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6/9/2020

Core B

Indiana Direct Support Professional Training

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Lauren Koen, BSN, RN, MPA
Kathy Auberry, DNP, RN, CDDN

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Fundamentals of Pharmacology

Objectives for This Lesson

- Identify why medications are prescribed
- Distinguish the difference between generic and trade names for medications
- Learn about side effects and what to report/ when to go to the hospital
- Recognize the most common time to experience side effects from medications
- Review allergic reaction and anaphylaxis
- Explain factors that can influence medication effectiveness and what to report to practitioners

General Overview

Direct support professionals must be able to correctly pass medications for any individual requiring medications and needing any assistance for safe medication administration. Pharmacology is a branch of medicine that covers the use and actions of drugs. This training will cover basic information regarding medications, however, DSPs are required to go through any additional trainings as indicated by their agency policy. DSPs are also required to be trained on their individual's individualized plan regarding their medications and needed administrations. DSPs must NEVER perform any tasks without the appropriate training. If you have not been trained on how to appropriately and safely perform a required task for your job, contact your nurse for further training or follow your agency policy regarding training requirements.

Reasons to Take Medications

An individual may take several different medications, and it is important to know why they take each medication. It is important to understand that medications can have more than one use, so individuals taking the same medication may take it for different reasons. For example, one individual may take Depakote to prevent seizures while another individual may take Depakote to help stabilize their mood. The following are some basic reasons practitioners may prescribe medications:

- Prevent Diseases
 - Vaccines can prevent people from getting a disease.
- Cure diseases
 - An example is taking an antibiotic to cure an infectious disease infection.
- Treat diseases
 - Examples include taking insulin for diabetes or taking anti-seizure meds for a seizure disorder.
- Relieve symptoms
 - Medications may be taken to address symptoms from a disease or injury such as taking Tylenol to relieve pain.
- Diagnose diseases
 - Some examples may include barium or Mantoux TB testing

Generic Medications Versus Trade Medications

As a DSP, it is important to know that a practitioner may write an order for a medication using the *trade name*, but then the pharmacy may fill the medication under the *generic name*. A trade name of a medication is a patented name designated by a producer to sell that medication. A generic medication is a copy of a brand name medication that is not marketed by a specific company, so they are often less expensive. According to the FDA, generic medications are just as safe and effective as brand name medications. An example of a trade name for a medication is Tylenol which has the generic name acetaminophen. As a DSP, if a medication name does not match the original orders from the prescriber, do not ever assume that it is still the same medication. You should always check with your nurse or the pharmacist that the medication is correct and a generic version of the trade name medication.

Side Effects (Adverse effects)

Side effects or adverse effects are any unwanted or undesired events or reactions that can occur when taking a medication. Side effects can range from mild such as a runny nose or upset stomach to severe or life threatening such as increased risk for stroke. Side effects can vary for each medication, so it is important to talk to your nurse or follow agency policy to get prescribing information that lists possible side effects. It is also important to talk with the prescribing practitioner for a medication to discuss possible expected side effects and any measures that can be taken to avoid side effect, such as taking a medication with food to prevent nausea.

The most common times that an individual may experience side effects are:

- When starting a new medication
- When changing doses on a current medication, increasing the dose or decreasing the dose
- Stopping a medication

However, side effects can occur at any time when taking a medication, so it is important to report any side effects to the individual's nurse and practitioner to determine if there needs to be a change in medication, change in dose, or possible change in lifestyle such as dietary changes to try to eliminate side effects.

The most common side effects include

- Upset stomach
- Dry mouth
- Drowsiness

Serious side effects are anything that causes

- Death
- Disability
- Permanent damage
- Hospitalization
- Birth defects if taking while pregnant

If an individual ever appears to have a serious reaction or side effect to a medication, call 911 immediately!!

Allergic Reaction

Remember that in Core A you learned that an anaphylaxis is a severe allergic reaction that can occur within seconds after exposure to an allergen and can be life threatening if not treated immediately. People typically experience anaphylaxis within a few hours of taking a new medication or within the first two weeks of taking this medication. Refer back to lesson 'When to Call 911, Anaphylaxis' to review signs and symptoms and what to do in the case of severe allergic reaction.

Some people may have a mild allergic reaction to a medication that can include itching or mild rash. The practitioner may choose to stop the medication or treat the mild symptoms with other medications such as antihistamines to allow them to continue taking the medication. If your individual shows any symptoms of an allergic reaction after taking a medication, contact your individual's nurse or practitioner immediately to determine the best course of treatment for that individual.

Factors Influencing Effectiveness of Medications

As a direct support professional, it is important to keep in mind that each person has unique physical attributes that may cause them to respond differently to different medications. You must ensure that you are trained on your individual's personalized medication plan of treatment prior to passing medications for your individual. There are some general factors that can influence the way the body processes different medications such as

- Illness
 - If an individual is ill and unable to eat or drink or is vomiting or has diarrhea, the individual's practitioner may instruct you to hold some medications temporarily.
 - Chronic illnesses may affect the way the body processes some medications. DSPs should make sure practitioners are aware of all current diagnoses for an individual.
- Weight loss or weight gain
 - If an individual loses or gains a significant amount of weight, DSPs should notify practitioners in case medication doses need to be changed.
- Exercise
- Age
- Gender
- The way the body absorbs medications (metabolism)
- Taking other medications or supplements
 - It is important that practitioners are aware of a current list of all medications and supplements taken prior to prescribing a new medication.

It is important that DSPs make sure that they have a current list of all medications, current diagnoses, past diagnoses, previous surgeries, allergies, and a list of any major changes in the body such as weight loss or gain whenever taking individual to appointments with their practitioner.

Components of a Medication Order

Objectives

- Identify all the needed components for a complete medication order
- Interpret what each part of a medication order indicates
- Successfully read a medication order and explain how to follow it
- Practice identifying the components of sample medication orders
- Explain DSP role in acquiring medications

General Overview

Medication orders from practitioners and medication labels on pill containers may be confusing to read at times. There can be several different medication numbers and information on the label making it difficult to know what to focus on. This lesson will focus on what information **MUST** be included in a practitioner's order as well as on each pill container label prior to administration of the medications.

