



Alabama Department
of Mental Health
connecting mind and wellness

Nurse Delegation Program Quick Facts for MACs Manual

Alabama Department of Mental Health
www.mh.alabama.gov

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NURSE DELEGATION PROGRAM

Quick Facts for MACs

- The Quick Facts for MACs Manual shall always be available to MAC workers.
- The manual is a quick reference tool for the MAC workers.
- The material addressed in the manual is topics that have been associated with frequent MAC questions.
- The manual is a supplemental tool to reinforce the MAS nurse training. **IT DOES NOT REPLACE TRAINING**
- MAS Nurses may add pertinent information to the manual but do not remove information.
- MAS Nurses review the QFFM manual during MAC II training

Quick Facts for MACs

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INTRODUCTION

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

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

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

This manual contains essential information that can be readily accessed to remind the MAC Worker of key facts about assisting with medications and other delegated nursing tasks. The checklists included provides information about the signs and symptoms that may be observed when a person served through ADMH has a change in status - appearance, behavior, and/or physical changes.

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

Section 8 of this manual provides information about how to assist with types/forms of medications. You can refer to this material as a reference tool before a medication pass.

REMEMBER: A MAS Nurse is available 24 hours, 7 days a week to provide consultation and collaboration.

Thank you for your devotion to the people we serve. Your hard work is greatly appreciated.

SECTION 1

MAS-MAC Connection

STAY CONNECTED TO YOUR MAS NURSE!

Under Alabama Law, ALL MAC WORKERS ARE REQUIRED to have a Delegating MAS Nurse/s.

MAC WORKERS: STAY CONNECTED TO YOUR MAS NURSE:

- Call your MAS Nurse anytime you have a question and/or concern.
- Remember to document all calls to the MAS Nurse on the MAC Worker Call Log or form approved by your agency for communication between MAC Worker and MAS Nurse.
- Notify your MAS Nurse of any illness, accident, injury, status change, medication issue, or error.

NAME OF MAS NURSE: _____

(____) _____

TELEPHONE NUMBER

MAS-MAC Connection

- The MAS Nurse is responsible for the nursing care provided in ADMH community programs.
- The MAS Nurse is the knowledge base for the MAC Worker.
- The MAC Worker is an extension of the MAS Nurse.
- The MAC Worker shall:
 - Communicate with MAS Nurse any time you have a *question or concern*.
 - Communicate with MAS Nurse any time a person served has a status *change* (Behavior, physical appearance, mental status).
 - Communicate with MAS Nurse *before assisting with PRN* (as needed) medications.
 - Communicate with the MAS Nurse any time the *MAR does not match the label* on the medication container
 - Communicate with the MAS Nurse to follow up on instructions from the MAS Nurse - To *describe any change that occurred from the nurses' instructions*.
 - Communicate with the MAS Nurse any time you *commit/discover a medication error*.
 - *Document all communication with* the MAS Nurse as directed by agency policy and procedure. **ALWAYS INCLUDE YOUR TITLE (MAC), WHEN DOCUMENTING.**

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

- Name of the *MAC Worker*
- Name of community *program* – residential/day/other
- Name of *the person* you are calling about
- Current *problem/concern*
- *Vital Signs* if applicable
- *Allergies*
- *MAR*

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

SECTION 2

Rights and Responsibilities of the MAC Worker

The rights of the MAC Worker are as follows:

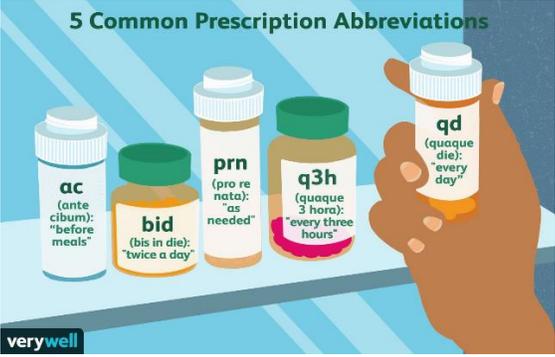
- To receive proper education about medication assistance and orientation to the person.
- To be supported by the MAS nurse and other licensed professionals within the agency/program/facility.
- To have 24/7 access to a MAS Nurse via physical presence, electronic or telephonic communication for direction, consultation, and collaboration.
- To have sufficient time to provide each person with the level of care that is needed.
- To work in a safe environment

The responsibilities of the MAC Worker are as follows:

- To follow all policies, procedures, and regulations.
- To be familiar with the person being cared for by the MAC Worker.
- To pay attention to persons served while at work and listen to their concerns or complaints and report to the MAS nurse.
- Ask your MAS nurse whenever you are unsure about any delegated tasks (i.e., Medication, Procedures).
- To recognize that there is no “dumb question” regarding persons’ safety.
- To stay connected to your MAS Nurse.



SECTION 3

<p style="text-align: center;">DOSES</p> <p>gm = gram mc = milligram mcg = microgram cc = cubic centimeter ml = milliliter tsp = teaspoonful (5cc/5ml) tbsp = tablespoonful (15cc/15ml) gtt = drop oz = ounce (30cc/30ml) mEq/L = milliequivalent</p>	<p style="text-align: center;">ROUTES OF ADMINISTRATION</p> <p>PO = by mouth OD = right eye OS = left eye OU = both eyes AD = right ear AS = left ear AU = both ears BUC = buccal (between gum and cheek) IM = intramuscular PR = per rectum SL = sublingual (under the tongue) SQ = subcutaneous SUPP = suppository TD = transdermal ODT = oral dissolving tablet (melts in mouth)</p>
<p style="text-align: center;">TIMES</p> <p>PRN = as needed Stat = immediately</p> 	<p style="text-align: center;">OTHER</p> <p>OTC = over-the-counter meds MAR = medication administration record SMAR = self-medication administration record SMOR = self-medication observation record NPO = Nothing by mouth</p>

