatin type container
		Elixir, Fluid or extract	Liquid medication with alcohol base
		Enteric coated	Tablet with coating that breaks down after it reaches the small intestine. NOTE: DO NOT CRUSH
		Lozenges	Tablet for dosage form to either provide a local effect to the mouth or throat or to be absorbed in the cheek
		Solution	Liquid medication in which a drug is evenly dissolved and appears clear
		Suspension	Liquid medication requires shaking because drug particles settle
		Syrup	Liquid medication sweetened and flavored
		Tablet	Disk or compressed dry dug, may be scored for division
		Time released	Coated capsule or tablet containing drug particles that dissolve in a specified length of time. NOTE: DO NOT CRUSH.

Sublingual and Buccal (transmucosal medications): Buccal and sublingual medications refer to medications received through or applied to the mucosal membrane of the mouth. Are intended to be absorbed through the mucous membranes of the mouth and should always be given intact (e.g., never crushed).

Route	How Administered	Examples of Buccal and sublingual	
Buccal and Sublingual	Applied to a mucosal membrane of the cheek, gum, or under the tongue.	BUCCAL tablet – tablet placed between the cheek and the gum. SUBLINGUAL – tablet made to place under the tongue. Most common is nitroglycerin tablets.	

Eye Medications are administered by inserting drops or ointments into the conjunctiva of the eye or directly onto the eye as ordered or in the manufacturer's directions. When administering eye medications be sure to look at the eye for any problems or unusual drainages or irritations. For ointments, the application should go from the tear duct, out as to not bring any contamination into the eye. Anything that goes into the eye must be sterile, so it is crucial that staff wash their hands before and after administration and to not touch the applicator to their eye. If the tip of the applicator is accidentally touched, be sure to clean with alcohol to remove any bacteria. Remind the person after application to close their eye and roll eye around for equal distribution.

Some people may be able to self-administer these medications.

Route	How Administered	Examples of Eye Medications	
Eye	Placed in the lower lid of the eye or directly on the eye by use of cream, ointment or drops.	Drops – liquid drops placed into the eye or lid. Ointment or cream – Usually lined the bottom of the lower lid of the eye, movement from inner eye to outer eye.	

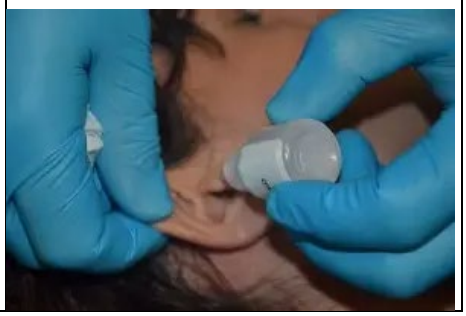
Ear Medications

When administering ear medications, the drops are placed directly into the ear canal or affected area, following the healthcare provider's order or the instructions provided by the manufacturer. It's important to make sure the drops are at room temperature before use. Using cold drops can cause discomfort or sensations like dizziness, which can be upsetting for the person receiving them. The bottle can be warmed by rolling between the hands. Never heat the bottle.

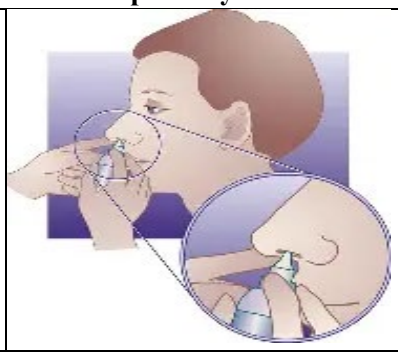
Before giving the medication, check the person's outer ear to make sure it's clean. Gently wipe away any visible earwax or debris from the outer ear using a tissue, but never insert anything into the ear canal itself, as this can cause injury.

Ask the person to lie down with the ear that needs treatment facing up. For adults, gently pull the top of the ear back and upward to help straighten the ear canal. For children, pull the lower part of the ear down and back. After placing the drops into the ear, you may gently massage the ear lobe to help the medication move more easily into the canal. If possible, encourage the person to remain lying down with the affected ear facing up for a few minutes after application to allow the drops to be absorbed.

If the person is capable and comfortable doing so, they may administer the ear drops themselves.

Route	**How Administered**	**Examples of Ear Medications**	
Ear	**Child:** Gently pull ear lobe down and back to produce accessible canal. **Adult:** Gently pull ear up and back to produce accessible canal.	Ear drops are usually administered into the ear canal. Sometimes an external ointment can be used for topical application.	

Nasal Medications are administered by inserting drops, mists, or ointments into the nasal passages as ordered or per manufacturer's directions. When administering nasal medications, be sure nasal passages are clear by having the person gently blow their nose. People who can self-administer, can administrate these medications.

Route	How Administered	Examples of	Nasal/Respiratory
Nose	Administered through or via the nasal passages. Gently blow nose, prior to installation of nasal medication.	Inhalation mist Nasal sprays Drops	

Topical Medications are given by applying them directly to the skin, following the doctor's order or the instructions on the label. These medications can come in different forms, like sprays, creams, ointments, lotions, or patches.

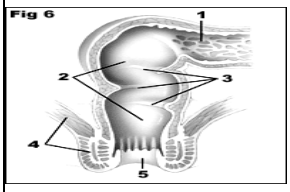
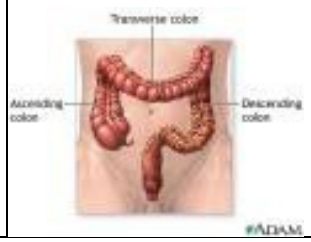
Before applying any topical medication, it's important to clean and dry the area if needed. The way you apply the medication can vary depending on the type and location. You might use a gloved hand, a cotton swab, or a tongue blade. Remember to never place a used application device back into the container as this will cause cross contamination. Choose the method that works best for the area being treated and is comfortable for the person.

Some topical medications may need to be covered with a dressing, while others are left open to the air. It's also important to monitor the area to make sure the medication is being absorbed and to watch for any reactions. Always respect the person's privacy while applying topical medications. If the person is able, they can apply the medication themselves.

Route	How Administered	Examples of	Topical Medications
Topical	Applied to the skin, nails, hair, or other outer parts of the body.	LOTION – Liquid preparation of a drug for external application. OINTMENT – semi-solid preparation of a drug. TRANSDERMAL PATCH – medication applied to the skin and absorbed over a long period of time.	

Rectal Medications are given by gently inserting them into the rectum, as ordered by the healthcare professional. These medications may come as suppositories, creams, ointments, enemas, or gels. Suppositories are often individually wrapped in plastic or foil, and some need to be kept in the refrigerator so they don't melt—always check the instructions on the package.

Once a suppository is inserted past the sphincter muscle, the body's natural warmth causes it to melt and be absorbed into the system. When giving any rectal medication, it's important to wear gloves and respect the person's privacy. If the person is able and comfortable, they may give the medication themselves.

Route	How Administered	Examples of Rectal Medications	
Rectal	Into the Rectum  	ENEMA-liquid administered rectally into the lower part of the colon SUPPOSITORY – drug suspended in a substance that melts at body temperature. OINTMENT/CREAM/FOAM"-medication used for conditions in the lower part of the colon or rectum.	 

Vaginal Medications are administered by inserting them into the vagina as ordered. Vaginal medications can be in the form of suppositories, creams/ointments, or douches. Vaginal suppositories are sometimes stored in a refrigerator to prevent them from melting (refer to manufacturers' instructions). When administering vaginal medications, be sure to wear gloves and provide the person with privacy. People who are able may wish to self-administer these medications.

Route	How Administered	Examples of Vaginal Medications	
Vaginal	Inserted into the Vaginal Opening Person is placed in a position that can provide access, comfort and privacy for the administration of the medication.	Creams Suppositories	

Infection Control
Standard Precautions and Hand Washing

Standard Precautions are the minimum infection prevention practices applied to **all patient care**, regardless of suspected or confirmed infection status, and apply to **all body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes**. This practice is expanded for people who are more than patients, including people supported by DDS.

Standard Precautions are a set of infection prevention practices used in all healthcare settings to reduce the risk of transmission of microorganisms. These precautions are applied to every person, regardless of their diagnosis or infection status, because it is not always possible to identify those who may be carrying infectious agents.

The core principle of Standard Precautions is to treat all blood, body fluids, secretions, and excretions (except sweat), as well as non-intact skin and mucous membranes, as potentially infectious. By consistently following these precautions, healthcare workers and DSP can protect both themselves and the person they support from the spread of infection.

Hand hygiene is one of the most critical components and should be performed before and after contact with a person supported, after contact with potentially infectious materials, and after removing gloves. Personal protective equipment (PPE) is used based on the type of interaction with the person. This includes gloves when touching blood or body fluids, gowns when there is a risk of splashes or sprays, and masks or eye protection during procedures that may expose the face to fluids.

Finally, all equipment and environmental surfaces encountered by people supported must be handled carefully. They should be properly cleaned and disinfected between users to prevent cross-contamination.

By consistently applying Standard Precautions, healthcare workers and DSP create a safer environment and play a vital role in preventing the spread of infections in all settings.

What are blood borne pathogens?

Blood borne pathogens are disease-causing micro-organisms like viruses or bacteria that are carried in the blood and cause disease in people. They are found everywhere in the environment on humans and animals.

Blood borne pathogens include:

- Hepatitis B
- Hepatitis C
- HIV
- Malaria

6 Steps for Good Hand Washing

- Remove jewelry
- Use warm, running water
- Use plenty of soap
- Vigorously rub surface (15-20 sec)
- Rinse and keep hands lower than your elbows
- Don’t touch faucet with clean hands

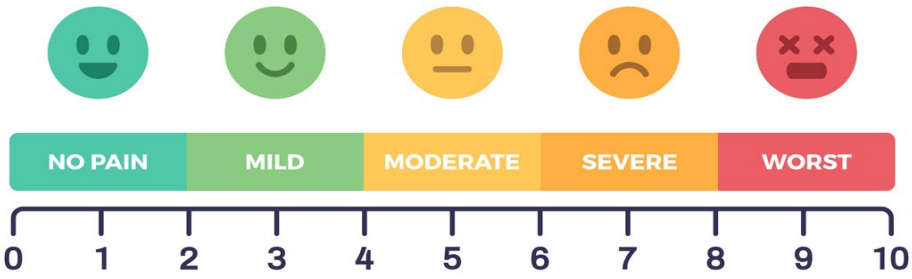
Hand sanitizers are used without water. They are not cleaning agents, and don't remove surface dirt. Washing with soap and water is necessary to remove visible soil. The Centers for Disease Control and Prevention (CDC) recommends routine use of alcohol-based sanitizers by healthcare workers, noting that, compared to soap and water, alcohol-based sanitizers are easier and quicker to use, and cause less skin irritation. The sanitizers also are very effective at reducing germs on the skin, according to CDC. CDC indicates only using a hand sanitizer three times and then needing to use soap and water.