- **Individual's name:** Your individual's name must be on the label for all prescription and over the counter (OTC) medications. Medications should never be shared. Medications that are not prescription, such as over the counter medications, may not have your individual's name on the label. Refer to your agency's policy for administering these medications.
- **Name of Medication:** Ensure that the name of the medication is clearly written on the label. Remember that insurance may only cover generic medications. If a practitioner writes an order for a brand name and the pharmacy fills with a generic medication, the primary name on the label will be the generic name. However, the label may have a note underneath stating possible trade names. If you are ever unsure if the medication is the generic version of a medication, consult the pharmacist.
- **Medication dosage:** It is important that the strength of the medication is noted on any medication orders for your individual and that the pharmacy fills the medication with the correct strength. The strength is often written in milligrams (mg) or milliliters (ml).
- **Medication Instructions:** Every order must include instructions on how a medication should be administered, and this should include the **route** and **frequency**
 - **Route:** This indicates the way the medication should enter the body. For example, take by mouth or administer drops in the eye. Refer to glossary for different routes.
 - **Frequency:** This indicates how often a medication should be administered. It is important that DSPs ensure they have enough doses of a medications to administer the medication as ordered. For temporary medication orders, such as an antibiotic, frequency should also include how long a medication is to be administered. For example, "take twice daily for 7 days."
- **Quantity of Medication:** A practitioner should include the amount of a medication to be sent in the order. DSPs should ensure that they have enough medication to administer as directed until the next refill.
- **Refills:** Practitioners should indicate how many refills on a medication are available for the individual. If a medication is an ongoing order, DSPs should make sure that they ask practitioners to send in a script for more refills when individuals are running low.

- **Signature:** All medication orders must have the prescribing practitioner's signature.

It is important to ensure that all of the above information is listed on the medication label. The label will likely have other information as well such as pharmacy address and contact number, physical description of the drug, rx number or the pill identification number, etc. This information can be helpful as well, especially when reordering medications. Ensure that you have access to informational pamphlets or online credible sources to reference for common side effects for the medication, any special instructions such as whether to take with or without food, and other important information regarding the medication.

Let's practice reading medication orders!

Here are some examples of medication orders that may be written by a practitioner. It is important that you understand each part of a medication order to administer medications correctly.

Example: Ima Sample, **Depakote 250mg** Take 1 tablet by mouth twice daily. Dispense 60 tabs. Refills 3

Let's break down this order to make sure this is a complete order

- *Individual name:* Ima Sample
- *Medication:* Depakote
- *Dose:* 250mg 1 tablet
- *Route:* take by mouth
- *Frequency:* Take twice daily
- *Quantity:* 60 pills. Since the order reads to take 1 tab twice daily, 60 pills will last for 30 days.
- *Refills:* 3. This indicates that the individual will have enough refills to last for a total of 3 months.

Here are some more examples of complete medication orders:

- Jane Doe, **Colace 100mg** Take 1 capsule by mouth daily. Dispense 30 caps. Refills 6
- John Doe, **Acetaminophen 325mg** Take 1 tablet by mouth every four hours as needed for pain. Dispense 100 tablets. Refills 0.
- Ima Sample, **Amoxicillin 500mg** Take 1 tablet by mouth every 12 hours for 7 days. Dispense 14 tabs. Refills 0

Direct Support Professional Role in Acquiring Needed Medications for Individuals

As a DSP, it is important to ensure that your individual does not run out of medications possibly resulting in a missed dose. Follow your agency's policy for when to order more medications from the pharmacy. It is important that you know what pharmacy your agency uses to fill medications as well as the necessary contact information to order needed medication. It is also important to be aware of pharmacy hours of operation. If the pharmacy closes over holidays or weekends, ensure that your individual has enough medications to administer through times when the pharmacy is closed and unable to fill medication orders.

The pharmacy may notify you that the individual does not have any more refills. This means that the individual needs a new script to be sent in by the practitioner to continue to get more medication from the pharmacy. DSPs need to know their agency's policy for how to address acquiring a new script from

the practitioner for more refills. The most important thing to remember as a DSP is to ensure that you are familiar with your agency's procedure for acquiring all needed medications for your individual in a timely manner.

Medication Administration

Objectives

- Identify and explain the 6 rights of medication administration
- Understand your role as a DSP before, during, and after administering medications
- Recognize a general understanding of routes of administration
- Interpret general legal and ethical obligations for DSPs providing medical care
- Explain the concepts of negligence and malpractice and how to avoid them

The 6 Rights of Medication Administration

It is important that you always check for the 6 rights of medications administration when passing medications to your individuals.

- **Right Individual:** Ensure that the medication label and the MAR has your individual's name.
- **Right Medication:** Compare the medication name on the label to the medication name on your medical administration record (MAR).
- **Right Dose:** The dose is the strength of the medication often measured in milligrams (mg) or milliliters (ml). Compare the dose on the medication label to the dose on the MAR.
- **Right Time or Frequency:** The frequency indicates how often a medication should be taken such as daily, twice daily, etc. If the MAR indicates a specific time for administration, follow your agency's policy regarding the designated time frame for administering medications.
- **Right Route:** Route indicates where and how the medication should be administered, for example, by mouth. Refer to the glossary with different routes.
- **Right Documentation:** Record the administration of a medication after you give it to your individual. Follow your agency policy for proper documentation.

Before Administering Medications

When you are preparing to administer medications, check that all orders and labels match and are correct. Gather all needed supplies and medical equipment prior to administering medications such as water, pill crusher if individual's medications are to be crushed, measured medication cups, food if medication is taken in food, etc. Some medication orders may require checking a vital sign prior to administration. Ensure that you have the needed equipment and have been properly trained to check vital signs if needed and follow directives for what to do regarding specific readings. Prior to administering medications, it is important to establish an overall baseline for your individual. This will help you determine if they are experiencing any side effects or changes in behaviors after taking their medications.

During Medication Administration

It is important to remember that individuals have the right to know what medications they are taking and why they are taking their medications. As a DSP, be sure that you have all needed educational information available to provide for your individuals. Medication administration should occur in a private area. Remain with your individual until they have taken all medications as ordered unless specified otherwise in their individualized plan. Individuals have the right to refuse their medications.

Ensure that you follow your agency's policy regarding medication refusal documentation and consult with your individual's nurse regarding possible effects from refusing medications and how to monitor and address any possible effects.

Example of Individual Education on Medications

As a DSP, you need to always work towards encouraging as much independence in care with individuals as possible! Before explaining an individual's medications, it is important to establish a baseline of their current knowledge on their medications. Here is an example of a possible dialogue between a DSP and their individual, Ima Sample:

DSP: "Ima, are you ready to take your morning medications?"

Individual: "Yes." Once individual consents to taking medications, proceed with education.

DSP: "Ima, do you know what medications you are taking this morning?" Allow time for your individual to answer your questions and provide information regarding their current knowledge.

Individual: "I take aspirin, a medication for my heart, and something else that I can't remember."

DSP: "Great! The heart medication that you take is called metoprolol, and the last medication that you take is called docusate. Do you remember why you take aspirin and docusate?"

Individual: "The aspirin is for my heart too, but I don't remember why I take the docusate."

DSP: "That's correct, and the docusate helps you have a healthy bowel movement. Do you have any questions about your medications before you take them?"

Individual: "Nope! I am ready to take my medications."

It is important to note that DSPs should empower individuals to become as independent as possible regarding knowledge of their medications. DSPs should follow each individual's individualized plan regarding goals for medication administration. It is also important that DSPs explain the reason for taking a medication using words that are appropriate for each individual. For example, some individuals may be familiar with a diagnosis of hypertension and may understand that they take medications to address this diagnosis, while others may be more familiar with the phrase "high blood pressure." Ensure that all education and training is appropriate to each individual and follows their individualized plan.