ABBREVIATIONS

DOSES

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

ROUTES OF ADMINISTRATION

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

TIMES

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

OTHER

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

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

SECTION 4

Infection Control Facts

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

Wash your hands:

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

(CDC 2A/7; Hand washing: Clean Hands Save Lives)



Germs can spread by:

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



Principles of Infection Control

Practice good hand washing

- Treat all body fluids as potentially infectious
- Use protective barriers such as gloves, masks, and gowns when exposure to germs is possible
- Maintain a clean environment
- Store, cook, and serve foods at the proper temperature
- Properly dispose of waste, garbage, and used medical supplies
- Recommend getting protective vaccines/immunizations when possible
- Discourage the people served from sharing personal items
- Encourage people served to wash their hands after using the bathroom and before eating



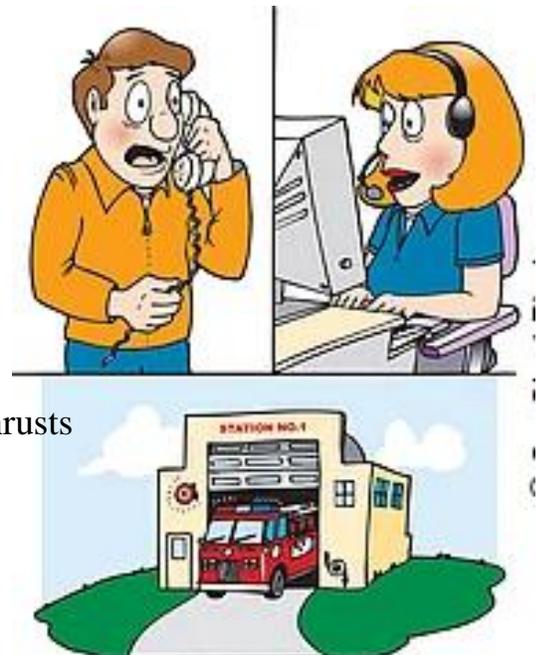
SECTION 5

First Aid Facts

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

Call “911” for:

- Allergic reaction
- Chest pain
- Unresponsiveness
- Shortness of breath
- Uncontrolled bleeding
- Vomiting blood
- Serious burns
- Broken bones
- choking unresponsive to Heimlich/abdominal thrusts
- No breathing
- No pulse

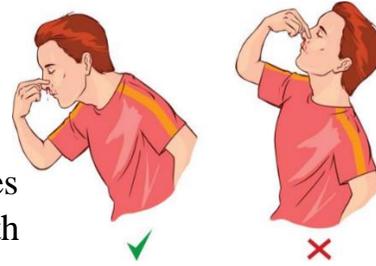


Common First Aid Situations

May occur anywhere the person is in the community

1. Nosebleed

- Can happen without warning
- Assist the person to a sitting position
- Assist the person to lean **FORWARD**
- Pinch the sides of the nose for at least 5 minutes
- Instruct the person to breathe through the mouth
- Encourage the person **NOT** to blow their nose
- Contact MAS Nurse



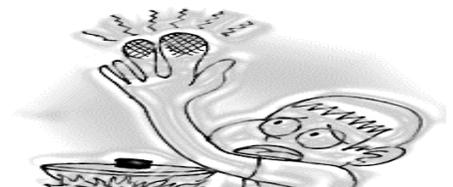
2. Minor Cuts or Abrasions (scrapes)

- Wash the area with soap and water
- Pat dry with a clean gauze pad
- If bleeding, apply pressure for at least 2-3 minutes
- If no allergy, apply antibiotic ointment from First Aid Kit
- Cover area with Band-Aid/bandage
- Contact MAS Nurse



3. Burns

- Rinse the area with **COLD** water for at least 5 minutes
- **DO NOT** apply anything to a burn **ESPECIALLY ICE**
- Call your MAS Nurse



4. Extreme Heat Exposure

- Possible signs and symptoms
 - Sweating/lack of sweating
 - Thirst
 - Fatigue
 - Cramps
 - Headache
 - Dizziness
 - Nausea/vomiting
- Move the person to a cool place
- Loosen clothing
- Encourage the person to drink **WATER**--slowly
- Call your MAS Nurse



5. Fainting

- Check to see if the person is breathing
- If the person is *not* breathing
 - **BEGIN CPR**
 - **CALL 911**
- If the person *is* breathing
 - Elevate legs
 - Check for injuries
- Call your MAS Nurse



6. Allergic Reaction

- Possible signs and symptoms
 - Difficulty breathing/wheezing
 - Tightness in the throat or chest
 - Skin redness or rash
 - Wheals or itching
 - Nausea/vomiting
- If the person has difficulty breathing OR swelling of the face/neck, **CALL 911**
- *If ordered* for the person, use the Epi-pen as directed
- Call your MAS Nurse