Vital Signs

Taking vital signs is an important requirement for all staff who administer medications. Vital signs are also individualized for each person. What is typical for one person's vital signs may not be for another, so it is important to always have a baseline for the person you work with. Some medications require vital signs to be measured prior to administering the drug. This is done to monitor adverse side effects of the medication, such as vital signs becoming too high or too low. It is also important for the DDMAT to know what the parameters are for the medication in relationship to the vital signs.

Since there are so many different types of new equipment related to thermometers and blood pressure cuffs, your instructor may provide opportunities to learn several ways to obtain these vital signs. Don't forget the fifth universal vital sign is PAIN. When the DDMAT is giving a pain medication, not only might you be required to take the person's vital signs, but you will have to identify what rating of pain the person has and determine if the medication you administered was effective. In addition, basic information related to weighing a person and obtaining their height as a person's size relates to medication dosing is included in this section.

Age Group	Temperature (F°)	Pulse (bpm)	Respirations (breaths/min)	Blood Pressure (mm Hg)	
				Systolic	Diastolic
Newborn	96-99.5	100-180	30-60	60-90	20-60
Infant (1 mo.-1 yr)	99.4-99.7	80-160	30-60	75-100	50-70
Toddler (1-3 yrs)	99.4-99.7	80-130	25-40	80-110	55-80
Preschooler (3-6 yrs)	98.6-99	80-120	20-35	80-110	50-80
Child (6-12 yrs)	98.6	65-100	20-30	100-110	60-70
Adolescent (12-18 yrs)	97-99	60-90	12-20	110-120	60-65
Adult	97-99	60-100	12-20	110-140	60-90
Older adult (>70 yrs)	95-99	60-100	12-20	120-140	70-90

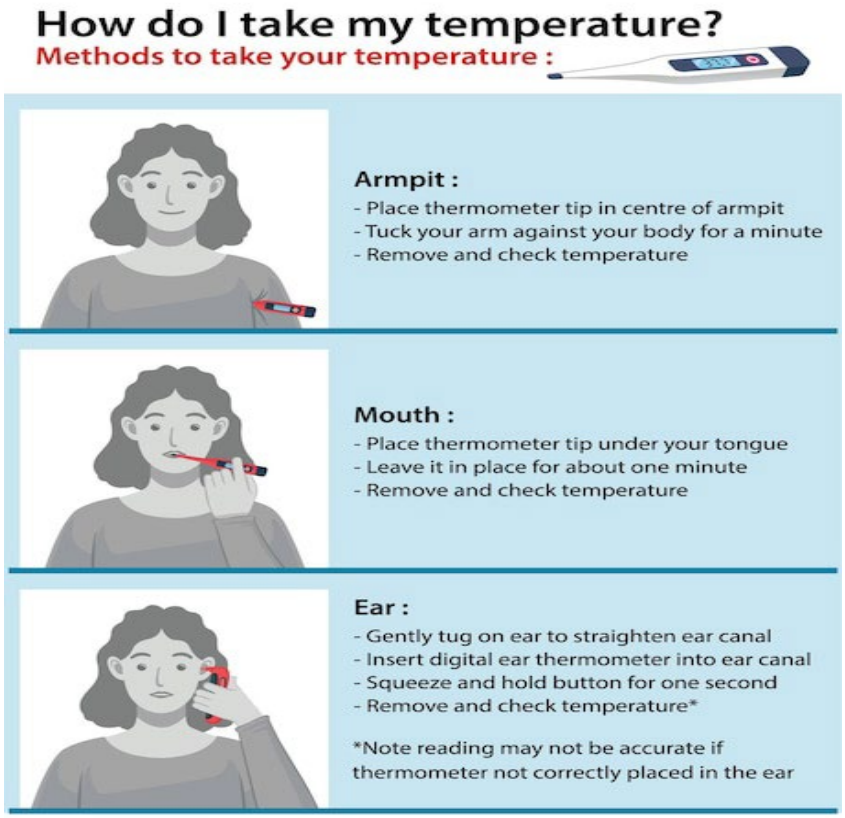


Temperature

Temperature is defined as the amount of heat in the body. When someone is ill, monitoring temperature is a good way to ensure a medication is working, for example, checking whether Tylenol is reducing the fever. Most people's body temperature is usually highest in the evening. Physical activity, strong emotion, eating, heavy clothing, medications, high room temperature, and high humidity can raise body temperature. Body temperature varies less in adults; however, a woman's menstrual cycle can elevate temperature by one degree or more. Before taking someone's temperature, place a cover over the thermometer.

Other thermometers are sometimes used in healthcare provider offices and include thermal scanners on the forehead and ear probes. The most important aspect of any final reading is knowing the person's normal baseline temperature, so you as the DDMAT can determine whether the person has a fever (hyperthermia) or is subnormal (hypothermic).

Usually, if the reading on the thermometer is more than 1 to 1.5 degrees above a person's normal temperature, the person has a fever. Most fevers are a sign of infection and occur with other symptoms. Abnormally high or low temperatures can be serious, and you should consult a healthcare provider.

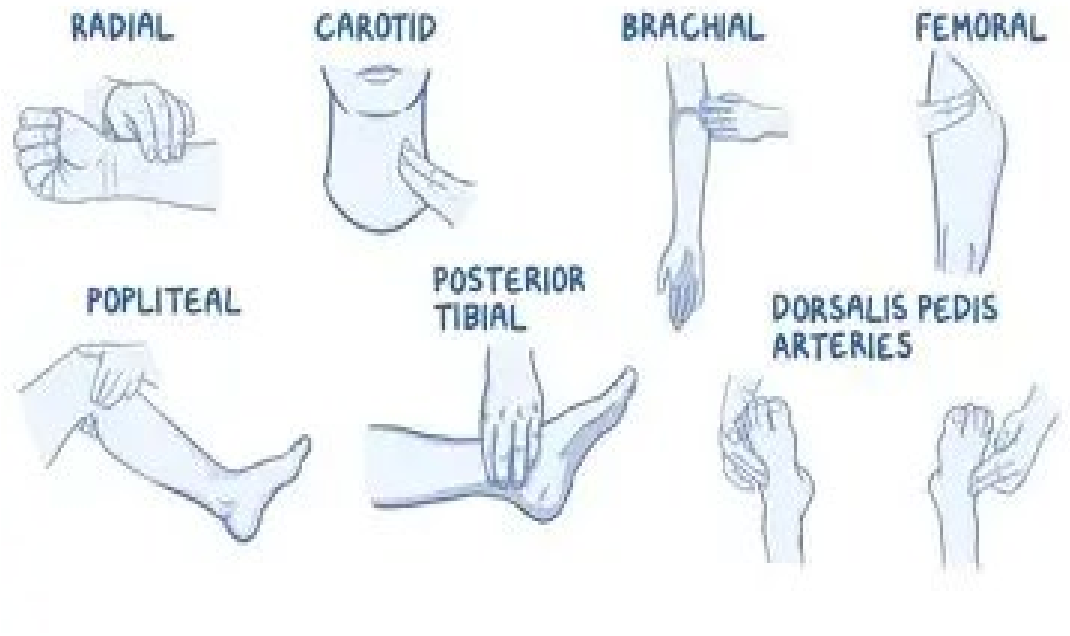


Pulse

Pulse is the rhythmic movement of blood through the arteries caused by the pumping of the heart. A person's pulse rate is important because it can give clues about their general condition. Fever, heart problems, shock, pain, and respiratory issues are all reflected in the pulse rate. Below are some of the factors that may influence pulse rates:

- **Body size** – The pulse is somewhat faster in smaller people compared to larger people, and in women compared to men.
- **Activity and exercise** – Usually increase pulse rate. The pulse decreases during periods of rest and sleep.
- **Emotional responses** – May increase pulse rate.
- **Infections** – Pulse rate may increase as body temperature rises.
- **Thyroid conditions** – Excessive secretion of thyroid hormones may cause a rapid pulse.
- **Age** – Normal values range from 60 to 100 beats per minute in an adult and 120 to 140 in a child.
- **Medications** – Some medications lower pulse rate. For example, medications like Lanoxin require you to check the pulse before administering. If the person's pulse is below 60 before giving the medication, notify the doctor before administering it.

Common Sites where the Pulse is Felt



Blood Pressure

Blood pressure is defined as the force or pressure exerted by the blood against the walls of blood vessels. Readings are usually given as two numbers, for example, 110 over 70. Blood pressure is highest in the arteries and lowest in the veins. Two components are measured:

- **Systolic Pressure** – The first number represents the maximum pressure exerted when the heart contracts.
- **Diastolic Pressure** – The second number represents the pressure in the arteries when the heart is at rest.

Blood pressure is an important indicator of a person's health. If blood pressure is too high, it can damage the brain by rupturing blood vessels, potentially causing a stroke. If blood pressure is too low, the heart may not be pumping enough blood, leading to a lack of oxygen to the body's organs.

Factors Affecting Blood Pressure

- **Exercise** – Increases blood pressure to meet the body's demand for more oxygen and blood.
- **Time of Day** – Blood pressure is typically lowest early in the morning and peaks in the late afternoon.
- **Elasticity of the Arteries** – Healthy arteries can easily expand and contract as blood is pumped through them. Hardened or less elastic arteries resist this movement and require greater pressure to circulate blood.
- **Fever** – Increases the amount of blood the heart pumps with each beat, which can raise blood pressure.
- **Blood Volume** – A greater volume of blood increases pressure needed to circulate it. Conversely, a person who has lost a significant amount of blood will have lowered blood pressure.
- **Emotions** – Anger, fear, pain, and even a child's crying can trigger the release of hormones that affect the nerves controlling blood vessel tension. Chronic emotional stress can contribute to higher blood pressure due to these hormonal changes.
- **Drugs** – Certain substances can influence blood pressure. Nicotine (from tobacco), caffeine, and some medications may cause it to rise or fall.
- **Weight** – Obesity is a major risk factor for hypertension (high blood pressure).

Respiration

Air moves in and out of the respiratory system through the actions of inhalation and exhalation. Until a problem arises, most of us are unaware of our breathing patterns. The typical respiratory rate for an adult is 12 to 20 breaths per minute, and for a child, 15 to 30 breaths per minute. If you work with a person who has respiratory issues, it is important to know what is normal (baseline) for that person.

Factors Affecting Respiration

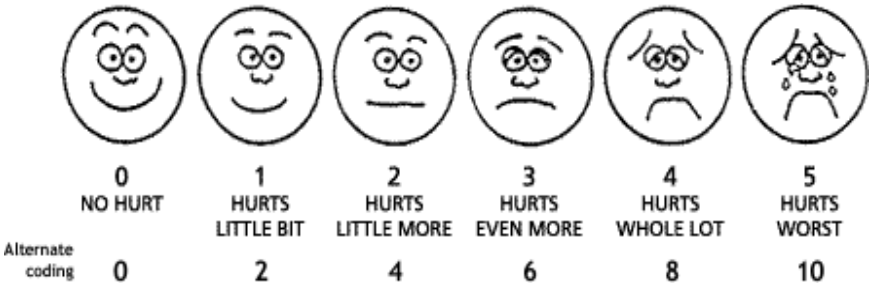
Several factors that affect pulse rate also influence respiratory rate, including:

- **Age** – Respiratory rates are generally higher in infants and small children.
- **Emotions** – Excitement, fear, or stress can increase the respiratory rate.
- **Illness** – Fever, infection, and certain diseases can alter the respiratory rate.
- **Medications** – Many medications can increase or decrease the respiratory rate.
- **Exercise** – Physical activity usually increases the respiratory rate.
- **Immobility** – Lack of movement can have long-term effects on breathing patterns.