Remember, that ALL individuals, regardless of cognitive abilities or communication skills have the right to know what medications they are taking and why they are taking their medications.

After Medication Administration

As soon as your individual takes their medications, document administration on the medication administration logs as soon as possible. **Never document administration of medications prior to the individual taking the medications.** After administering medications, it is important to continue to monitor your individual for any side effects or signs of allergic reactions. Remember, that side effects are most common when starting a new med, changing the dose of a medication, or stopping a medication. However, side effects or allergic reactions can occur at any time. Follow your agency policy for recording and reporting side effects. If your individual experiences any life-threatening allergic reactions, call 911.

Legal and Ethical Obligations

All individuals are entitled to basic rights when receiving care. DSPs must respect individuals' rights including:

- Right to be free from any mental or physical abuse, neglect, or any mistreatment
- Right to be informed of all medical treatments and care
- Right to refuse medical treatment or care as well as the right to be informed of consequences of refusal of medical treatment or care
- Right to privacy
- Right to confidentiality of treatment

DSPs must always provide professional care and ensure they are implementing each individual's individualized care plan correctly. This requires that DSPs receive the proper training and supervision as indicated by their agency's policies. DSPs should not work with individuals independently prior to completing all necessary training.

While providing medical treatment, individuals have a right to know what they are receiving and why they are receiving it. DSPs should ensure that individuals have access to information regarding their own medications and treatments. An individual's medical chart is a legal record that must be free from any false or subjective information. All medications administered must be charted after administration. To respect an individual's right to privacy, DSPs must ensure that medical information and charts are only available to members of the care team as designated by your agency. Follow your agency's policy regarding how and where to chart all medical information and administration of medications.

Negligence and Malpractice

Medical negligence is the omission of necessary care or the result of errors in treatment, post-care, or general health management. Individuals have a right to care that is safe and efficient. DSPs must pass medications as ordered and in the correct manner. DSPs must only provide medical care that is within their scope and care in which they have received adequate training as indicated by their agency's policy.

Standard of Care refers to the generally expected medical standards of practice for healthcare professionals within the same field. By law, individuals have the right to expect care that follows these standards including care that is free from negligence.

Malpractice is when a violation in Standard of Care or negligence results in injury to an individual.

To avoid negligence or malpractice

- Ensure they receive all necessary training prior to working independently with an individual
- Pass medications as ordered
- Only perform tasks that your agency indicates are within your scope as a DSPs and only after receiving the necessary training
- Complete all documentation carefully and correctly
- Monitor for side effects and report any signs or symptoms to your individual's nurse
- Follow your individual's individualized plan of care and report any symptoms or observations as indicated in their plan
- Ensure that all medical treatments and needed equipment is available for your individual and in proper working order.
- Follow your agency's policies

Table A: Glossary of Different Routes of Medication Administration

Route	Definition
Buccal	Tablet is dissolved in the mouth by placing it between the teeth and cheek. Wear gloves when administering and instruct individual not to chew the tab.
Inhalation (oral)	Individual breathes in medication. May use an inhaler or nebulizer to administer medications with this method.
Nasal Inhalation	Individual breathes in medication through their nose
Ophthalmic	Administered in the eye via drops or ointment
Oral or by mouth (po)	Medication is swallowed and may be in tablet, capsule or liquid form
Otic	Administered in the ear. Pull the ear up and back to administer meds to adults and pull the ear down and back to administer to children under 3 years old.
Rectal suppository	A solid medication inserted into the rectal cavity to melt and be absorbed
Subcutaneous	Medication administered through an injection in fatty tissue on the abdomen, back of upper arms, and top of thighs. Common route to administer insulin.
Sublingual	Tablet is dissolved under the back of the tongue. Do not chew
Topical	Apply medication to the skin. Wear gloves
Transdermal Patch	Medication is delivered with a patch applied to clean, dry skin. Body hair may need to be removed for proper placement.
Vaginal suppository	A solid medication inserted into the vaginal cavity to melt and be absorbed

Principles of Administering Medications

Objectives

- Explain all your responsibilities for preparing medications as a DSP
- Indicate general principles for safe medication administration and preparation
- Explain an individual's right to refuse medications and all necessary steps for documentation and reporting of refused medications
- Identify reasons medications may be omitted and how to report medication omission
- Define a controlled medication and indicate all necessary federal guidelines for passing controlled medications
- Demonstrate DSP role in proper medication storage, reordering medications, and disposing of medications

General

As a direct support professional, it is important to remember that passing medications is a crucial part of your job and must be taken seriously. Medications must be administered correctly every time to avoid any complications or negative effects to your individuals. DSPs should always pass medications as taught by their agency, and they should never skip any steps or checks in order to minimize any medication errors.

Preparing Medications

Before preparing medications, it is important to ensure that all of your checks are complete. It is recommended that you complete all medication checks alone in a quiet space to avoid distractions.

- First, check that medications have not already been given by another DSP prior to administering any medications.
- Check that you have all needed supplies and equipment to administer medications.
- Check that none of your medications are expired. If any medications are expired, follow your agency's policy for medication destruction.
- Refer to your agency's policy regarding all needed documentation logs to record medication administration. Once you have the medication administration record (MAR) per your agency's policy, compare all medication orders for your medication pass to the labels on your medication containers.
 - Remember the **6 Rights of Medication Administration** from the previous lesson and compare all necessary components of a medication order.
 - If there are any discrepancies, follow your agency's policy for next steps and reporting.

Once your checks are complete, you can begin to dispense medications. DSPs should always complete three checks when preparing medications.

- Check for 6 rights of medication administration and that all labels and documentation match before dispensing a medication.
- After you prepare a medication, check again that you prepared the medication correctly by following the 6 rights of medication administration.
- Complete a third check for the 6 rights of medication administration right before administering medications to your individual.

By utilizing three checks each time you pour medications, you can reduce the risk of making a medication error. Some agencies may require that you pour medications with your individual present when possible. Refer to your agency's policy. While pouring medications, check the amount poured with the medication label and MAR to ensure that you are preparing the right dose.

General Considerations

The following are some general considerations that staff should always follow for safe and complete medication administration.

- Always wash hands prior to preparing medications. Also ensure that your individual washes their hands prior to taking medications. Refer to hand washing lesson in Core A for proper technique.
- Ensure that you disinfect the area that you are preparing medications prior to administering medications.
- Ensure that you have good lighting when preparing medications.
- Don't ever leave medications out and/or unattended. Medications should always be stored in a locked area.
- Complete medication checks alone to avoid distractions.
- Never administer expired medications.
- Never administer medications from unmarked containers. If the label is illegible, do not administer the medication and do not attempt to re-label the medication yourself.
- Never administer any unused medication or return unused medications back to the original container. Refer to your agency's policy for what to do with unused medications.
- Never return unused medication to its container. Refer to your agency's policy for what to do with unused medications.
- Always follow the proper procedures for medication destruction per your agency's policy.
- Medications may be given within a specified time frame and still be effective. Refer to your agency's policy regarding the allowable time frame to administer medications.
- If a medication has not been administered within the allowable time frame for administering medications, refer to your agency's policy before administering medications.
- Never borrow medications from another individual for your individual.
- **If you did not prepare medications, do not administer them!** Medications can only be administered by the individual that prepared them to avoid errors.