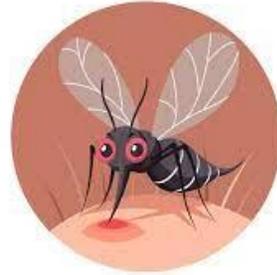
7. Sunburn

- Get the person out of the sun
- Loosen clothing
- Call MAS Nurse



8. Other possible emergency situations that may occur when the MAC Worker should ***CALL THE MAS NURSE***

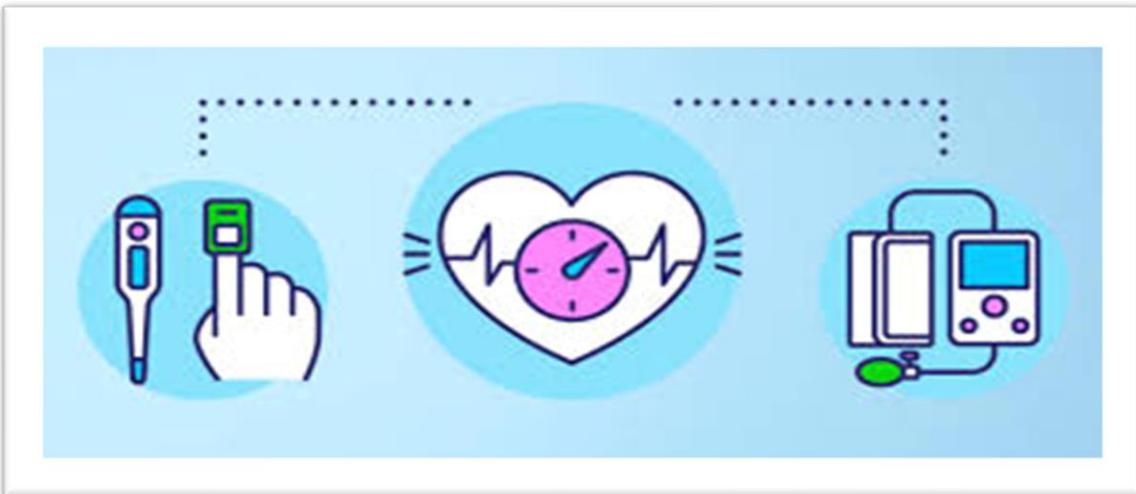
- Broken bone/muscle sprains
- Diarrhea
- Nausea/vomiting
- Lice
- Bug bites
- Other



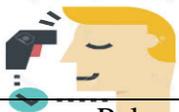
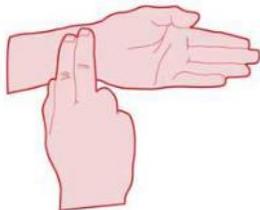
SECTION 6

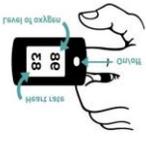
Vital Signs and Observation Checklist

- Vital Signs include:
 - Temperature
 - Pulse
 - Respiration
 - Blood Pressure
 - Oxygen Saturation (O2)
- Taking and documenting vital signs is an important function for MAC Workers
- Changes in vital signs may require immediate action by the MAS Nurse
- Notify your MAS Nurse anytime a change in vital signs are noted



VITAL SIGNS MONITORING

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

<p>O2 SATS</p> 	<p>95-100</p> <p>(cdc.gov)</p>	<p>Abnormal Range CALL MAS NURSE</p>	<p>COPD, Asthma, pneumonia, bronchitis, emphysema, congestive heart failure, anemia, sleep apnea</p>
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The major changes that may be observed include:

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

SECTION 6 -continued

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

CHANGES IN MENTAL STATUS

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

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

CHANGES IN BEHAVIOR

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

Acting F.A.S.T. is Key to Stroke Survival



FACE

Does one side of the face droop when smiling?



ARMS

Does one arm drift downward when both arms are raised?



SPEECH

Is speech slurred or strange when repeating a simple phrase?



TIME

If you see any of these signs, call 9-1-1 right away.

SECTION 7

Seizures

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

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

The observations and documentation of the MAC Worker are key to tracking the person's response and effectiveness of seizure medications

IF YOU ARE UNSURE CALL YOUR MAS NURSE

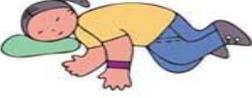
DOs & DON'Ts During a Seizure



DONT HOLD



BLOCK HAZARDS



CUSHION THE HEAD



TIME THE SEIZURE



SPEAK CALMLY



EXPLAIN TO OTHERS

DOs:

- ▶ Stay calm
- ▶ Carefully turn the patient to their sides
- ▶ Loosen the tight clothes around the neck
- ▶ Cushion the head
- ▶ Note the time of seizure
- ▶ Seek medical help if seizure doesn't stop

DONTs:

- ▶ Do not restrain the patient
- ▶ Do not give anything by mouth until the patient regains consciousness
- ▶ Avoid crowding and any sharps or hazards

SECTION 8

Assisting with Medications

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

Procedural steps for washing hands:

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

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

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

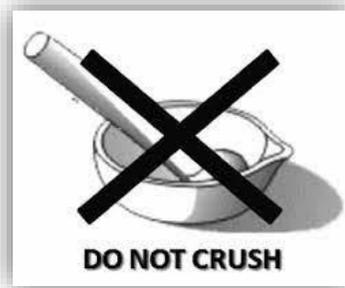


Assisting with Oral Pills/Tablets/Capsules



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

MACs CANNOT CRUSH MEDICATIONS



CALL YOUR MAS NURSE IF YOU HAVE ANY QUESTIONS

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

Remember! THE LABEL MUST MATCH THE MAR

7. Pour medicines, one at a time, carefully out of the bottles, by tapping meds into the medicine bottle top then pour into the medicine cup OR punch the medicine out of the blister pack/strip package into the medicine cup.

DO NOT TOUCH THE MEDICINE.

Again, identify the person, check, and compare the medicine label with the MAR. (*Check #2*)

8. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.

Right person

Right Medication

Right time

Right dose

Right route

Right reason

Right documentation (*Check #3*)

9. Give the person the medications with a cup of water
10. Observe closely to ensure meds are swallowed without difficulty

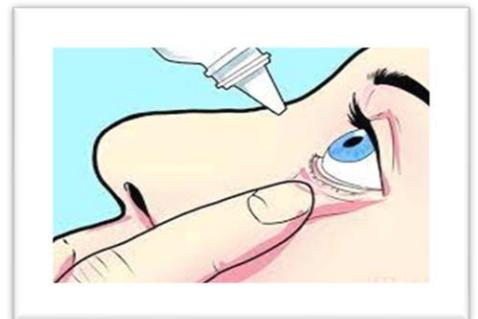
When applicable check the mouth to ensure that the person has swallowed the medications

11. Direct the person from the area
12. Remove gloves if used, wash hands
13. Document appropriately on MAR
14. Return medication to the storage area.