Pain Recognition

Often referred to as the "5th vital sign," pain was added to the other four vital signs because of its significant impact on a person's overall health. Even relatively mild pain, if not managed properly, can lead to complications such as depression, sleep disturbances, and increased aggression. Pain is often the most difficult vital sign to assess, as it is subjective and varies greatly from person to person.

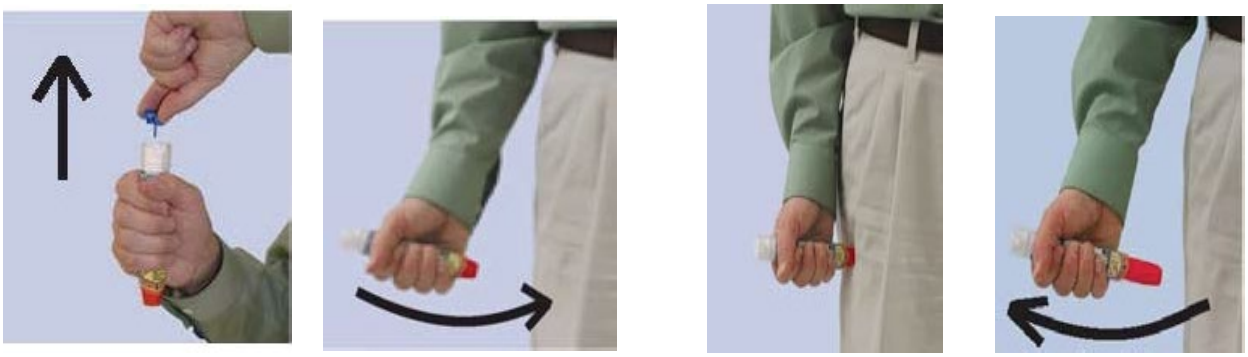
One commonly used tool for evaluating pain is the Wong-Baker Faces Pain Rating Scale.



Emergency First Aid

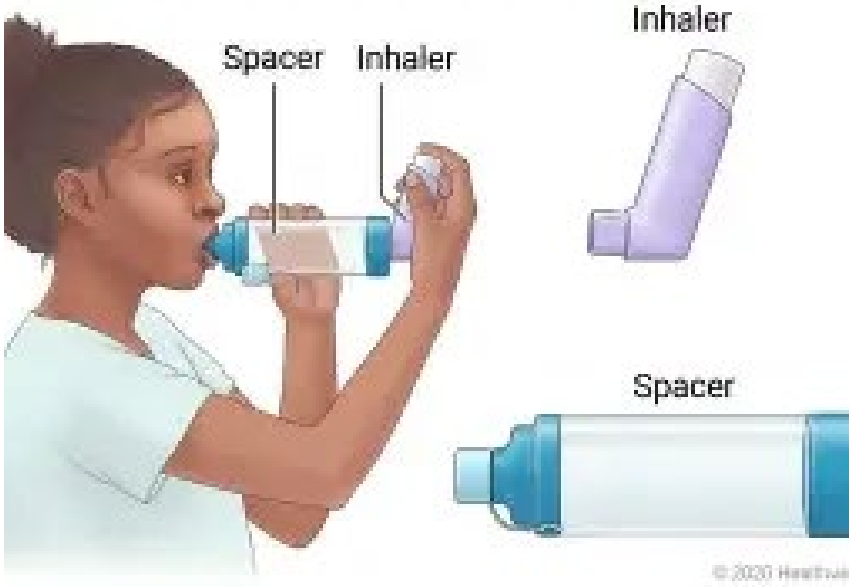
Epi Pen

- When someone has an allergic reaction (anaphylaxis) use the EpiPen Auto-Injector right away and immediately, call 911.
- Epinephrine, the active ingredient in EpiPen Auto-Injectors, is used to treat life-threatening allergic reactions (anaphylaxis). You should use this medication only if the prescriber has prescribed it for allergic emergencies.
- Such emergencies may occur from insect stings or bites, foods, drugs, latex, other allergens, exercise induced anaphylaxis, or unknown causes.



Rescue Inhaler

A rescue inhaler is a metered-dose inhaler (MDI) that delivers a specific amount of medication to the lungs in the form of a short burst of aerosolized medicine that is inhaled by the person using the device. It is the most used delivery system for treating asthma, chronic obstructive pulmonary disease (COPD), and other respiratory diseases. Use of a spacer can improve the effectiveness of a rescue inhaler (consult with prescriber or pharmacist to ask about a prescription for a spacer).



When to Use a Rescue Inhaler

When a person experiences:

- tightness in their chest
- shortness of breath
- chronic cough
- wheezing
- and other signs of breathing problems

Emergency Gvoke Glucagon Injection

Gvoke HypoPen

- Premixed and ready-to-go, so it's ready-to-use
- Simple 2-step administration
- No visible needle
- No refrigeration required (store between 68oF to 77oF)

Gvoke HypoPen should be administered subcutaneously by staff according to the blood glucose protocol (provided by a healthcare prescriber) on an emergency basis when the following apply:

- Have tried correcting glucose with food or drink and it isn't working
- Person feels like passing out
- Person is unable to swallow safely
- Person has passed out or had a seizure

Lab:
Medication Administration Skills Assessment Forms

The next few pages of this manual contain copies of the **Medication Administration Skills Assessment** forms. You will use these forms (or copies provided by your instructor) to practice administering medications through various routes. This **lab** is a critical component of earning your DDMAT certification.

Keep in mind: even if you pass the written exam, you **must** demonstrate safe and accurate medication administration skills to your instructor to receive certification. Pay close attention during this portion of the course.

- Each person must successfully complete the lab competency including return demonstration of the following administration routes (Oral, Topical, Ear, Nasal, Eye, Rectal and Vaginal)
- Return demonstration for acquiring vital signs, techniques of infection control as well as FIRST AID training on EpiPen use, Gvoke HypoPen, and emergency inhaler

The lab will be supervised by the class instructor. However, you may also be asked to work with a classmate to practice medication administration—either by simulating techniques on each other or by working at lab stations or from lab boxes prepared by the instructor. This collaborative approach allows students to better understand and apply key concepts.

Administering Oral Medication

Oral medications are received through or applied in the mouth.

	PROCEDURE FOR ADMINISTERING ORAL MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: Avoid touching medication if possible. ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Tell the person you are giving them their medication.			
5.	Position the person for safe swallowing if necessary.			
6.	Give medications along with eight ounces of water (review information from the pharmacy or drug manufacturer to determine if medication should be taken with food).			
7.	Verify that the medication was taken.			
8.	Return all medication to proper storage.			
9.	Document the medication administration.			

Administering Eye Medication

Eye medications are administered by inserting drops or ointments onto the surface of the eye.

	PROCEDURE FOR ADMINISTERING EYE MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area. (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain the procedure to the person.			
5.	Gently tilt the person's head back. Ask the person to look upward (places the eye in a more comfortable position for medication instillation).			
6.	If drops, use your thumb and forefinger to gently pull lower eyelid downward forming a pouch and place the prescribed number of drops in the center of the pouch. Gently wipe any excess medication from the person's face with a tissue, making sure no tissue touches eye that might cause an abrasion. Do **Not** rub the eye.			
7.	For ointment, place a line of ointment along the lower pocket of the eyelid from the inside to the outside. Ask the person to close their eye. Gently wipe any excess medication from the person's face with a tissue making sure no tissue touches eye that might cause an abrasion. Do **not** rub the eye.			
8.	Return all medication to proper storage.			
9.	Document the medication administration.			

Administering Ear Medication

Ear medications are administered by inserting drops into the ear canal. The ear drops should be at room temperature before being administered. When administering ear medications, ensure the canals are clear of ear wax by gently using a tissue to the external ear only. Never place any object deep into the ear canal.

	PROCEDURE FOR ADMINISTERING EAR MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area. (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain the procedure to the person.			
5.	Assist the person to position the correct ear upwards.			
6.	For an adult, the top of the ear should be pulled back and upward for the instillation of ear drops. For a child, the lower part of the ear should be pulled down and out to help straighten the ear canal for administering the drops.			
7.	Ask the person to lie still for a minute or so for the drops to fully enter the ear canal.			
8.	Return all medication to proper storage.			
9.	Document the medication administration.			

Administering Nasal Medication

Nasal medications are administered by inserting drops, mists, or ointments into the nasal passages. People who are able may wish to self-administer these medications.

	PROCEDURE FOR ADMINISTERING NASAL MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain the procedure to the person.			
5.	Ask them to gently blow their nose.			
6.	Drops: optimally, have the person lie on back with shoulders on a pillow and instill prescribed amount into each nasal opening. People should maintain position for a few minutes for full absorption.			
7.	Mist: ask the person to keep their head in upright position. Prime medication bottle by squeezing/pumping to produce mist. Place nasal applicator into nostril. Hold other nostril closed, and request the person breathe in, administering the medication at the same time the person breaths in by squeezing/pumping the container. Repeat as needed. NOTE: WHEN INSTILLING A NASAL SPRAY WHICH HAS ONLY ONE DOSE (VALTOCO for seizures) OR NEFFY SPRAY for epinephrine) DO NOT PRIME THESE SPRAYS AS THEY ARE SINGLE DOSE!!			
8.	Return all medication to proper storage.			
9.	Document the medication administration.			

Administering Topical Medication

Topical medications are administered by placing medications directly onto the surface of the body. These medications can be in the form of sprays, creams, ointments, lotions, and patches. Those who are able may wish to self-administer these medications.

	PROCEDURE FOR ADMINISTERING TOPICAL MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check MAR. Verify 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area. (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain the procedure to the person.			
5.	Skin should be clean and dry. If there is any skin irritation, open wounds, etc., do not proceed. Contact supervisor/HCC for instructions.			
6.	➡ Sprays: Make sure no spray gets into the eyes. May spray onto gloved hand and apply to skin if necessary. ➡ Ointments/creams: Use tongue depressor, cotton swab, cotton balls or similar items to apply medication. NOTE: when obtaining medication from containers DO NOT cross contaminate by using same finger or applicator device. ➡ Patches: Put date, and initials on outside of patch. Make sure you do not touch the medicated surface when you are applying the patch. NEVER PLACE ANOTHER PATCH ON THE PERSON WITHOUT FIRST REMOVING THE PREVIOUS PATCH.			
7.	Return all medication to proper storage.			
8.	Document the medication administration.			