Refused or Omitted Medications

As discussed in previous lessons, individuals have the right to refuse medications. If an individual refuses a medication, ensure that you:

- Ask your individual why they are refusing medications. If they feel nauseous and feel they may vomit, refer to your individual's nurse for advice and further instructions.
- Inform your individual on the reason medication is prescribed, who prescribed it and possible effects from refusing medications.
 - If individual continues to refuse medication after informing on negative effects, refer to your individual's nurse for further instructions and advice.
- If individual refuses medications, document the refusal on the medication administration record (MAR), as well as the reason for refusal and any nursing directives given as a result of medication refusal.
- You should always inform your individual's nurse of any medication refusals and follow their directives.

Medications may be omitted intentionally or due to neglect. **If a medication was neglectfully omitted, notify your individual's nurse immediately and follow their directives.** It is important to document missed medications as soon as possible, so the nurse can determine if medication can still be given. Document the omission per your agency's policy along with any directives from the nurse.

Medications may be omitted intentionally. The omission may result from a physician's order, or based on a special circumstance (ex: the individual is vomiting). Document all omissions along with reason for omission per your agency's policy. Follow your agency policy for contacting the nurse prior to omitting any medication. The following may be some reasons to omit medications:

- Practitioner's orders to hold medications prior to procedures.
- Individual is unable to swallow medications.
- Some medication orders may require assessing a vital prior to administration. If the vital sign is outside of acceptable parameter, the order may indicate the need to hold medication. For example, a cardiac medication may state to hold or not give medication if heart rate is below 60.
- Illness

Controlled Medications

The Drug Enforcement Administration (DEA) defines controlled medications as "drugs and other substances that have a potential for abuse and psychological and physical dependence; these include opioids, stimulants, depressants, hallucinogens, anabolic steroids, and drugs that are immediate precursors of these classes of substances." Due to the potential for abuse of these medications, extra precautions must be taken to ensure the meds are used as ordered per federal guidelines.

- DSPs must keep an accurate record and documentation of the number of controlled medications in house. Follow your agency's policy regarding how often medication count must be completed as well as all needed documentation for controlled medication counts.
- Controlled medications must be stored double locked at all times.
- Any wasted or contaminated controlled medications must be disposed of according to agency policy and staff must document the medication disposal along with reason for disposal.
- If controlled count logs do not accurately reflect the total number of controlled medications in house, report the discrepancy immediately per your agency's policy. Follow your agency's policy for whom to contact and the necessary steps to reconcile the medication count.

Medication Storage

As soon as medications are received at an individual's home, DSPs are responsible for storing all medications correctly and safely.

- All medications must be locked to ensure individual safety.
- All topical medications and inhalations must be stored separately from pills or tablets to prevent possible contamination.
- DSPs should read storage labels for all medications to ensure they are being stored appropriately.
 - Some medications require being stored in a dark place with little to no exposure to light.
 - Some medications may require refrigeration for safe keeping. Remember that all meds must be locked, so any medications stored in a refrigerator must be in a locked box for safe keeping. If a medication requires refrigeration, this will be stated on the medication label.
 - If medications are stored improperly, contact your pharmacist to determine if the medication can be used or if it needs to be sent in for medication destruction.

Ordering Medications

As a direct support professional, it is important to ensure that all needed medications are always available for your individual. If a scheduled medication is running low, agencies must ensure that the medication is reordered from the pharmacy and picked up, or delivered, in a timely manner to prevent any missed doses due to unavailability of the medication. If the pharmacy reports that the individual is down to their last refill, agencies must contact the prescribing practitioner to ensure more refills are sent to the pharmacy in a timely manner. Refer to your agency's policy for your roles and responsibilities as a DSP regarding medication refills and acquiring medications from the pharmacy.

For any medications that are over the counter or taken as needed, DSPs must ensure that these medications are also available for individuals at all times. These medications have a higher likelihood of expiring prior to using all medications since these medications may not be used on a regular basis. DSPs must ensure they are checking for expiration dates to ensure more medications are obtained before the medications expire.

Disposing of Medications

Medications must be disposed if they are:

- Contaminated
- Expired
- Discontinued
- Stored improperly

DSPs must dispose of the medication according to agency policy. Any medications that are disposed must be kept locked until staff can dispose of them per agency policy or must be disposed in appropriate receptacles as indicated by your agency to ensure individual safety. If medications cannot be disposed of immediately, ensure they are labeled for medication destruction and kept separate from other medications in a locked container or cabinet.

If you must dispose of any controlled substances, follow your agency policy regarding safe disposal and all necessary documentation. Ensure that all controlled substance count logs accurately depict any medications requiring disposal to ensure the count is always accurate.

Documentation

Objectives

- Identify and demonstrate the necessary documentation for medication administration
- Indicate the necessary components for charting medical notes
- Distinguish the differences between subjective and objective charting
- Demonstrate how to correctly document handwritten notes
- Gain general knowledge of common abbreviations

General

All medical charts are considered legal documents that can be admissible in court. This means that all documentation must be professional, accurate, and objective. It is important that DSPs NEVER document any medical documentation or medication administration prior to it occurring.

Charting Medication Administration

- Remember the 6 rights of medication administration when documenting medication administration.
 - Right patient, right medication, right dose, right route, right time or frequency
 - If a medication order has all of the necessary components as listed above, document the administration per your agency policy AFTER the individual takes their medication.
- Chart medication administration as soon as possible after individual takes medication to ensure reporting is accurate and complete to prevent errors.
- If an individual refuses a medication, continue to offer the medication until you are outside the designated window for administering the medication. Once outside the allowable window to administer medication, document the refusal per your agency's policy.
- If a medication is omitted, chart the omission as indicated by your agency's policy. Make a note to indicate the reason for omission.
- If you administer a prn medication, or a medication given as needed based on certain criteria, ensure that you observe the individual after administration and record the medication effect on the individual within 30 minutes to one hour after administration.
- Refer to your agency policy regarding what to chart and where to document medication administration.

Charting Health Notes

- All health notes must be accurate and objective. It is not appropriate to document personal opinions. The health note should be an accurate depiction of your individual's current health condition.