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

Assisting with Eye Drops

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



7 rights. (*Check #1*)

THE LABEL MUST MATCH THE MAR.

7. Inspect the eye for problems.
8. Clean any excess drainage with a clean damp cloth, wiping from the nose out toward the ear.
9. Check and compare the medicine label with the MAR. (*Check #2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.

Right person

Right Medication

Right time

Right dose

Right route

Right reason

Right documentation (*Check #3*)

11. Roll the medication container between your hands to mix as instructed.
Explain the process to the person.
12. Remove the top from the medication container. Place the top on a flat, clean surface.
Position the person with head tilted back, looking toward the ceiling.
13. With two fingers of one hand (non-dominant hand), gently pull the bottom eyelid down and out, forming a small pocket.
14. With your dominant hand, drop the ordered number of eye drops into the pocket formed by pulling down the bottom eyelid.
DO NOT TOUCH THE EYE WITH THE DROPPER
15. Have the person close their eyes for at least one minute.

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

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

IF THE DROPS DID NOT FALL INTO THE POCKET, REPEAT STEPS 12-13. NOTIFY THE MAS NURSE.

17. Replace the top on the medication container. Observe the person for any problems.
16. Direct the person from the area. Remove gloves, and wash hands.
17. Document appropriately on MAR

Assisting with Eye Ointments

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



THE LABEL MUST MATCH THE MAR.

7. Inspect the eye for problems.
8. Clean any excess drainage with a clean damp cloth, wiping from the nose out toward the ear.
9. Check and compare the medicine label with the MAR. (*Check #2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.
 - Right person
 - Right Medication
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation (*Check #3*)
11. Remove the top from the medication container/tube. Place the top on a clean, flat surface. Position the person with their head tilted back, looking toward the ceiling
12. With two fingers of one hand, gently pull the bottom eyelid down and Out, forming a small pocket.
13. With your dominant hand, squeeze a line of ointment into the pocket formed by pulling down the bottom eyelid, starting near the nose and moving out toward the ear

DO NOT TOUCH THE EYE WITH THE TUBE

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

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

16. Replace the top on the medication container Observe the person for any problems.
17. Direct the person from the area. Remove gloves, and wash hands.
18. Return medicine to the proper storage area, and document appropriately on MAR

Assisting with Ear Drops

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



The Label Must Match the MAR

7. Clean the outer ear, if necessary.
8. Roll the container between your hands to mix.
9. Check and compare the medicine label with the MAR. (*Check #2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights. (*Check #3*)
 - Right Medication
 - Right person
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation

11. If it is not possible to have the person lie down then ask the person to sit with their head tilted to the unaffected side. Explain the procedure to the person
12. Remove the top from the medication container. Place the top on a clean, flat surface.
13. With your nondominant hand, gently pull the **top** part of the outer ear **upward** and **back for adults**.

Consult your MAS Nurse when assisting children

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

DO NOT TOUCH THE EAR WITH THE TIP OF THE DROPPER.

15. Clean off any excess drops with a clean damp cloth, if necessary.
16. Have the person stay on their side if lying down or keep their head tilted to the side if sitting up for at least 3 minutes. Replace the top on the medication container. Observe the person for any problems.

DO NOT PUT COTTON/GAUZE IN THE EAR UNLESS ORDERED BY A PHYSICIAN

17. Repeat the process with the opposite ear, if ear drops are ordered for both ears.
18. Upon completion, assist the person to an upright position slowly to prevent dizziness. Remove gloves, and wash hands.
19. Return medicines to proper storage. Document appropriately on the MAR

Assisting with Ear Creams/Ointments

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

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



The Label Must Match the MAR.

7. Inspect the affected ear for any problems.
8. If necessary, clean any excess drainage with a clean damp cloth. Report any signs of infection or any other problems noted to your MAS Nurse.
9. Check and compare the medicine label with the MAR. (*Check#2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.
 - Right person
 - Right Medication
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation (*Check #3*)
11. If the medicine is in a tube, squeeze a small amount of the cream onto your gloved hand. If the medication is in a jar, use a tongue blade to scoop a small amount of cream onto your gloved hand.
12. Apply a thin layer of cream, in a downward motion, using smooth strokes.

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

13. Replace the lid back on the container.
14. Return to the medication storage area.
15. Direct the person from the area. Remove gloves and wash hands
16. Document appropriately on the MAR

Nose Sprays/Inhalers

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



The Label Must Match the MAR

7. Put on gloves; inspect the nose for redness, drainage, or complaint of pain. Notify your MAS Nurse of any problems.
8. Ask the person to blow their nose prior to administration. If necessary, clean away any excess drainage with a clean damp cloth.
9. Explain the procedure to the person. Check and compare the medication label with the MAR. (*Check#2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.
 - Right person
 - Right Medication
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation (*Check #3*)
11. Position the person in a seated or standing position with the head upright.
12. Shake the inhaler or spray to mix.
13. With your non-dominant hand, gently press closed one side of the nose.
14. Spray the ordered amount in the open side of the nose and ask the person to breathe in through the nose
15. Repeat steps 12-13 on the other side of the nose if ordered
16. Replace the top on the medication container.
17. Direct the person from the area. Remove gloves and wash hands
18. Document appropriately on the MAR

Special Rules When Applying Any Type of Topical Medications

Never touch the person's skin with the container of medication.