Administering Rectal Medication

Rectal medications can be in the form of suppositories, creams/ointments, enemas or gels. Suppository medications are often packaged individually in plastic or foil wrappers. When administering rectal medications, be sure to provide the person with privacy. People who are able may wish to self-administer these medications.

	PROCEDURE FOR ADMINISTERING RECTAL MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area. (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain procedure to the person and provide privacy. Put on gloves. Have them lie on the left side with upper leg flexed forward. Keep draped for privacy. Spread buttocks to expose rectum			
5.	If any visible signs of problems (i.e., skin irritation, bleeding, blockage, etc.), do not proceed. Contact HCC/Supervisor for further instructions.			
6.	➡ Suppository: remove protective foil or other wrappers. Moisten pointed-end of suppository with a little water or appropriate lubricant such as k-y jelly. Insert suppository pointed end first. Gently insert suppository only far enough so that it doesn't slip out. Do not force if resistance is encountered. ➡ Cream/foam: follow manufacturers or prescriber orders. Lubricate applicators for ease of insertion. ➡ Enema: follow manufacturer's instructions. Lubricate enema tip, gently ease into rectum. Provide gently pressure on enema bottle to instill fluid. Do not force if resistance is encountered. Report problems to Health Care Coordinator.			
7.	Return all medication to proper storage.			
8.	Document the medication administration.			

Administering Vaginal Medication

Vaginal medications can be in the form of suppositories, creams/ointments, or douches. When administering, be sure to provide the person with privacy. People who are able may wish to self-administer these medications.

	PROCEDURE FOR ADMINISTERING VAGINAL MEDICATIONS	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Check the medication administration record. Verify the 5 Rights of Medication Administration.			
2.	Wash hands before and after administration of medications.			
3.	Prepare the medication: ➡ Check MAR. ➡ Obtain medication from storage (**FIRST CHECKPOINT** – Compare LABEL and MAR). ➡ Prepare medication (**SECOND CHECKPOINT** – Compare LABEL and MAR). ➡ Place medication back into the stored area. (**THIRD CHECKPOINT** – Compare LABEL and MAR).			
4.	Explain procedure to the person and provide privacy. Put on gloves. Have a person lie on her back with knees bent upward. Keep draped for privacy			
5.	Remove vaginal suppository from any protective containers, such as foil or plastic wrappers, as necessary. Prepare any ointments or creams by filling applicator per instructions and lubricate the end of the vaginal applicator for ease in insertion.			
6.	Using the hand <u>not</u> holding the suppository (or applicator), gently spread apart the folds of the labia as necessary. Gently insert a suppository into the vaginal canal or, if administering a cream or liquid, insert lubricated applicator tip and gently administer medication.			
7.	Medication may leak out of the vagina during treatment. Assist the person with any necessary cleaning and clothes adjustment. To keep medication from staining clothing, a sanitary pad may be used. DO NOT use a tampon as it may absorb the medication.			
8.	Return all medication to proper storage.			
9.	Document the medication administration.			

Standard Precautions Hand Washing:

	PROCEDURE FOR HAND WASHING	COMPLETED		**COMMENTS:**
		YES	NO	
1.	Remove jewelry			
2.	Use warm running water			
3.	Use plenty of soap			
4.	Rub surface vigorously (15-20 seconds)			
5.	Rinse and dry hands with disposable Towels			
6.	Use disposable towels to turn off water, do not touch facet with clean hands. Also use the disposable towel to open the door upon leaving the room.			
7.	Note: hand sanitizers are used without water. They are not cleaning agents, and don't remove surface dirt. Washing with soap and water is necessary to remove visible soil. The center of Disease Control and Prevention (CDC) recommends routine use of alcohol-based sanitizers by healthcare workers, noting that, compared to soap and water, alcohol based sanitizers are easier and quicker to use and cause less skin irritation. The sanitizers also are very effective in reducing germs on the skin, according to CDC.			

Vital Signs

	PROCEDURE FOR MEASURING VITAL SIGNS	COMPLETED		COMMENTS:
		YES	NO	
1.	Wrap cuff snugly around upper arm or wrist, depending on the type of cuff being used. If used on upper arm, place cuff one inch above elbow, with the arrow on the cuff over the brachial artery (small persons may require use of pediatric cuff, while larger persons may require a large adult cuff) Follow manufacturer's directions for cuff inflation/deflation and reading results.			
2.	Count respirations (watch the person's chest for rise and fall)			
3.	Take the person's temperature,			
4.	Document the person's blood pressure, temperature and respirations in the proper records (as defined by the residential provider). Return equipment to proper storage. Report any problems to the Health Care Coordinator.			
5.	Perform pulse monitoring by feeling pulsation at the radial site?			

Emergency EpiPen® and Gvoke®

Using an EpiPen Auto-Injector in a life-threatening allergic reaction (anaphylaxis) is important. People with certain medical conditions have a higher chance of having serious side effects from an EpiPen Auto-Injector, such as heart disease, high blood pressure, thyroid conditions or diabetes, or if the person is pregnant or takes medicines that can cause heart-related symptoms. These conditions should be discussed with the person's healthcare provider.

Gvoke is a glucagon auto-injector for very low blood sugar (severe hypoglycemia).

	PROCEDURE FOR USING EpiPen® / Gvoke®	**COMPLETED**		**COMMENTS:**
		YES	**NO**	
1.	Make sure you are familiar with the signs and symptoms of a severe allergic reaction/low blood sugar in the person you are caring for. Also know the possible causes of a severe allergic reaction in that person, such as eating a specific food or being stung by a bee. Familiarize yourself with the instructions on the EpiPen/Gvoke auto-injector in case you ever have to use it.			
2.	In case of a severe allergic reaction, the EpiPen auto-injector is injected into the person's middle **outer thigh**. The EpiPen can be injected through clothing. Hold EpiPen firmly against the thigh for 10 seconds. Remove the injector and massage injection site for 10 seconds. DO NOT INJECT INTO A VEIN, BUTTOCK, FINGERS, TOES, HANDS OR FEET. Gvoke can be injected subcutaneously into the upper arm, stomach or thigh.			
3.	Immediately call 911 for emergency medical attention after using the EpiPen/Gvoke.			
4.	Stay with the person until help arrives.			

These guidelines are intended for information purposes only. Always check with the healthcare provider for specific information related to that person's care. It is never the intention of DDS to interfere with the use of an emergency interventions ordered by a healthcare provider, and staff should not hesitate to assist a person to use or administer the Epi-pen/ Gvoke in an emergency or a life-threatening condition.

Emergency Rescue Inhaler

	PROCEDURE FOR USING Rescue inhaler	**COMPLETED**		**COMMENTS:**
		YES	**NO**	
1.	Place medication canister into the mouthpiece. Shake the medication.			
2.	Remove the cap from the mouthpiece.			
3.	Attach spacer if one is ordered.			
4.	Have the person take a deep breath and completely exhale. Put an inhaler (or spacer) in the person's mouth.			
5.	Push down on the medication canister while having the person breath in slowly and deeply. Have the person hold their breath for ten seconds or as long as they can, then breathe out slowly. Repeat if ordered by the prescriber or at least after one minute.			

These guidelines are intended for information purposes only. Always check with the healthcare provider for specific information related to that person's care. It is never the intention of DDS to interfere with the use of an emergency interventions ordered by a healthcare provider, and staff should not hesitate to assist a person to use or administer a rescue inhaler in an emergency or a life-threatening condition.

APPENDIX

OAC Number: 340:100-5-32
Effective Date: 9/15/2025

340:100-5-32. Medication administration

(a) **Purpose**. Oklahoma Administrative Code (OAC) 340:100-5-32 sets forth requirements that enable service recipients to receive medication in the safest possible manner.

(b) **Applicability.** OAC 340:100-5-32 applies to Developmental Disabilities Services (DDS) staff and service providers who are contracted, licensed, or funded through a Home and Community-Based Services Waiver or DDS state funds and their employees who administer medication or assist with an individualized medication support plan (IMSP) for a service recipient receiving community services, including employment service providers.

(c) **General requirements.** Administration of medication is managed in accordance with applicable Oklahoma Human Services rules and federal and state laws.

(1) Every service recipient is free from unnecessary use of medication.

(2) No medication is used for the convenience of staff or as a substitute for positive supports or program.

(3) Use of psychotropic medications and associated medication reviews must follow requirements per OAC 340:100-5-26.1.

(4) Incident reporting and follow-up must be completed when a medication event occurs, per OAC 340:100-3-34.

(d) **Independent medication administration.** When a service recipient wants to independently administer medication, the service recipient's Personal Support Team (Team) completes an assessment and documents the ability to independently administer medication in the Individual Plan (Plan). The ability to safely continue to self-administer medication is reviewed annually and if a concern is identified by a Team member, DDS Registered Nurse (RN), quality assurance staff, or other interested person. The assessment identifies the service recipient's demonstrated ability to:

(1) understand and follow medication label directions;

(2) properly identify medication;

(3) remember to take medication at the correct time;

(4) take the correct dosage;

(5) administer his or her medication without supervision; and

(6) address problems, including asking staff for help.

(e) **IMSP.** The Team develops an IMSP when a service recipient is not independent in medication administration and desires training on his or her medication, individualization of the medication support program or both. The IMSP identifies participation by the service recipient in medication administration and specifies supports needed for administering, storing, and monitoring medication.

(1) The service recipient's IMSP ensures the service recipient's involvement, with necessary supports, results in a safe program of medication administration.

(2) The Team revises the IMSP to meet the service recipient's medication support needs when the service recipient's medical status changes or a member of the service recipient's Team or other person reveals a concern with the service recipient's medication supports.
(3) The service provider and employer of record (EOR) ensure the IMSP is implemented as developed by the Team.
(4) The service recipient's IMSP addresses the following when applicable:
(A) the service recipient's ability to administer medication;
(B) staff assistance that must be provided;
(C) use of adaptations or reminder systems, including an automated medication dispenser. Self-directed services (SDS), DDS and service provider staff, except specialized foster care (SFC) and agency companion services (ACS) providers, cannot fill automated medication dispensers. A service recipient who is not an ultimate user may transfer his or her medications from the original container to an automated medication dispenser if the Team determines the individual is able to do so safely with any of the following specified staff supports:
(i) verbal assistance;
(ii) oversight to ensure accuracy; or
(iii) assistance with problem resolution.
(D) documentation requirements to ensure accountability;
(E) monitoring requirements, including compliance with requirements of the medication review process per OAC 340:100-5-26;
(F) staff responsible for implementation and monitoring of the medication training program; and
(G) modifications to the medication administration responsibilities of staff, per OAC 340:100-5-32(g).
(5) Each IMSP must address medication safety issues affecting each household member.
(f) **Ultimate User.** An ultimate user is:
(1) the service recipient for whom the medication is prescribed, if assessed by the Team as able to carry out each step in OAC 340:100-5-32(d);
(2) an adult member of the service recipient's family, as identified in the IMSP;
(3) the service recipient's SFC provider; or
(4) the service recipient's ACS provider
(g) **Medication administration.** Items (1) through (9) must be implemented unless the service recipient's IMSP identifies a specific alternative. The service recipient's IMSP may modify only those rules that state the plan may address an exception.
(1) **Prescription medication.** Prescription medication, per OAC 340:100-1-2, is administered only with an order by a licensed healthcare provider with prescriptive authority.
(A) Prescription medication must only be administered to or used by the service recipient for whom the medication is ordered.
(B) All prescription medication is clearly labeled with:
(i) first and last name of the service recipient for whom the medication is prescribed;
(ii) prescriber’s name;
(iii) prescription number;