- It is also important that medical notes are brief and concise only containing pertinent information regarding the individual's status. This will make it easier for others to read through documentation quickly while still gathering an accurate depiction of the individual's status.
- When charting vital signs, document the exact measurement and how you obtained that vital sign.
 - For example, "blood pressure 110/70 obtained by automatic cuff in right arm while sitting."
- If you observe any unusual behavior or signs and symptoms of illness, chart your objective observations. **Do not chart opinions!**
 - **Example of what to chart:** "Individual skin appeared pale and diaphoretic (sweaty). Individual temperature was 100.9 taken orally. Individual reported that his 'stomach hurt, and he felt like he may vomit.'"
 - This example does not contain any staff opinions about the individual and only contains factual information. The documentation reports objective vital signs and observations, that may indicate that the individual is ill. However, note that the staff did not insert their opinion regarding possible illness or diagnosis. DSPs cannot diagnose individuals with illness, so they should not report any diagnoses in their notes unless a practitioner has diagnosed the individual with a condition.
 - **Example of what NOT to chart:** "Individual was lazy and rude this morning. Individual asked me to do his chores, but I know he can do them and is trying to get out of work. Individual also seems to be sick, and I think he has the flu. This may also be the reason he asked me to do his chores, but I don't think it is appropriate for me to do them just because he is not feeling well."
 - This example gives subjective information and staff opinions, such as suggesting the individual is "lazy and rude." Furthermore, staff is suggesting a possible diagnosis for the individual, which is outside of their scope of practice. Staff did not provide any objective documentation to indicate that the individual may be sick. Since this documentation contains predominantly staff opinions, it does not give an accurate picture of the individual's medical condition. The documentation is also redundant and unnecessarily lengthy.

How to Chart

Some agencies may use paper charting while others may use electronic records. Follow your agency policy regarding how to record medication administration and medical notes. Remember that all medical charts are legal documents and must be professional and accurate.

If you are documenting handwritten notes:

- Ensure that your handwriting is legible.
- Use blue or black ink for easy reading.
- Do not leave any blank spaces between notes to chart at a later time. If you must chart out of sequence, note the date and time that you are completing the charting as well as the date and time that the actions or observations occurred.
- NEVER use ditto marks. Fully write out your notes every time you complete an entry.

- If you make an error in your charting, NEVER attempt to erase the charting, white out the charting, or black out the charting. Mark a single line through the charting that you want to delete and write the word “error” with your initials and the date.
 - Example: ~~Ima Sample refused her morning medications.~~ Error LK
- Whenever possible, it is best to avoid abbreviations and write out the whole word when charting. However, if abbreviations are used, ensure that you only use abbreviations that are approved and in accordance with your agency’s policy.
- If you are transcribing an order onto the MAR, write it exactly as the practitioner wrote the order. If there are any missing components of the order, contact agency nurse for clarification or follow agency policy.
- When adding a new medication order to the MAR, clearly mark the start date and time.
- If an order has been discontinued or completed, clearly mark the ending date and time on the MAR.

Common Medical Abbreviations

Remember that it is best practice to avoid medical abbreviations whenever possible to prevent confusion. However, if you use medical abbreviations, ensure that it is in accordance with your agency’s policy. The following table includes some common medical abbreviations that you may see written for medication administration.

Table B: Medical Abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
AA	Apply to affected area	neb	Nebulizer
ac	Before meals	NPO	Nothing by mouth
Ad lib	At liberty	o.d	Right eye
AM, am	Morning	o.s	Left eye
amt	Amount	o.u	Both eyes
BID	Twice daily	oint.	Ointment
BP	Blood pressure	OTC	Over the counter
c	with	oz	Ounce
cc	Cubic centimeter	p.c.	After meals
cm	Centimeter	PM, pm	Afternoon, evening
c/o	Complained of	p.o.	By mouth
d/c	Discontinued	prn	As needed
disp.	dispense	q	Every
g, gm, Gm	Gram	qd	Every day
GI	Gastrointestinal	qh	Every hour
gtt, gtts	Drop(s)	q2h	Every two hours
h, hr	hour	qhs	Every bedtime
hs, HS	Hour of sleep (bedtime)	qid	Four times daily
IM	intramuscular	qod	Every other day
inh.	Inhalation	R, rt	Right
inj.	Injection	Rx	Prescription
kg, Kg	Kilogram	SC, subc, subq	Subcutaneous
L, lt.	Left	soln	Solution

lb(s)	pound(s)	supp	Suppository
max	Maximum	tab	Tablet
med, meds	medication(s)	tbsp, T, Tbs	Tablespoon
min	Minimum	tid	Three times daily
mg	Milligram	top	Topical
ml	Milliliter	tsp, t	Teaspoon

PRN and OTC Medications

Objectives

- Recite the definition of a prn and otc medication
- Identify and explain the required components for a prn medication or supplement order
- Demonstrate how to follow a prn order to administer the medication correctly
- Demonstrate how to correctly document a prn order as well as the follow-up response
- Explain your role as a DSP in administering prn or otc medications
- Define standing orders

What is a prn medication?

PRN medications are medications that are only taken for specific reasons to alleviate symptoms. These medications are not scheduled or taken regularly, they are only taken as needed. As a DSP, you must have clear directives to determine when a prn medication needs to be given for safe administration. If directions are not clear, contact your nurse or follow your agency policy for guidance.

PRN orders should still include the 6 rights of medication administration as discussed in previous lessons including:

- Right person
- Right medication
- Right dose
- Right time or frequency
- Right route
- Right documentation- Ensure that all components of a medication order are included on any written orders.

However, PRN orders must also include the **right reason** for taking the medication. PRN orders are given to alleviate any symptoms that an individual is experiencing such as pain, nausea, vomiting, fever, diarrhea, etc. Any prn order from a prescriber must specify the reason for administering a prn. If the prescriber does not provide a reason for a prn, DSPs must contact their nurse for advice on how to proceed. DSPs should not have to determine the need for a medication, so orders should always have specific and clear instructions. For example, if an order states that an individual may receive acetaminophen for pain as needed, DSPs may only administer this medication when an individual reports pain or shows symptoms of pain as indicated in the individual's individualized care plan. DSPs may not administer acetaminophen for any other symptoms unless the individual's practitioner indicates otherwise.

PRN orders must also note the **correct dosage to administer as well as the frequency** of administration. It is important that DSPs are aware of the **total daily limit** for a medication and never exceed this limit without a practitioner's order. For example, if an order reads that an individual may take 1 tab every 6 hours, this means that DSPs may give 1 tab and then must wait for 6 hours before giving another tab, even if symptoms are still present after initial dose. In this case, the medication can only be administered 4 times within a 24-hour period for a total of 4 tabs. DSPs are not to make any judgement calls regarding appropriate dosing. If an individual is still experiencing symptoms, DSPs may contact the individual's nurse or follow agency policy for reporting symptoms.

Remember that any time a medication is administered to an individual, it must always be documented per your agency's policy.

Documenting PRN Medications

If you give an individual a prescribed prn you must document:

- Reason prn medication is given
- Dose
- Date and time the medication is administered
- Staff signature or initials as indicated by agency policy
- Follow up within the appropriate time frame after administration to document the effect the medication had on the symptoms. For example, "temperature reduced to 98.6."