- This may cause germs to harbor in the container containing the medicine.

Always follow the directions on the MAR.

Look carefully at the person's skin before you administer any topical meds

- Make sure that you do not see redness or other changes that might indicate an allergic reaction or infection.

REPORT ANY CHANGES TO YOUR MAS NURSE.

Always use gloves to apply topical medications.

Make sure is clean and dry where you plan to apply topical medications.

Avoid the eyes, mouth, and nose if applying to the face

Assisting with Topical Creams, Ointments, & Pastes

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

The Label Must Match the MAR

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

Assisting with Topical Lotions/Suspensions

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



The Label Must Match the MAR

7. Put on gloves. Remove the top from the medication container, and place it on a clean flat surface
8. Inspect the affected area for redness, drainage, or any other problems. Clean the affected area with a damp cloth as needed. Report any problems noted to your MAS Nurse
9. Check and compare the medicine label with MAR (*Check#2*)
10. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.
 - Right person
 - Right Medication
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation (*Check #3*)
11. Explain the procedure to the person. Shake the medication container briskly
12. Apply a thin layer of the medication to the affected area in a downward motion, using smooth strokes. **DO NOT RUB BACK AND FOURTH OR MASSAGE THE AREA.** Allow the area to dry.
13. Return the top to the medication container.
14. Remove gloves, wash your hands, and return medication to proper storage
15. Document appropriately on the MAR

Special Rules When Applying Medicated Lotions to the Scalp

- Using gloves to apply the medicated lotion evenly, beginning at the neck and continuing about every inch until the entire scalp or affected area has been covered
- Gently massage the medication into the scalp **DO NOT SCRATCH**
- Observe the scalp for signs of allergic reaction such as redness or swelling

Special Rules When Applying Topical Sprays or Powders

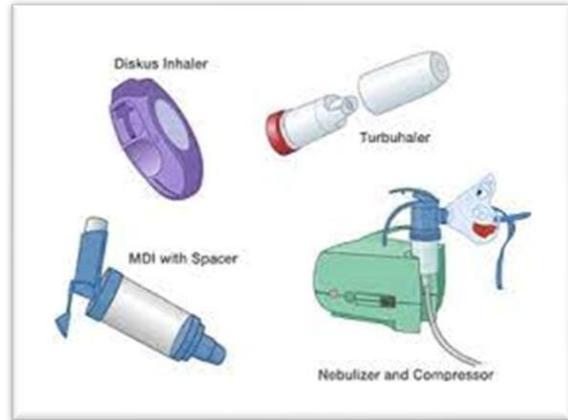
- Wear gloves
- Because powders and sprays may be inhaled (breathed in), have the person to turn their head away from the affected area
- Shake the powder into a gloved hand. Do not shake powder over affected area
- Gently pat powder onto the cleaned affected area. Do not rub or massage the skin
- Sprays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

Special Rules When Applying Medicated Shampoos

- Equipment needed includes:
 - Gloves
 - Towels
 - Washcloth and
 - Medicated shampoo
 - MAR
- Remove medicated shampoo from the locked storage area prior to taking the person to the sink or tub
- Avoid the eyes
- Start massaging the shampoo in the wet hair at the front of the scalp and work to the back of the head. **DO NOT SCRATCH**
- Rinse the hair well after application
- Dry and style

Assisting with Inhaled Medications

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



and

THE LABEL MUST MATCH THE MAR

7. Put on gloves, remove the top from the medication container, and place it on a clean flat surface. Shake container vigorously
8. Check and compare the medicine label with the MAR (*Check#2*)
9. For the third time, check to ensure the person in front of you is the same person on the MAR and the medication package using the seven rights.
 - Right person
 - Right Medication
 - Right time
 - Right dose
 - Right route
 - Right reason
 - Right documentation (*Check #3*)
10. Explain the procedure to the person. Ask the person to take a deep breath in and then breathe out through their mouth
11. Hold the container as directed, and place the mouthpiece into the person's
Ask the person to close their lips and teeth around the mouthpiece
12. Ask the person to breathe in deeply, through their nose. Press down on the container while the person breathes in. Ask the person to hold their breath for up to ten seconds, and then breathe normally.
13. Repeat steps 9-11 until the number of puffs has been given
14. Wipe away any excess fluids from the mouthpiece. Replace the top on

- the container. Observe the person for any problems
15. Have the person rinse their mouth with water
 16. Remove gloves, wash hands, and return medicine to proper storage
 17. Document appropriately on MAR

Special Considerations

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

Emergency inhalers used for asthma attacks may be kept with the person served for easy access.

- Check with the person served several times during the day to ensure they have the inhaler and ask about usage.
- Document appropriately

Contact your MAS Nurse any time the emergency inhaler is used



SECTION 9

Medication Errors

The 7 Rights of Medication

Right **Drug** (medicine) Wrong drug

Right **Dose** (amount) Wrong dose

Right **Route** (way) Wrong route

Right **Time** Wrong time

Right **Person** Wrong person

Right **Reason** (purpose) Wrong reason

Right **Documentation** (MAR) No documentation on the MAR



Missed dose

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

When an error occurs:

- Keep the person under observation; don’t leave them alone
- Take their vital signs – temperature, pulse, respiration and blood pressure
- Ask the person if they are experiencing any problems
- CALL YOUR MAS Nurse

All medication errors must be documented. Complete the medication error form when the error is noted as directed in your MAC II training

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



Wrong Person Medication Error

- Medication NOT prescribed/ordered was given to a person
- A person was given someone else's meds



Wrong Med

- A person allergic to meds given
- A person is given a med that was discontinued
- A person is given a med that was past the expiration date
- A person is given a med that had been contaminated in some way
- The pharmacy dispensed the wrong med