(iv) trade or generic name of medication, except when otherwise directed by the prescriber;
(v) prescription strength of medication, except when otherwise directed by the prescriber;
(vi)
directions for administration;
(vii) date of filling;
(viii) prescribed quantity, except when otherwise directed by the prescriber; and
(ix) name and address of pharmacy of origin or dispensing healthcare provider with prescriptive authority.
(C) Prescription labels must be legible. Containers may only be labeled by pharmacy staff or the dispensing healthcare provider with prescriptive authority.
(D) When an IMSP includes use of an automated medication dispenser and that device cannot be labeled, a copy of the medication administration record (MAR) which provides the information listed in OAC 340:100-5-32(e)(1)(B) must be kept with the device. When more than one service recipient lives in the home, the automated medication dispenser must be kept in a secured location separate from medications of other service recipients. SDS, DDS and service provider staff, except SFC and ACS providers, cannot fill automated medication dispensers. The service recipient's IMSP cannot modify this requirement.
(E) No one is permitted to alter the label on a prescription container.
(i) If a change in medication instructions is made by the prescriber:
(I) the container must be prominently identified to note that a change has occurred;
(II) the MAR must be updated when the change occurs noting date of the change and the authorizing prescriber; and
(III) the EOR or DDS provider ensures the prescription label matches the updated instructions when the medication is next filled. Medication is administered according to the updated change on the MAR while waiting on a prescription label change to occur. A copy of the updated order, which has been signed by the prescriber, must be kept with the medication container at the vocational site until the prescription label is updated with the current instructions by the pharmacy or prescriber.
(ii) The container may be adapted to support a service recipient's independence as described in the IMSP.
(F) Sample medications must be:
(i) accompanied by a prescribing healthcare provider’s order;
(ii) labeled with the service recipient's name; and
(iii) included on the MAR specifying SAMPLE MEDICATION.
(G) Prior to the initial administration, if the medication name on the prescriber’s order and the generic or trade name of the medication on the label are different, staff responsible for medication administration documents on the MAR the reason for the difference and source of the information.
(H) At an employment site, the labeled pharmacy container is considered the order for a prescription medication. If a change in directions has occurred since the prescription was last filled, the container must be prominently identified to note a change has occurred. A copy of the

updated order, which has been signed by the prescribing healthcare provider, must be kept with the container until an updated label change occurs by the pharmacy or prescriber.

(2) **Medication inventory.** Each prescription medication must be documented upon receipt, and an inventory record maintained.

(A) All prescription medication must be:

(i) counted upon receipt, using procedures to prevent contamination, unless the service recipient's IMSP defines another method of inventorying medication; and

(ii) documented in the service recipient's medication inventory record noting the reason for which the medication is prescribed. The reason a medication is prescribed must be requested from the prescriber if not provided on the prescription label or documentation received from the prescriber.

(B) Prescription medication is counted using procedures to prevent contamination and documented at least monthly.

(C) Medications identified as controlled dangerous substances in the Oklahoma Uniform Controlled Dangerous Substance Act, Title 63, Chapter 2, Article 2, must be counted and the inventory documented monthly and each time the responsibility for medication administration is transferred to another person, but at least monthly.

(D) Staff identifying a discrepancy in the medication inventory must promptly report this information according to service provider policies or procedures. An SFC provider reports any discrepancy to the foster care specialist. SDS staff report any discrepancy to the EOR.

(3) **Non-prescription medication.** Approval for a service recipient to use or be administered a non-prescription medication, per OAC 340:100-1-2, is received and documented at least annually from the service recipient's primary healthcare provider with prescriptive authority.

(A) Items used for personal care or hygiene are not considered medications.

(B) The service recipient's MAR must document:

(i) condition for which the non-prescription medication is intended to treat; and

(ii) the directions for use if prescribed differently from the recommended package instructions

(C) Each non-prescription medication must have the service recipient's name clearly identified on the container when more than one service recipient lives in the home or works at the employment site.

(4) **Medication storage.**

(A) All medications must be:

(i) secured under proper conditions of temperature and light; and

(ii) kept in a locked medication area, or container unless the service recipient's IMSP specifies other storage arrangements.

(B) Each service provider is responsible for developing and enforcing policies or procedures that ensure medication security in the absence of a service recipient IMSP. SFC providers and EOR's adhere to established policy.

(C)

Medication requiring refrigeration must be:

(i) secured, unless this requirement is modified in the service recipient's IMSP;

(ii) kept in the temperature range according to label directions; and
(iii) separated from food and other non-drug items.
(D) Hazardous or dangerous materials must not be kept in the secured medication area.
(E) Each service recipient's medication must be stored separately from the medication of other persons.
(F) Externally applied medications must be stored separately from medications taken internally.
(5) **Administration of Medication.** Only staff who complete an approved training program in medication administration per OAC 340:100-3-38, successfully complete the written test and lab competency, and are able to read, write, understand and communicate the English language are permitted to administer medications.
(A) Staff responsible for medication administration must personally:
(i) read the medication label;
(ii) prepare the dose;
(iii) give the medication as ordered;
(iv) observe the person using the medication; and
(v) document the medication administration immediately, but no longer than 30 minutes after administration.
(B) The person responsible for medication administration must know how to obtain information for each medication administered including possible adverse effects and both generic and trade names.
(C) All medications must be administered according to label directions unless prominently identified with a change in instructions in accordance with OAC 340:100-5-32(g)(1)(E)(i). . The MAR must be updated with the change in instructions according to the prescriber's orders at the time the change is made.
(D) No SDS, DDS or service provider staff, except SFC and ACS providers, is permitted to transfer medications from the original container to another container. The service recipient's IMSP cannot modify this requirement.
(E) The ultimate user may transfer medication from one container to another.
(F) Only the person who transferred the medication to the new container or automated medication dispenser, is allowed to administer transferred medications. The service recipient's IMSP cannot modify this requirement.
(G) Each medication must be administered at the specified time except when authorization has been obtained from the prescriber or pharmacist and documented on the MAR accordingly with the name, title, date, and time of person authorizing administration.
(i) When circumstances prevent administration at the specified time, the medication must be administered no more than one hour before or after the specified administration time.
(ii) Any time medication is administered more than one hour before or after the scheduled administration time, incident reporting is completed according to OAC 340:100-3-34 unless authorization has been obtained as identified in subsection (5)(G).
(iii) Administration of medication ordered multiple times daily must be evenly spaced through the day unless specific times are ordered by the prescriber. Administration times are required to

accommodate the service recipient's schedule.

(H) The person administering medication or implementing an IMSP must be able to access information to identify common side effects of the medication administered.

(I) If an adverse reaction, a significant change in behavior, or any other , potential medication-related concern occurs, immediate action and notification is required according to service provider policies or procedures. SFC providers and EOR's adhere to established policy.

(6) **p.r.n. medication.** Medication prescribed on a p.r.n. basis must have a prescribing healthcare provider's order identifying the medication, amount, route, time requirements, and under what circumstances the medication is administered.

(A) The decision to administer a p.r.n. medication, except per OAC 340:100-5-32(e)(6)(C), is made after consulting with another staff person or Team member identified in the IMSP. When the same p.r.n. medication is administered an average of three times in one week or ten times in one month, the prescribing healthcare provider is contacted for further evaluation.

(B) The service recipient's response to p.r.n. medication must be documented on the MAR.

(C) DDS defines administration of p.r.n. medication for behavioral control to be a highly restrictive procedure per OAC 340:100-3-34. When a medication is ordered for p.r.n. administration for behavioral control, the service recipient's Team ensures there is a documented protocol for the administration from the prescribing healthcare provider as part of the protective intervention protocol per OAC 340:100-5-57. The service provider, SFC provider and EOR follow incident reporting requirements per OAC 340:100-3-34.

(D) Service recipients receiving hospice services are exempt from the requirements for p.r.n. medications per OAC 340:100-5-32.

(7) **Medication documentation.** An accurate record of medication administration or implementation of the service recipient's IMSP must be maintained.

(A) Unless the service recipient is independent in medication administration per OAC 340:100-5-32(d), the service recipient's MAR must specify:

(i) service recipient's first and last name;

(ii) name and strength of the medication as documented on the label;

(iii) directions for administration as documented on the label;

(iv) date and time medication is administered, including a.m. or p.m. for each entry;

(v) service recipient's allergies;

(vi) service recipient's response to p.r.n. medications and other treatment;

(vii) documentation of the person who administered the medication or implemented the IMSP;

(viii) route of administration, if specified on the label;

(ix) any special orders for timing of administration, if specified on the label;

(x) reason for the medication's use, when specified on the label;

(xi) all medications a service recipient receives including routine medications administered by a healthcare provider, notated accordingly; and

(xii) any special instructions applicable to the service recipient including but not limited to oral intake status, preferred food for administration of medication(s) as approved by the prescriber, any color coding or adaptation systems used.

(B) If the service recipient is independent in medication administration per OAC 340:100-5-32(d), the Plan documents monitoring and documentation needs.

(8) **Medication away from home.** When a service recipient leaves the location where he or she typically takes medication, accountability for the medication is maintained.

(A) When medication is taken from the location:

(i) the medication inventory record documents the amount of medication taken and returned for the leave of absence, the responsible party receiving the medication, and staff responsible for medication administration who releases the medication;

(ii) any discrepancy in medication inventory is documented with action taken by the service provider, EOR, or SFC provider to prevent recurrence; and

(iii) medication is sent from the home and returned in the original container unless the service recipient uses an automated medication dispenser or has been identified as an ultimate user.

(B) Service recipients who use an automated medication dispenser can take the device to assist with medication administration while away from home if the Team has determined supports necessary to promote safe medication administration will be available. The IMSP must identify supports needed for verbal assistance, oversight, and problem resolution to safely use the automated medication dispenser away from home. Automated medication dispensers must be accompanied with a copy of the MAR or another document which provides the information listed in OAC 340:100-5-32(g(1)(B).

(C) Ultimate users that travel with an automated medication dispenser are encouraged to keep a document verifying authorization to possess a controlled dangerous substance if this applies to any medications contained in the device.

(D) Medication administration or implementation of the IMSP is documented while away from the home.

(9) **Discontinued medication, expired medication, and medication destruction.**

(A) Discontinued medication:

(i) must be removed from current medications, secured separately from current medications, and discontinued on the MAR; and

(ii) may be kept up to 60-calendar days unless otherwise directed by the prescriber or the time period is adjusted in the service recipient's IMSP.