Examples of Correct PRN orders

Example 1: *Ima Sample may take Acetaminophen 325mg 1 tab by mouth every 4 hours as needed for temperature over 100.5.*

For this sample order, staff may not administer this medication if Ima's fever is 99.0. Although acetaminophen is often prescribed for pain, this order does not state that staff can administer this medication for pain. If an individual is experiencing pain, they can only receive orders designated for pain or the DSP can call the individual's nurse to determine how to treat the pain. Some acetaminophen orders may state that an individual can "take 2 tabs 325mg for fever," however, this order only states 1 tab. If the individual still has a fever after administering this medication, DSPs must contact the individual's nurse or follow agency policy for further directives.

Example 2: *John Doe may take 17g of polyethylene glycol mixed in 8oz of water by mouth daily as needed for no BM in 48 hours.*

For this example, staff may not give this medication until the individual has gone 48 hours with no bowel movement (BM). If the individual does not have a BM, the order does not state that staff can give any additional doses, so staff must call the nurse or practitioner for further directives.

Example 3: *Jane Doe may take 200mg ibuprofen by mouth every 6 hours as needed for pain. Do not exceed 800mg in 24 hours.*

In this case, the prn will be administered if individual verbally reports pain. If individual is non-verbal, refer to individual's individualized plan for how to determine if individual is in pain and needs their prn medication. Ensure that you report pain levels as indicated by your agency's policy. The order also

clarifies that an individual is not to take more than 800mg within a 24-hour period. DSPs must first check the MAR to see when the last dose was given to ensure that the individual does not exceed this limit.

If you are ever unsure how to correctly implement a prn medication order, contact your nurse for advice prior to administering the medication!

What is an OTC Medication or Supplement?

OTC medications are any medications that can be purchased “over the counter” that do not require a script from a practitioner. **DO NOT** administer any OTC medications without nurse or practitioner order! If an individual is taking any medications or supplements over the counter, their practitioners must be informed of these medications to ensure that these medications do not interact or interfere with any current prescriptions. Follow your agency’s policy regarding OTC medications or supplements.

Some agencies may have **standing orders**, or basic over the counter medication orders that may be used for any individual as needed. You must first always check allergies prior to administering a standing order to ensure that the individual is not allergic to the medication. Refer to your agency’s policy regarding the use of standing orders and how to document. Remember that any medication administered must be documented on the individual’s Medication Administration Record.

Medication Errors

Objectives

- Describe what constitutes a medication error
- Identify factors that can increase the risk for making a medication error
- Explain methods to prevent medication errors, especially following the 6 rights of medication administration
- Demonstrate how to prevent medication errors from missed medications or not giving needed medications
- Identify and apply prevention steps to avoid all medication errors
- Indicate what to do once a medication error is discovered

Common Causes

Medication errors are any error while administering medications that results in incorrect use of the medication or an incorrect omission of a medication as a result of not following the 6 rights of medication administration. Medication errors occur when:

- Medication is given to the wrong individual
 - Example: Jane Doe gets John Doe's medications
- Wrong medication is given
- Medication is administered via the wrong route
 - Example: Giving ear drops in the eye
- Wrong medication dose given
 - Example: Medication order states to give 3 tabs, but staff only give 1 tab
- Medication given at the wrong time
 - Example: Medication is ordered for 8pm and staff administer at 8am
- Medication administration documented incorrectly
 - An individual may get double dosed on a medication, if staff do not document that they already gave the medication.
 - If staff document medication was given when the medication was not given, this can result in a missed medication.
- Medication omission without a doctor's order
 - Individual runs out of medications and the pharmacy is now closed.
 - Staff forget to pass a medication.

Factors that may increase the likelihood of medication errors

- Poor communication between the practitioner, nursing, pharmacy, DSP's, and/or individual
- Confusion due to medical abbreviations
- Lack of focus while passing medications
- Lack of knowledge on medications
- Not following the correct medication procedure

- Lack of knowledge regarding when individual takes medications resulting in a missed medication
- Performing tasks without proper training or performing tasks outside of your scope.

How to prevent medication errors

In Indiana, one of the most common causes of medication errors in group homes and supported living sites are a result of a missed medication or medication not being administered. Some other common causes of medication errors include administering the wrong dose, administering the wrong medication, or giving a medication late. Some things that you can do to prevent missed medications include:

- Check the medication log at the beginning of your shift every time to determine what medications need to be passed during your shift as well as what times you need to pass medications, so you can plan your shift accordingly to ensure that all medications are passed as ordered.
- When an individual is getting low on their medications in house, ensure that you order more medications from the pharmacy in a timely manner to prevent an individual from missing a needed medication. Follow your agency's policy for ordering medications and ensure that you have all needed contact information for your individual's pharmacy.
 - If you are ever having difficulty getting a medication refilled, notify your individual's nurse for advice on next steps and follow your agency's policy.
 - Ensure that you know your individual's pharmacy business hours to ensure that you have enough medications to last through weekends or holidays if the pharmacy is closed.
- COMMUNICATE any changes in medications to all team members to avoid missing medications!

Tips to avoid other medication errors

- Always follow the **6 rights of medication administration** when reviewing the medication administration record as well as all medication labels.
 - If you ever find any discrepancies, notify your individual's nurse immediately prior to administering any medications!
 - Remember that the sixth right is documentation. If a medication order is ever missing from your medication administration record (MAR), follow your agency policy to address the discrepancy! You should NEVER administer medications without the proper documentation!
- Ensure that you follow your agency policy for passing medications every time and never skip any medication checks or steps to save time.
- Educate your individual on their medications and empower them to speak up if they believe that an error has been made before they take their medications.
- Try to avoid any distractions while completing your medication checks to ensure that you are focused and do not make any mistakes.
- NEVER pass medications from unlabeled containers!
- NEVER share prescriptions between individuals! Even if individuals take the same medication and dose, they must have their own medications and should NEVER "borrow" medications from other individuals!

- When receiving medications from the pharmacy, always check the label to ensure that you have the correct medications with the correct labels.
- Do not ever administer medications without the proper training per your agency policy!
- Do not perform any task that is outside your scope or that you have not been trained on proper procedure!

What do you do once a medication error is discovered?

As a DSP, you are responsible for your individual's safety and well-being while providing care. **You must ALWAYS report medication errors immediately to your individual's nurse!** The sooner the medication error is reported, the sooner it can be addressed to try to prevent any negative effects from the medication error.

- Follow any directives given by your nurse when reporting a medication error.
- Document all directives given by the nurse and how you followed the directives.
- Monitor your individual for any negative effects and report any negative side effects to your nurse immediately!
 - If your nurse instructs you to monitor any vital signs, ensure that you write down parameters for when to call the nurse and how frequently you are to assess the individual. Record all vital sign readings in the appropriate documentation per your agency policy.
 - If your shift has ended and an individual needs to continue to be monitored for side effects, ensure that you give a thorough shift report to the oncoming staff regarding the medication error and all directives from the individual's nurse. Ensure the oncoming staff can repeat back any instructions that they are to follow or observe during their shift.
- Fill out an incident report per your agency's policy and ensure that all necessary team members are aware of any errors per your agency's medication administration policy.
- Ensure that you follow your agency's policy regarding medication errors and reporting.