Wrong Dose

- Amount of med given was more/less than what was ordered/prescribed

Wrong Time

- Med was not given at the ordered/scheduled time

Wrong Route

- Med was not given the way/route ordered/directed

Wrong Reason

- Medication is given for a reason other than for which it was prescribed/ordered

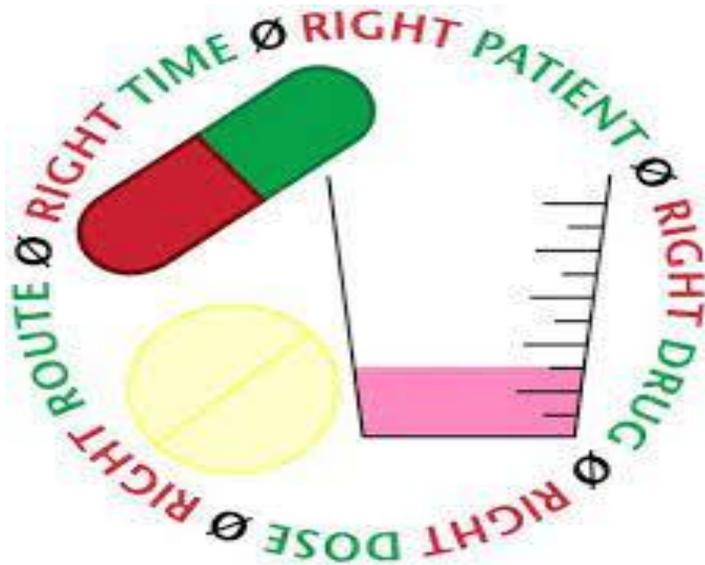
Documentation

- Medication administration was not appropriately documented on the MAR

(Prior to the next dose)

Missed Dose

- Medication was not given



SECTION 10

Documentations and Forms

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

Forms Used by the MAC Worker

MAR

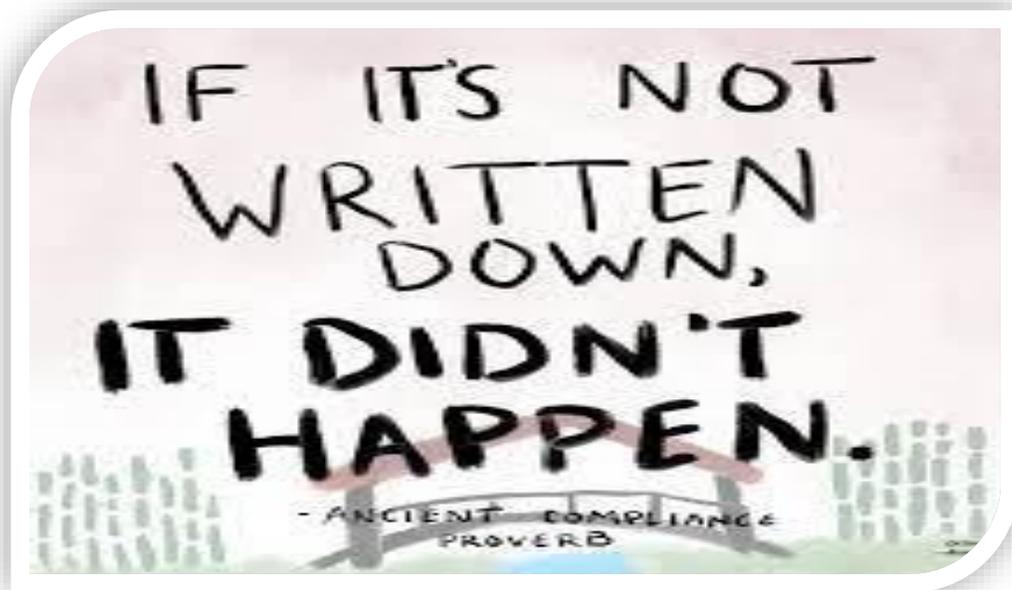
MAC Call Log

Medication Error Form

Other agencies required forms (List below)

- _____
- _____
- _____

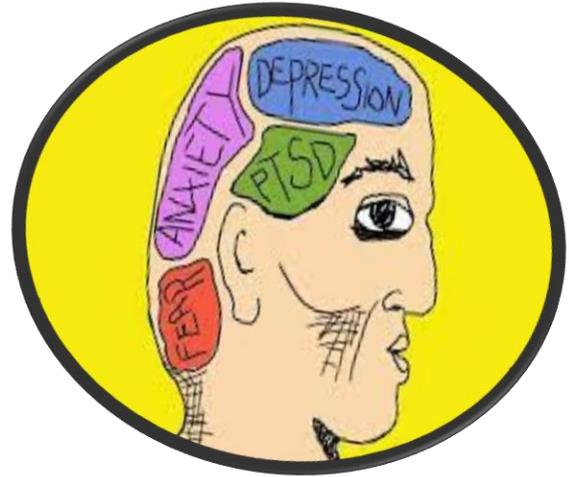
There must be documentation of all communication between the MAC Worker and the MAS Nurse



SECTION 11

OTHER IMPORTANT FACTS

Mental Disorders



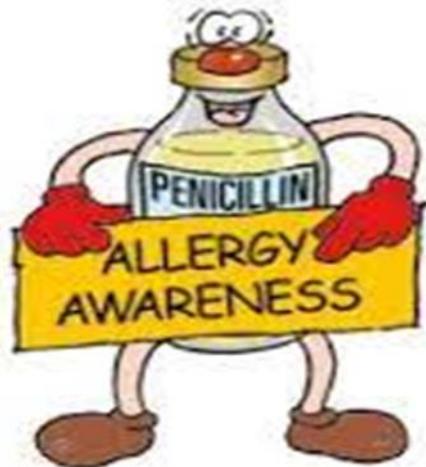
- Some persons with mental disorders may not understand the need to take medications
- Some mental disorders can cause symptoms called hallucinations, such as hearing voices or seeing things that others do not hear or see.
- Some persons with mental disorders have false beliefs called delusions
- Do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