(B) Expired or discontinued medications are safely disposed of in compliance with service provider policies or procedures, Environmental Protection Agency recommendations, local, state, and applicable federal requirements. SFC providers and EOR's adhere to established policy.

(C) Controlled dangerous substance medications are disposed of in compliance with Oklahoma Bureau of Narcotics and Dangerous Drugs and Oklahoma State Bureau of Investigation requirements and the medication inventory record is updated accordingly.

(D) When a service recipient dies, unused medication is safely disposed of in compliance with service provider agency policies or procedures. If death:

(i) is unexpected or unanticipated, unused medication is kept for at least 30-calendar days.

(ii) results in an investigation, medication is kept the length of time determined relevant by the investigative authority.
(iii) is due to a terminal illness, unused medication is safely disposed of according to the service recipients end of life plan.
(E) The service provider develops and enforces written policy or procedures regarding the disposal of any medication without an expiration date. SFC providers and EOR's adhere to established policy.

Source:

Added at 19 Ok Reg 2948, eff 8-1-02 (emergency)
;
Added at 20 Ok Reg 936, eff 6-1-03
;
Amended at 25 Ok Reg 986, eff 5-15-08
;
Amended at 28 Ok Reg 897, eff 6-1-11
;
Amended at 42 Ok Reg, Number 20, effective 9-15-25

OAC Number: 340:100-5-26.1
Effective Date: 9/15/2025
340:100-5-26.1. Psychotropic medication

(a) Oklahoma Administrative Code (OAC) 340:100-5-26.1 applies to service recipients receiving:
(1) community residential supports per OAC 340:100-5-22.1;
(2) group home services per OAC 340:100-6; or
(3) behavioral supports in Level D group homes.
(b) A psychotropic medication is a drug used to treat a mental disorder or any drug prescribed to stabilize or improve mood, mental status, or behavior per OAC 340:100-1-2.
(c) Medication is not used as punishment, for staff's convenience, as a substitute for a program, or in quantities that interfere with a service recipient's participation in programming.
(d) The service recipient's Personal Support Team (Team) obtains a description of data to be collected to evaluate the psychotropic medication's effectiveness, from the prescribing healthcare provider.

(1) The Team:
(A) identifies a method for collecting necessary data; and
(B) specifies a routine method for reporting this data to the prescribing healthcare provider.
(2) When psychotropic medication is changed, the Team obtains new instructions for additional or different data needed to evaluate the effectiveness of the new medication, from the prescribing healthcare provider.
(e) The Team monitors for side effects, such as tardive dyskinesia per OAC 340:100-5-29.
(f) The Team reviews the use of psychotropic medication annually during the individual planning process per OAC 340:100-5-53.
(g) The Team must develop a protective intervention protocol per OAC 340:100-5-57 when psychotropic medication is used for challenging behavior(s) as defined in OAC 340:100-1-2.
(h) Developmental Disabilities Services (DDS) defines the use of p.r.n. medication for behavioral control to be a highly-restrictive procedure per OAC 340:100-3-34. Medication is considered for behavioral control when it is prescribed to achieve a desired behavioral outcome. When a medication is ordered to be administered p.r.n. for behavioral control:
(1) the Team:
(A) ensures there is a specific, written protocol for the administration of the p.r.n. medication from the prescribing healthcare provider as part of a protective intervention protocol per OAC 340:100-5-57;
(B) notifies the DDS director of pharmacy services and requests a pharmacy review within five-business days; and
(C) meets to incorporate the protocol in the individual plan within 30-calendar days; and
(2) the contract provider agency staff follows critical incident reporting requirements per OAC 340:100-3-34.

Source:

Added at 19 Ok Reg 2948, eff 8-1-02 (emergency)
;
Added at 20 Ok Reg 936, eff 6-1-03
;
Amended at 25 Ok Reg 986, eff 5-15-08
;
Amended at 28 Ok Reg 897, eff 6-1-11
;
Amended at 35 Ok Reg 1698, eff 9-17-18
;
Amended at 40 Ok Reg 1005, eff 9-15-23
;
Amended at 42 Ok Reg, Number 20, effective 9-15-25

OAC Number: 340:100-5-29

Effective Date: 9/15/2025

340:100-5-29. Monitoring for tardive dyskinesia

(a) **Scope and applicability**. Monitoring for symptoms of tardive dyskinesia (TD) applies to all service recipients who receive medication associated with a risk of TD. Providers of residential services funded by Oklahoma Human Services DDS or Oklahoma Health Care Authority have primary responsibility for implementation of OAC 340:100-5-29. Providers of other types of supports inform service recipients and encourage the implementation of OAC 340:100-5-29.

.

(b) **Monitoring requirements**.

(1) Developmental Disabilities Services (DDS) provides health related services training for staff to recognize symptoms of TD, risk factors for the development of TD, and medication associated with these potential adverse effects.

(2) Service provider staff monitors for symptoms of TD in service recipients at risk and reports observations to the prescribing healthcare provider.

(3) Service provider staff requests copies of TD assessments completed by the prescribing healthcare provider or designee and file in the service recipient's record.

.

Source:

Added at 10 Ok Reg 2505, eff 5-24-93 (emergency)

;

Added at 11 Ok Reg 2303, eff 5-26-94

;

Amended at 23 Ok Reg 1026, eff 5-11-06

;

Amended at 25 Ok Reg 986, eff 5-15-08

;

Amended at 40 Ok Reg 1005, eff 9-15-23

;

Amended at 42 Ok Reg, Number 20, effective 9-15-25

Oklahoma Statute Title 56 Chapter 17 - 1020

Community-based program of services

A. The Director of the Department of Human Services shall, within the constraints of funding appropriated to the Department, establish and maintain a community-based program of services that includes, but is not limited to, establishment of foster care and supported living arrangements for persons affected by Prader-Willi syndrome. The purpose of this section of law shall be to improve the quality of life of persons with developmental disabilities and to integrate such persons into the mainstream of society by ensuring availability of community services.

B. The programs established pursuant to this section shall be administered by the Developmental Disabilities Service Division. The Commission for Human Services shall promulgate rules for the operation of community-based programs for persons with developmental disabilities including, but not limited to, rules regarding the delivery of:

1. Health-related services. As used in this section, health-related services means services provided by community services providers or community services workers to persons with developmental disabilities, and includes, but is not limited to:

- a.personal hygiene,
- b.transferring,
- c.range of motion,
- d.supervision or assistance with activities of daily living,
- e.basic nursing care, such as taking the person's temperature, pulse or respiration, positioning, incontinent care, and identification of signs and symptoms of disease. Certain tasks that may be performed as basic nursing care by community services workers require appropriate training provided or approved by the Department, written agreement by the service recipient's personal support team, and the primary care physician's acknowledgment and specific order related to the task. Under such circumstances, basic nursing care may include, but need not be limited to:
    - (1)nutrition, including meals by gastrostomy tube or jejeunostomy tube,
    - (2)blood glucose monitoring,
    - (3)ostomy bag care,
    - (4)oral suctioning, and
    - (5)administration of oral metered dose inhalers and nebulizers;

2. Supportive assistance, which means the service rendered to persons with developmental disabilities that is sufficient to enable such person to meet an adequate level of daily living. Supportive assistance includes, but is not limited to, training and supervision of persons with

developmental disabilities, assistance in housekeeping, assistance in the preparation of meals, and assistance in activities of daily living as necessary for the health and comfort of persons with developmental disabilities; and

3. Safe storage and administration of medications, first aid treatments and nutrition by oral, rectal, vaginal, otic, ophthalmic, nasal, skin, topical, transdermal and gastrostomy tube routes by community service workers who have successfully completed competency-based training approved by the Department.

C. The Department shall undertake to identify and utilize any and all federal funding which may be available for such services.

D. The Department is authorized to accept any gift of real or personal property made for the use or benefit of any program or services established pursuant to this section. Such gift may only be utilized for the purpose or purposes for which it is given.

Added by Laws 1994, c. 133, § 1, emerg. eff. May 2, 1994. Amended by Laws 2005, c. 38, § 1, eff. Nov. 1, 2005.

340:100-3-38.10. Developmental Disabilities medication administration training (DDMAT)
10-01-25
(a) **General requirements.** Staff must be certified in a (DDMAT) course approved by the Developmental Disabilities Services (DDS) director or designee before administering medication(s) to a person receiving services or assisting with a person's medication support plan.
(1) The DDS director or designee may approve medication administration certification from another state when supplied with a copy of an acceptable course curriculum.
(2) Staff may hold a MAT certification other than DDMAT when beginning employment with a provider agency contracted with DDS or an Employer of Record for self-directed services. When the non-DDMAT certification expires, staff must obtain a certification in DDMAT.
(3) A licensed nurse who maintains a current, unrestricted license is exempt from the training requirements of this paragraph.
(A) Licensed practical nurses (LPNs) and registered nurses (RNs) may administer medications in accordance with Oklahoma Nurse Practice Act.
(B) The employer must maintain a copy of the nurse's license in the nurse's personnel file or make the license available for review.
(4) Certification or re-certification to administer medications is valid for two- calendar years from the date of issuance, if the person administered medications as a paid, certified staff for at least 12 non-consecutive months within the two-calendar year period.
(A) When a person allows his or her medication administration certification to expire, he or she cannot administer medication(s) or assist with a medication support plan. When the person's certification has been expired for less than 60-calendar days, the person's certification is renewed by taking the one-day update DDMAT training.
(B) When the person's medication administration certification has been expired for 60-calendar days or more, the person does not administer medication(s) or assist with a medication support plan and must obtain an initial DDMAT certification.
(5) All provider agencies must:
(A) establish written rules that ensure compliance with this Section and with applicable federal and state laws;
(B) provide documentation that staff were given an in-service training in agency-specific practices including, but not limited to, medication storage requirements, documentation forms, and procedures for a medication event, per Oklahoma Administrative Code (OAC) 340:100-3-34;
(C) maintain a copy of each employee's current certification in his or her personnel file; and
(D) provide a paper or electronic copy to the staff after successful completion of training.
(6) All DDMAT classes, including DDMAT update, must be taught by instructors approved by the DDS director or designee to teach DDMAT.
(b) **DDMAT provided by provider agencies, Oklahoma Technical Schools (tech school), and independent contractors.** DDS provider agencies, tech schools, and independent contractors may conduct DDMAT under the conditions listed in this subsection.
(1) Any provider agency, tech school, or independent contractor planning to conduct DDMAT or update classes must submit the prospective trainer's credentials to the DDS director or designee for approval. The independent contractor, provider agency, and tech school follows the rules in this Section and the provider agency and tech school is responsible for ensuring the instructor adheres to the rules in this Section.
(A) The prospective instructor must be an RN or LPN working under the supervision of an RN.
(i) The nurse's license must be current, active, and in good standing with no pending disciplinary action through the Oklahoma State Board of Nursing.