Psychotropic Medications

Objectives

- Define a dual diagnosis
- Describe a general understanding of different psychotropic medications
- Identify signs and symptoms of EPS/DIMD and tardive dyskinesia and indicate what to do once symptoms discovered
- Explain DSP role during any medical appointments for mental health conditions
- Explain DSP role in monitoring and reporting behaviors
- Recognize general reasons for individual behaviors

Some adults with developmental disabilities may also have a *dual diagnosis*, which means that along with a diagnosis of a developmental disability an individual also has a mental health diagnosis. According to the National Association of the Dually Diagnosed, mental health issues are “severe disturbances in behavior, mood, thought processes and/or interpersonal relationships.” Individuals with a dual diagnosis may receive treatment for their symptoms with psychotropic medications, psychotherapy, and/or behavior management.

Psychotropic Medications

Psychotropic medications are several different classes of medications that are used to treat mental health disorders. This section will provide brief overviews of the following types of psychotropic medications:

- Antidepressants
- Antianxiety
- Stimulants
- Antipsychotics
- Mood stabilizers

It is important to note that although medications within a drug class may work in similar ways every person may react differently to each medication. One medication may work for one person while another person with the same diagnosis may require an entirely different medication treatment plan. Finding the right treatment plan for each individual may take time and may require different medication regimens to find the best plan for that individual. As a DSP, it is important to administer the prescribing practitioner’s medication treatment regimen as ordered and monitor for any signs and symptoms as indicated by the practitioner and the individual’s support team. Since DSP’s will likely provide the majority of direct care for an individual with a psychiatric diagnosis, your objective observations and documentations of any behavioral changes or symptoms for new medications are crucial to help the support team and practitioner determine the best course of treatment for any individual receiving psychotropic medications.

Antidepressants

Antidepressants are used primarily to treat depression, but can also be used to treat anxiety, pain or insomnia. The team will clarify with the prescribing practitioner for the reason for prescribing the medication as well as individual diagnosis. It may take up to 4-6 weeks for an antidepressant to take full effect in the body.

- Before a practitioner prescribes any antidepressants, it is important that they have an updated medication list of all current medications, supplements, or herbs. Specifically, practitioners should be aware if your individual is taking any medications for migraines or any other psychotropic medications to prevent any serious medication interactions.
- If a medication is not working to treat an individual's depression, it is important that individuals and/or their support team consult with their practitioner before stopping a medication.
- If an individual refuses their antidepressants, it is important that DSPs notify the individual's nurse and/or follow agency policy.
 - Abruptly stopping antidepressants can result in "withdrawal" symptoms or a sudden increase in symptoms from depression.
- Although antidepressants work similarly in the body, each person may respond differently to medications. It is important to report any changes in behaviors or symptoms to the practitioner to ensure individuals are on the best medication regimen for them.
- Call your individual's practitioner or nurse immediately if the individual experiences symptoms of severe anxiety, panic attacks, suicidal thoughts, mania, angry or violent behavior, impulsive behavior.

Antianxiety Medications

Antianxiety medications are prescribed to individuals with severe symptoms from an anxiety disorder such as panic attacks or debilitating fear or worry. Practitioners may prescribe medications to be taken as needed when experiencing severe anxiety symptoms or may prescribe daily medications to treat symptoms of continual anxiety.

- Benzodiazepines may be prescribed temporarily or as needed to treat anxiety symptoms quickly.
 - These medications can be addictive, so abruptly stopping the medication after long term use can cause withdrawal symptoms or sudden onset of anxiety symptoms.
- If your individual is refusing their anxiety medications, remind them of the possible negative side effects and consult with the prescribing practitioner and your individual's nurse.

Stimulants

Stimulants can increase alertness, attention and energy and are often used to treat symptoms of attention deficit hyperactivity disorder (ADHD), a condition that can co-occur with developmental disability. These medications may also be used for narcolepsy and depression. Although stimulants may cause hyperactivity in many people, they tend to have a calming effect on those with ADHD. These medications can help people with ADHD better focus on daily activities.

- Stimulants can cause loss of appetite, insomnia, and decreased sleep. This can lead to other health complications if not monitored and addressed appropriately.

- If an individual develops a tic or a “flat” affect, report this to the prescribing practitioner and your individual’s nurse immediately!

Mood Stabilizers

Mood stabilizers are prescribed to treat symptoms from bipolar disorder, severe mood swings due to a mental health condition, or at times severe depression.

- Sometimes practitioners may prescribe anticonvulsant medications to treat these same symptoms. Anticonvulsants are typically used for managing seizure disorders, but some medications such as valproic acid and divalproex can be effective as a mood stabilizer. It is important that DSPs are aware of the reason for taking any anticonvulsants to ensure that they are monitoring for symptoms appropriately.
- Individuals on mood stabilizers or anticonvulsants should have their blood levels checked regularly to ensure that the level of medication in the body is not too high causing potential negative effects on the body.

Antipsychotic Medications

Antipsychotic medications are typically prescribed to address symptoms of *psychosis*. Psychosis refers to any mental conditions that cause a loss of grasp on reality, hallucinations (auditory or visual), and delusions. Psychosis can be caused by schizophrenia, bipolar disorder, very severe depression or drug or alcohol abuse. Antipsychotics may also be prescribed to help reduce certain behavioral concerns such as aggressive behaviors towards self or others. Due to the varying uses of antipsychotics, it is important that the prescriber indicates the reason for taking these medications.

- Individuals may experience a decrease in some symptoms such as hallucinations or agitation within a few days of starting an antipsychotic, but these medications typically take up to 6 weeks to experience the full effects.
- Abruptly stopping these medications can result in a relapse of symptoms which can be dangerous. Individuals should never stop taking medications without consulting with their practitioner.
- DSPs should monitor weight and glucose levels as ordered by the practitioner. Individuals may also require periodic lab draws to check lipid levels.
- Long-term use of these medications can result in a condition called tardive dyskinesia. (See more details in the following section). Any symptoms indicating possible tardive dyskinesia should be reported to the practitioner immediately.

Extrapyramidal Side Effects of Symptoms (EPS)

Extrapyramidal Side effects or Symptoms (EPS) refers to any type of medication induced movement disorder. EPS can also be referred to as a drug induced movement disorders (DIMD) and may include tardive dyskinesia, akathisia, dystonia, and parkinsonism. As a DSP, it is important that you recognize potential negative side effects from taking psychotropics and to report as soon as possible. EPS may be reversed or reduced by stopping medications or changing medications. However, EPS may be permanent, but a practitioner may choose to prescribe medications to help lessen side effects. Ask your nurse about any potential side effects from medication and what and how to monitor for these side effects. Follow your agency policy for recording and reporting these side effects as soon as possible. This

section will review different types of EPS. When reviewing this material, focus on potential symptoms from taking psychotropics to know what to report to your nurse.