Medication Side Effects

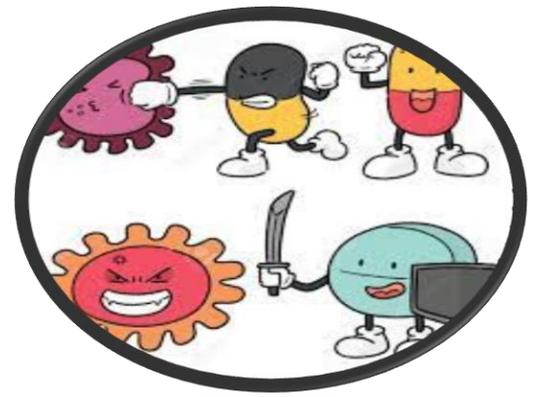


- Medication side effects are common
- People with communication problems may not be able to describe/verbalize side effects
- Side effects are more common during the first 2-4 weeks of treatment
- Side effects can occur at any time during treatment
- Allergy to medicine can cause an allergic reaction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

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

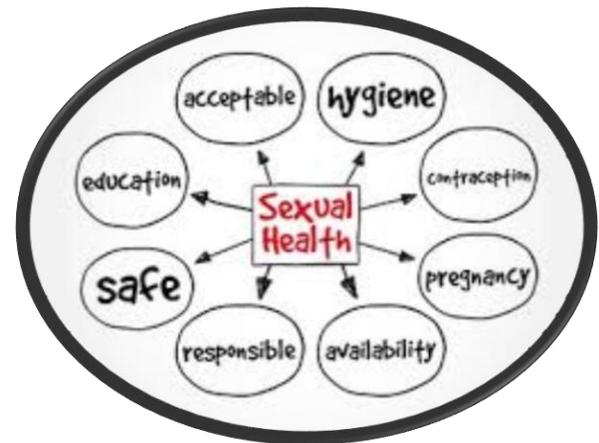


Antibiotics



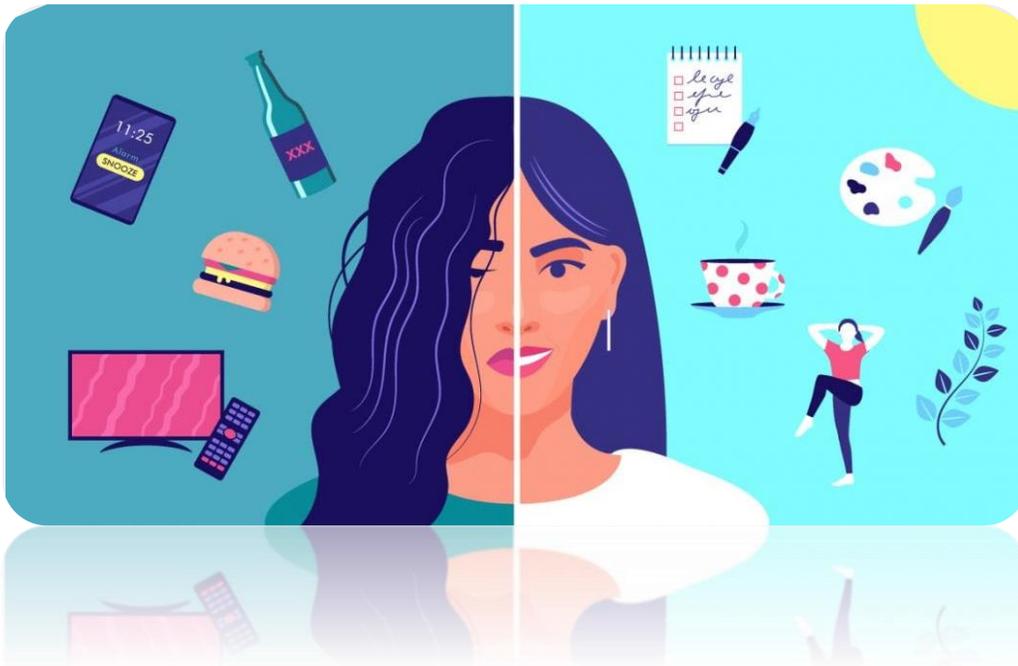
- Antibiotics are prescribed to treat infections caused by bacteria
- Antibiotics are not effective against viruses
- Some antiviral medications such as Tamiflu, may be used to reduce the symptoms of a cold or the flu are caused by viruses
- Infections can occur in any part of the body
- Infections can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