(ii) Any exception to the requirement that the instructor be an RN or LPN must be approved in writing by the DDS director or designee.
(B) Potential instructors with other types of medical experience or licensure may seek approval to teach DDMAT classes by submitting credentials to the DDS director or designee.
(C) Potential instructors must undergo criminal and civil litigation public records search by DDS staff. Potential instructors cannot be approved to teach DDMAT or DDMAT update when he or she has:
(i) their name listed in the Registry;
(ii) been involved in criminal or civil litigation that resulted in confirmed findings of harm; or
(iii) substantiated claims made against them for exploitation, abuse, or neglect of a vulnerable adult or child as reported by Adult Protective Services, Office of Client Advocacy, or Child Protective Services.
(D) Each potential instructor must request and receive approval from the DDS director or designee every two years to teach DDMAT and the potential instructor agrees to provide the training according to the approved curriculum guidelines.
(E) When the instructor is approved, he or she must satisfactorily complete the approved:
(i) Train the Trainer course for DDMAT; and
(ii) refresher courses with any curriculum revisions.
(2) The DDS director or designee must approve or deny the provider agency, tech school, or independent contractor request in writing. A letter designating approval of an instructor to conduct DDMAT must be maintained in the instructor's personnel file at the provider agency, tech school, or with the independent contractor.
(3) Approved instructors only use course materials approved by the DDS director or designee.
(4) Each participant in an initial DDMAT course receives an approved training manual to keep.
(5) Each provider agency, tech school, or independent contractor approved to provide DDMAT must implement an internal monitoring system to review and document the consistency of the training and use of the approved curriculum that is subject to DDS random review.
(6) All DDMAT must be conducted according to the specific requirements of the course, the rules in this Section, and DDS training rules per OAC 340:100-3-38.
(7) Instructors provide signed verification of completion for each participant based on the competency criteria provided in this paragraph.
(A) Each participant must:
(i) be able to read, write, understand and communicate the English language;
(ii) pass each test or subtest with a minimum score of 85 percent. When a person does not achieve a score of at least 85 percent after taking the exam two times, he or she must repeat the class;
(iii) successfully complete a lab competency including return demonstration of oral, topical, ear, nasal, eye, rectal, and vaginal administration routes; and
(iv) successfully complete return demonstration for acquiring vital signs, epi-pen use, emergency inhaler, and procedures used to prevent contamination.
(B) The instructor is responsible for administering a written test to each participant and directly observing test completion.
(C) The initial DDMAT class and update class are taught in person.
(8) The provider agency, tech school, or independent contractor providing the training maintains documentation of completed DDMAT. Documentation must include the:
(A) name of the agency providing the training;
(B) name(s) of the instructor(s);
(C) name of the training, include whether it is an initial DDMAT or DDMAT update training;

(D) training date(s);
(E) participant names;
(F) agency name employing each participant; and
(G) each participant's pass or fail status.
(9) The DDS director or designee may revoke an instructor's approval to provide DDMAT for violating rules in this Section, violation of the guidelines set in the Train the Trainer program, failing to submit a current nursing license, or disciplinary action.

340:100-5-26.3. Health-related services

Issued 5-11-06

(a) **Scope and applicability.** The rules in this Section apply to persons with mental retardation who:

(1) receive Home and Community-Based Waiver Services or state-funded Developmental Disabilities Services Division (DDSD) services; and

(2) have a need for health-related service or supportive assistance that the Personal Support Team (Team) has identified according to OAC 340:100-3-33.1 and 340:100-5-50 through 340:100-5-58.

(b) **Supportive assistance.** Supportive assistance services are those services rendered to a person with developmental disabilities that are sufficient to enable the service recipient to meet an adequate level of daily living. Supportive assistance services include:

(1) training;

(2) supervision;

(3) assistance in housekeeping;

(4) assistance in the preparation of meals; and

(5) assistance in activities of daily living (ADLs) as necessary for the health and comfort of the service recipient. ADLs include those personal care and normal routine activities in a person's life that provide for the health and comfort of the service recipient.

(c) **Health-related services.**Health-related services are those services provided by community service providers or community service workers, direct support staff, to persons with developmental disabilities that include, but are not limited to:

(1) mobility and transferring including, but not limited to:

(A) prosthetics application;

(B) splint application; and

(C) positioning and comfort;

(2) range of motion; and

(3) basic nursing care.

(A) Basic nursing care includes:

(i) taking temperature, pulse, and respiration;

(ii) positioning;

(iii) incontinent care; and

(iv) identification of signs and symptoms of disease.

(B) Other basic nursing care tasks that may be performed by direct support staff if the staff member has completed appropriate training provided or approved by the Oklahoma Department of Human Services (OKDHS), the service recipient's Team has agreed in writing to the performance of the task, and the service recipient's physician has given acknowledgement and a specific order related to the task are:

(i) nutrition, including but not limited to:

(I) instilling medications or nutrition through a gastrostomy tube or jejeunostomy tube;

(II) maintenance of the tube and the site; and

(III) fluid support, including documentation of intake and output;

(ii) blood and urine dip stick glucose monitoring;

(iii) hygiene including, but limited to:

(I) stoma care;

(II) ostomy bag care;

(III) wound care, non-sterile dressing changes; and

(IV) oral and dental care including suctioning;

(iv) elimination including, but not limited to:

(I) application of external catheter;

(II) administration of enema; and

(III) stool and urine collection; and

(v) health and safety needs including, but not limited to:

(I) pulse oxygen reading for data collection and reporting of signs and symptoms or concerns to a health professional;

(II) suctioning of the opening of a tracheostomy tube;

(III) administration of oral metered dose inhalers and nebulizers;

(IV) non-sterile catheterization;

(V) oxygen administration;

(VI) chest physiotherapy and positioning for postural drainage; and

(VII) vagal nerve stimulator activation.

(d) **Provision of health-related services and supportive assistance services.** The service recipient's Team develops a Plan of Care that incorporates the service recipient's needs, based on the physical status review (PSR) as described in OAC 340:100-5-26, professional evaluations, and team recommendations.

(1) Each community service worker completes competency-based classroom training and any person-specific training as specified in OAC 340:100-3-38.

(2) When a licensed professional trains specific tasks to a community service worker, the licensed professional monitors and supervises that community service worker in accordance with the professional's licensing requirements.

(A) The licensed professional validates the community service worker's ability to safely and accurately perform the specific health-related service through documented hands-on return demonstration.

(B) The licensed professional who is responsible for the service or task must:

(i) assess the service recipient's care needs prior to the competency-based training and delegation;

(ii) develop a service plan;

(iii) using prudent judgment, make the final decision as to which services are trained or delegated, within the specific scope of the licensed professional's judgment;

(iv) implement the plan; and

(v) evaluate the outcome of the services.

(C) The degree of supervision required must be determined by the licensed professional after evaluation of appropriate factors involved, including but not limited to, the:

(i) stability of the condition of the service recipient;

(ii) training and capability of the community service worker;

(iii) nature of the task; and

(iv) proximity and availability of the licensed professional to the community service worker when performing the task.

(3) The community service worker's performance of health-related and supportive assistance services is monitored and supervised by the identified community worker's employing community services provider agency.

(e) **Quality assurance.** Quality assurance procedures in the provision of health-related services are detailed in this subsection.

(1) The DDSD registered nurses (RN) health review provides monitoring to determine if the health and comfort needs of a service recipient are met in accordance with the service recipient's identified health concerns. The DDSD RN health review identifies problems and makes recommendations to the provider agency and the case manager for appropriate action, including the problem resolution process described in OAC 340:100-3-27, if necessary.

(2) DDS Quality Assurance staff monitor services in accordance with OAC 340:100-3-27.

Provider Letter - Administrative Letter
19-07 MEDICAL MARIJUANA

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Developmental Disabilities Services Division

Dear providers,

Licensing of medical marijuana use was approved by the passage of State Question 788. The regulatory authority for medical marijuana licensing is the Oklahoma Medical Marijuana Authority, a division of the Oklahoma State Department of Health. The legal authority is found in Title 63 of the Oklahoma Statutes, Section 420A through 426, and Oklahoma Administrative Code (OAC) 310:681-1-1 et seq. The medical marijuana statutes and administrative rules may change over the next 12-18 months, so the content of this letter is based on currently available information.

Currently, medical marijuana is treated similar to the way Developmental Disabilities Services (DDS) addresses certain prescription medications like opioids. A caregiver license may be recommended for an individual caring for a patient when that patient is likely to receive therapeutic or palliative benefit from medical marijuana use and is homebound and unable to ambulate sufficiently to leave his or her residence or does not have the capability to self-administer or purchase the medical marijuana due to a physical or cognitive impairment. DDS does not have any restrictions regarding which provider agency employees can be designated as licensed caregivers, but per the administrative rules, each patient can only have one caregiver. Licensed caregivers can have more than one patient.

This guidance is intended to help providers address common medical marijuana questions and concerns. Medical marijuana legalization in Oklahoma is in its infancy, so we continue to explore and understand its impact on services provided to individuals with an intellectual disability. Many questions will arise concerning medical marijuana and its impact on the system. These questions will be addressed on a case-by-case basis and resolved by conferring with multiple sources. When the circumstances involve provider-specific medical marijuana questions, it may be more appropriate for providers to confer with their own private legal counsel. When, a question involves a specific service recipient, please include that individual's personal support team in the discussion. Medical marijuana information including license application, news, and the rules and regulations can be found at http://omma.ok.gov/.

DDS is creating a workgroup to determine if passage of the medical marijuana law will result in the need for policy, program and system changes. If you would like to participate in this workgroup please email Chelsea Wells at Chelsea.Wells@okdhs.org.