Tardive Dyskinesia

Tardive dyskinesia (TD) is commonly caused by long term use of psychotropic medications and typically presents as uncontrollable movements or tics, which are commonly noted around the mouth. It is important to report any possible signs of TD immediately to the individual's practitioner. If symptoms are reported early, stopping a medication may help reverse tardive dyskinesia either partially or fully. However, sometimes TD is permanent even after stopping the causing medications. Symptoms can range from mild to severe.

Remember, as DSP it is important to report any signs of new tics or tremors immediately to the individual's practitioner to possibly prevent permanent symptoms from TD!

Akathisia

Akathisia is presented as individuals feeling like they need to constantly move or feeling restless as a result of taking psychotropic medications. This can present very differently from individual to individual such as rocking from one foot to the other, marching in place, or constantly fidgeting in some way. It is important to note that some individuals may engage in fidgety or continual movements as a part of their diagnosis such as autism spectrum disorder or ADHD. It is important that you are familiar with your individual's individualized plan and obtain an understanding of baseline movements and behaviors for that individual. If you notice any constant changes in movements for your individual, notify the individual's support team immediately or follow your agencies policy for reporting.

Dystonia

Dystonia is any constant involuntary movements, spasms, repetitive movements, or abnormal posturing as a result of taking psychotropic medications. A dystonia can may appear shortly after starting a new medication or may take several weeks or months to present. Dystonia's can be present in several different places in the body and may present in one part of the body, such as a lower leg or may be generalized or all over the body such as abnormal posturing through the head, neck, trunk and extremities. Dystonia can vary in severity and can cause difficulty swallowing or chewing if it presents in the jaw or neck, and they can cause difficulty ambulating or completing daily tasks of living if they present in the upper or lower extremities. The following includes some examples of possible symptoms from dystonia's:

- Involuntary posturing of the head and neck arched backwards
- Eyes may deviate upward or out to the sides
- Forceful jaw contractions
- Tongue protrusions
- Spasms in the vocal chords
- Involuntary, abnormal posturing in arms, wrists, legs or feet
- Involuntary eyelid closure

If you notice any possible symptoms of dystonia's, notify your individual's support team immediately or follow your agency's policy!

Parkinsonism

Parkinsonism is a potential side effect from taking psychotropics that can present with similar symptoms to Parkinson's disease such as a shuffling gait, slow movements, issues with coordination, tremor, and stooped posture. It is important to report any changes to your nurse immediately when you observe any of these symptoms or follow your agency's policy for reporting.

Your Role as a DSP Administering Psychotropic Medications

As previously mentioned, your observations of individuals' behaviors and symptoms are vital for the support team to develop the best plan of care for addressing any mental health issues for your individual. Ensure that you accurately report and document any positive or negative changes to the team per your agency's policy.

During Appointments

As a DSP, you may be responsible for taking your individual to medical appointments including any appointments to address mental health issues. It is important that DSPs obtain any needed documentation of all medical appointments as indicated by your agency's policy. For any medical appointment to address mental health issues:

- DSPs should always have a current list of all medications, herbs, supplements, and over the counter medications that your individual takes. DSPs should also have a list of all current diagnoses and any allergies for your individual.
- DSPs should bring any necessary behavioral tracking as indicated by your individual's support team.
- If individuals have taken any psychotropic medications in the past that were not effective or had negative effects, it is important that a prescribing practitioner is aware of any and all of these medications.
- Ensure that you have a clear understanding of any changes in current medications or any new medications that the practitioner prescribes.
 - Ensure that you clarify the reason for the change in medication or addition of a new medication.
 - Ask if there are any side effects that you should monitor and when to call the practitioner regarding side effects.
 - Ask how long it may take for the medication to have a full effect in the individual's body.
- Follow your agency's policy regarding needed approval and documentation for any new psychotropic medications or changes to current medications.

DSP Role in Reporting Side Effects and Changes in Behavior

It is important that individuals are only prescribed medications for their own benefit and are on as few medications at the lowest therapeutic doses possible. However, every individual is different and individuals with the same diagnoses may require very different medications as well as different needed therapeutic doses. It is important that DSPs work with their individual, the support team, and the individual's mental health practitioner to develop an individualized plan that works for that individual.

- Staff must monitor individuals for any possible side effects from medications and report these side effects as determined by the prescribing practitioner.

- Ensure that you are aware of specific side effects for any psychotropic medications that your individual takes to ensure that you are aware of what to monitor.
- Some individuals may choose to refuse their medications due to undesirable side effects or due to “feeling better” and believing they no longer need the medications. As a DSP, it is your responsibility to educate individuals on any possible negative effects from refusing medications.
- Many psychotropic medications should not be stopped abruptly due to potential serious negative effects or withdrawal symptoms. If a medication is not working for an individual, it is important that they do not abruptly stop taking medications without consulting with their practitioner.
 - Often practitioners may write orders to slowly decrease a medication to taper it off and eventually discontinue. This helps to avoid any negative effects or withdrawal symptoms. DSPs should NEVER attempt to do this without specific written instructions from the prescribing practitioner.
- DSPs should provide accurate and objective reports on any changes in behaviors once taking a psychotropic medication, so the prescribing practitioner and support team can develop the best individualized treatment plan for their individual.
- If your individual experiences any serious side effects from medications, it is important to report this to your individual’s practitioner and nurse immediately!

Remember that many psychotropic medications may take several weeks to take full effect in the body. This may mean that it can take several weeks or even months to determine the best medication regimen for your individual.

Reasons for Behaviors

It is important to remember that there can be many reasons for individuals to exhibit behaviors and may not be due to a mental health condition. Behavior can be influenced by:

- An individual’s environment
 - For example, if an individual feels overwhelmed in small spaces, clearing clutter or rearranging furniture in their home can help to reduce the likelihood of negative behaviors.
- Memories or past experiences
 - Anything can trigger past experiences or memories that can be both positive and negative.
- An individual’s coping skills or ability to cope with stressful or negative situations
- Physical limitations or chronic illnesses
 - For example, if an individual relies on a motorized chair for mobility and it is not working properly, this can be very frustrating and cause individuals to have negative behaviors.
- Cognitive abilities
 - If individuals are unable to verbally express their needs or wants, they may have behaviors in an attempt to communicate their needs to staff.
 - It is important that DSPs report all behaviors to the support team to rule out any possible medical conditions causing behaviors or any environmental factors that could be causing behaviors.
- Mental health conditions or diagnoses

- Ability to problem solve and educational skills
- A sudden illness

As DSPs, it is important to remember that everyone has bad days and has days that they feel less social, may be upset, or angry. Before assuming that behaviors are due to a mental health condition, it is important to talk with your individual and the support team to discuss possible causes of behaviors and how to best address these behaviors.