Reproductive Health



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

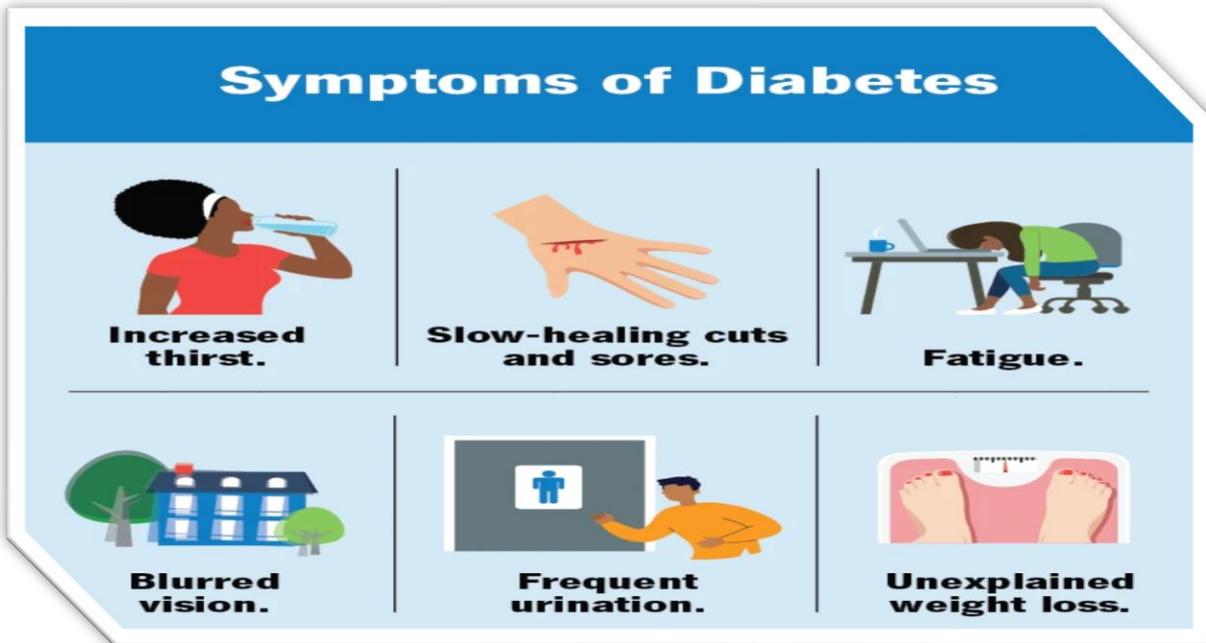
- Call your MAS Nurse any time a woman complains of missing periods or suspects of pregnancy



General Observations

- Excessive tearing of the eye suggests some problem that requires the attention of your MAS Nurse
- A painful or swollen eye is an emergency – Call your MAS Nurse
- Ear problems can produce serious pain and distress
- Do not put anything in the ear
- Hearing problems can cause behavior problems
- Head banging may result from hearing voices or having pain in the ear
- Low oxygen in the blood can damage the body and brain
- Low oxygen in the blood can produce confusion, lethargy and behavior problems
- Some persons with mental disorders may have difficulty swallowing or may “cheek” medications
- Be sure medicines are swallowed. Call your MAS Nurse if a person complains of or you observe food/meds getting stuck in the throat
- Many medications slow bowel movement and may cause constipation
- Call your MAS Nurse when a person has not had a bowel movement for several days, especially after a laxative or enema
- Bowel problems can cause distress and agitation

Diabetes



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

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

Types of Diabetes

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

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

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

Helping Your People with Diabetes

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

Two kinds of medications are available for diabetes:

1. Insulin injections - NEVER GIVEN BY A MAC
2. Pills that lower blood sugar

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

Blood Sugar Levels

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

Symptoms of high blood sugar include:

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



Symptoms of low blood sugar include:

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

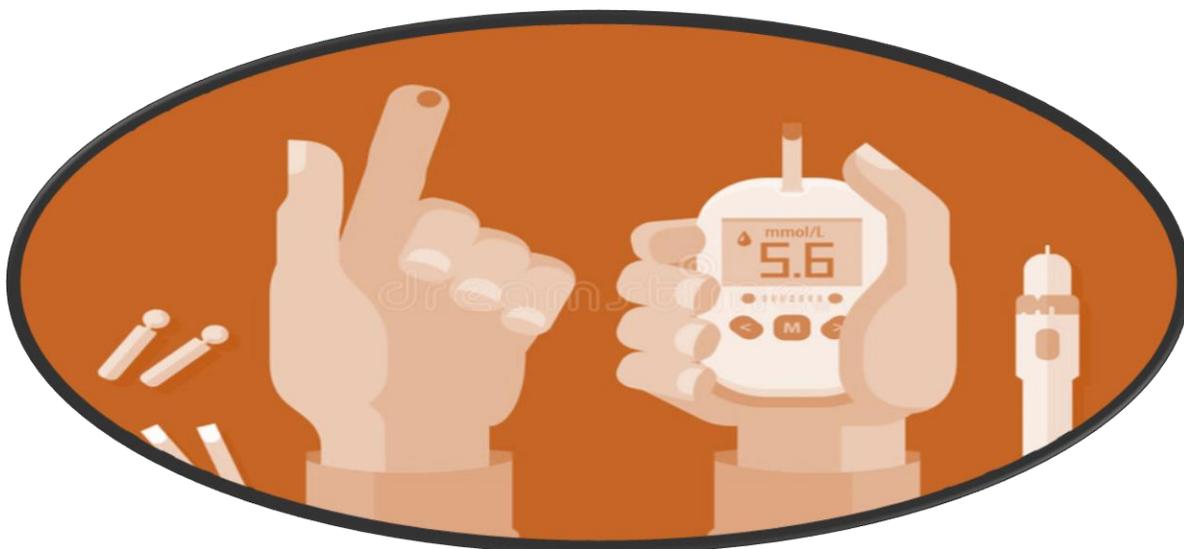


A MAC Worker's role is to be sure the person served receives their medication on time and is encouraged to eat properly and/or exercise. You must monitor for signs of high or low blood sugar. Anytime the person served refuses to take his/her blood sugar medicine, you **must** report this to your MAS Nurse. Persons who can self-administer medications must be monitored to determine if they are taking their medicines on time and eating properly. Antipsychotic medications can cause high blood sugar.

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

Finger Stick Checks

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



High Blood Pressure (Hypertension)



High blood pressure is a common health problem. Medications can control

high blood pressure. Untreated high blood pressure can cause heart attack, stroke, kidney failure, blindness, and many other severe health problems.

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

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

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

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