Sincerely,

Beth Scrutchins, Director

Commonly Used Medical Abbreviations

Abbrev.	Meaning	Abbrev.	Meaning
AC	Before meals	**PO**	By mouth
BID	Twice a day	**prn**	As needed
BM	Bowel Movement	**QD**	Every day
BP	Blood Pressure	**QID**	Four times a day
c	with	**QOD**	Every other day
DNR	Do-Not - Resuscitate	**R**	Rectally
Dx	Diagnosis	**$\overline{S}$**	Without
gtts	drops	**Subl**	Sublingual
hs	Hour of sleep	**Supp**	Suppository
ht	height	**TID**	Three times a day
NPO	Nothing by mouth	**Tx**	Treatment
OD	Right eye	**Tid**	Three times a day
OS	Left eye	**TX**	Treatment
OU	Both eyes	**WNL**	Within normal limits
pc	After meals	**Wt**	Weight

VITAL SIGNS					
Name			**Doctor**		
Date	**T**	**P**	**R**	**B/P**	**WT**

Legal Documentation

Guideline	Reason	Action
Do not erase, use "white out", or scratch out errors in the clinical record documentation. Write legibly, using black ink	**Chart becomes illegible. It may appear you are attempting to hide information or deface the record. Also, illegible entries can be misinterpreted, leaving you open for errors and lawsuits. Ink cannot be erased**	**Draw a single line through the error. Write initials. Then enter the correct information. On MAR always document clarification info on back. Never write on a doctor's order. Black ink is easiest to read and duplicates for copies the best.**
Do not write retaliatory, opinionated or critical comments about the person or the care given by other providers.	**Statements can be used as evidence of unprofessional behavior or poor quality of care.**	**Enter only objective descriptions of behaviors and care. Comments of persons must be quoted.**
Record only facts. Things that you observe through seeing, hearing, touching or smelling. (Never put "appears to be sleeping" You need to have factual observation to support it. See: Rise and fall of chest, Hear: snoring/respirations.)	**Record must be accurate and reliable and factual based on your observation. We have had documentation where the person appeared to be sleeping but were actually not breathing and dead.**	**Be certain the entry is factual. Do not Speculate, guess or write opinions. A person who is sleeping should have objective signs like: Rise and fall of chest, easily arouses by touch, hearing respirations, snoring, etc.**
Do not leave blank spaces in progress notes or MAR.	**Another person can add information (possibly incorrect) in the space.**	**Document consecutively, line-by-line. IF space is left over on the last line, draw through it horizontally and sign your name at the end.**
DO NOT PRE-DOCUMENT or go back and try to change documentation you have already written.	**Documenting prior to an event happening or going back and changing your information is falsification of a record.**	**Falsifying a record or making changes in your record after you have written is against the law and can have grave consequences. If you need to, do a "late entry"**
Only document for yourself. Follow your agency policy to document. Communicate relevant information from previous shift.	**You are accountable for the information you put in the chart. You don't want to be responsible for others.**	**Never chart for someone else. Any information received after a person leaves, should be direct quotes. Write "X called at 5 PM mo/day/yr and stated …" sign your own name and initials.**
Avoid using generalized phrases such as "status unchanged", "had a good day" or "appears to be sleeping"	**Specific information important to the person's condition, progress or care needs can be accidentally overlooked**	**Use complete, concise descriptions of conditions and care provided. Remember to use your observation skills and use OBJECTIVE documentation.**
Begin each entry with the time and end with your signature and title.	**Ensure that the correct sequence of events was recorded. The signature indicates who is accountable for the actions documented.**	**Do not wait until the end of your shift to record important changes or events that occurred several hours earlier. "Charting by memory" is asking for errors. Always sign each entry.**

Name: ____

Medication									
Date and/or time	**# of pills**	**Initials**	**Initials**	**# of pills**	**Initials**	**Initials**	**# of pills**	**Initials**	**Initials**

OKLAHOMA Human Services

Referral Form for Treatment or Examination

Client Information

Service recipient name | Date of birth

Address | City | State (OK) | Zip code

Phone number

Does the service recipient have a court appointed legal guardian? ☐ Yes ☐ No

Legal guardian | Legal guardian phone number

Case manager | Provider agency name

Healthcare provider name, type, and specialty

Appointment date | Appointment time

Primary health care provider name (when different than above)

Health Information

Current medications and/or treatments - attach current MAR or medication list:

Allergies and/or adverse reactions:

Observed or reported abnormal symptoms or concerns:

☐ No symptoms noted

☐ Activity level ☐ Drowsiness/fatigue ☐ Significant drooling

☐ Appetite changes ☐ Dry mouth ☐ Skin changes

- ☐ Behavior changes
- ☐ Body temperature changes
- ☐ BP/pulse changes
- ☐ Change in bowel/bladder habits
- ☐ Changes in seizure control
- ☐ Confusion/disorientation
- ☐ Coughing
- ☐ Dizziness
- ☐ Eating/drinking difficulties
- ☐ Falls/walking difficulties
- ☐ Fluid intake
- ☐ Headache
- ☐ Mood changes
- ☐ Nausea/vomiting
- ☐ Pain
- ☐ Problems breathing
- ☐ Sleep problems
- ☐ Slurred speech/difficulty talking
- ☐ Swallowing difficulties
- ☐ Tardive dyskinesia symptoms
- ☐ Unusual bruising/bleeding
- ☐ Vision changes
- ☐ Weight changes
- ☐ Other, explain:

Provide explanation for selected symptoms or concerns:

Reason for visit:

Recent medication changes? ☐ Yes ☐ No

When yes, please explain:

Recent illness? ☐ Yes ☐ No

Recent urgent care visit? ☐ Yes ☐ No

Recent emergency room visit? ☐ Yes ☐ No

Recent inpatient admissions? ☐ Yes ☐ No

When yes, identify type:

☐ Medical ☐ Psychiatric ☐ Skill nursing facility ☐ Long Term Acute Care Facility (LTAC)

When yes to recent illness, visits, or admissions, please explain:

Signature

Signature of person completing form | Title | Date

Healthcare Provider/Medical Facility Section

Diagnostic test results (may attach clinical note and/or results):

Recommendations including preventative screenings:

Treatments:

Medication changes (please identify all medications being added, changed, or discontinued and reason):

Monitoring instructions for staff:

Tardive Dyskinesia Monitoring

Is the service recipient prescribed a medication associated with a risk of tardive dyskinesia, including metoclopramide? ☐ Yes ☐ No

When yes, provide the name of the medication(s):

Last tardive dyskinesia assessment*: Score: Date:

*Provide a copy of the current assessment for service recipient's records.

Next appointment:

Health Care Provider Signature

Health care provider printed name

Health care provider signature Date

Routing

Within one business day, provide one copy to:

- health care provider
- home record
- case manager

Healthcare Provider's annual acknowledgment for non prescription or over-the-counter (OTC) medications

Name of consumer:_____ Date:_____

Known Drug Allergies:_____

Home Address: _____

Healthcare provider must sign and date form on initial and yearly visit, or more often if health status indicates.

For non-emergency conditions the following non-prescription medications, dosage, frequency and/or directions for use are acknowledged by healthcare provider's signature below. Each specific guideline or parameter MUST BE PERSONIZED TO MEET PERSON'S SPECIFIC NEEDS, or manufacturer's directions automatically are followed. NO BLANKET AUTHORIZATIONS.

STAFF MUST SEEK MEDICAL ATTENTION IF: CONDITION PERSISTS FOR MORE THAN RECOMMENDED DOSAGE REQUIREMENTS OR MANUAFACTURES GUIDELINES OR CHANGE IN CONDITION OCCURS IMMEDICATE NOTIFICATION OF HEALTH PROFESSIONAL IS REQURIED. .

CONDITION	**Non-prescription or OTC**	**SPECIFIC GUIDELINES OR PARAMETERS**	
Headache			
Fever			
Menstrual cramps			
Sore throat			
Cough			
Minor abrasions, cuts burns			

OTHER CONDITIONS	**Non-prescriptions or OTC**	**SPECIFIC GUIDELINES OR PARAMETERS PERSONIZE FOR PERSON**	

SAMPLE

_____ _____

Healthcare provider signature Date

OKLAHOMA Human Services

Referral Form for Psychiatric Treatment or Examination

Client Information

Service recipient name

Date of birth

Address

City

State

Zip code

Phone number

Does the service recipient have a court appointed legal guardian? ☐ Yes ☐ No

Legal guardian

Legal guardian phone number

Case manager

Provider agency name

Healthcare provider name, type, and specialty

Appointment date

Appointment time

Behavioral support provider (ex: family trainer, psychologist)

Primary health care provider name (when different than above)

Health Information

Current medications and/or treatments - attach current MAR or medication list:

Allergies and/or adverse reactions:

Observed or reported abnormal symptoms or concerns:

☐ No symptoms noted

☐ Activity level	☐ Drowsiness/fatigue	☐ Significant drooling
☐ Appetite changes	☐ Dry mouth	☐ Skin changes
☐ Behavior changes	☐ Eating/drinking difficulties	☐ Sleep problems
☐ Body temperature changes	☐ Falls/walking difficulties	☐ Slurred speech/difficulty talking
☐ BP/pulse changes	☐ Fluid intake	☐ Swallowing difficulties
☐ Change in bowel/bladder habits	☐ Headache	☐ Tardive dyskinesia symptoms
☐ Changes in seizure control	☐ Mood changes	☐ Unusual bruising/bleeding
☐ Confusion/disorientation	☐ Nausea/vomiting	☐ Vision changes
☐ Coughing	☐ Pain	☐ Weight changes
☐ Dizziness	☐ Problems breathing	

☐ Other, explain:

Provide explanation for selected symptoms or concerns:

Reason for visit:

Provide summary of target behaviors/symptoms and attach behavioral data sheets when available.

Recent medication changes? ☐ Yes ☐ No

When yes, please explain:

Recent illness? ☐ Yes ☐ No

When yes, please explain:

Recent urgent care visit? ☐ Yes ☐ No

Recent emergency room visit? ☐ Yes ☐ No

Recent inpatient admissions? ☐ Yes ☐ No

When yes, identify type:

☐ Medical ☐ Psychiatric ☐ Skill nursing facility ☐ Long Term Acute Care Facility (LTAC)

When yes, please explain:

Signature

Signature of person completing form | Title | Date

Healthcare Provider/Medical Facility Section

Psychiatric diagnosis(es):

Identify specific target behavior(s) or symptom(s) for each psychotropic medication:

Medication changes (please identify all medications being added, changed, or discontinued and the reason):

Monitoring instructions for staff:

Tardive Dyskinesia Monitoring

Is the service recipient prescribed a medication associated with a risk of tardive dyskinesia? ☐ Yes ☐ No

When yes, provide the name of the medication(s):

Last tardive dyskinesia assessment*: Score: Date:

*Provide a copy of the current assessment for service recipient's records.

Next appointment:

Health Care Provider Signature

Health care provider printed name

Health care provider signature Date

Routing

Within one business day, provide one copy to:

- health care provider
- home record
- case manager

Developmental Disabilities Services
Sequoyah Memorial Building
PO Box 25352
Oklahoma City, OK, 73125
405-522-5050
www.okdhs.org

September 11, 2025

Dear Prescribing Healthcare Provider,

Developmental Disabilities Services (DDS) is no longer able to provide training for provider agency staff to complete tardive dyskinesia assessments due to changes in qualification requirements for certification. DDS provides training to monitor for symptoms of tardive dyskinesia, which has been expanded to include all staff providing support for people receiving services. This training will provide education so staff can continually monitor for tardive dyskinesia symptoms and then report to prescribers any concerns for further evaluation.

DDS appreciates the care you provide to people receiving services and the continued prescriber monitoring for this potential adverse effect. The revised forms for examination (DDS-73 and DDS-5) have a section added specifically for tardive dyskinesia monitoring. DDS requests a copy of the most recent prescriber completed tardive dyskinesia assessment when applicable to prescribed medications. Assessments are completed at the prescriber's discretion in accordance with professional guidelines. A copy is requested for completeness of records for individuals receiving services and to alert staff of additional monitoring recommended.

Thank you for your assistance and the care you provide.

Sincerely,

Tiffany Greene, DPh

Tiffany Greene, D.Ph.
Director of Pharmacy Services
Phone (405) 962-8540/Fax (405) 497-6995
Email: Tiffany.Greene@okdhs.org

DD MAT CLASS LOG

STUDENT NAME _____

Your DD MAT certification is good for 2 years.
Please keep this manual for reuse at the DD MAT Update class.

CLASS	DATE	LOCATION	TEST SCORE