STUDY GUIDE

Medication Management and Administration

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Study Guide:

The contents of this study guide may be used to review the concepts found in the audio provided as well as to prepare for the course exam. The study guide highlights the sections of each chapter and includes review questions to emphasize specific information.

Link to audio -

https://storage.googleapis.com/edcompass/material/Medication%20Management%20and%20Administration.mp3

Section 1: Introduction

Section 2: Medication Management in Nursing Facilities

- Overview of Nursing Facilities (SNFs and NFs)
- Importance of Medication Administration
- Challenges in Medication Administration
- Polypharmacy
- Staffing Shortages
- Section 2 Personal Reflection
 - Reflect on the multifaceted challenges posed by polypharmacy in nursing home residents. How might the presence of polypharmacy impact not only individual resident health outcomes but also the broader healthcare system?
 - Considering the significant staffing shortages plaguing long-term care facilities, analyze the potential ramifications for medication administration programs within these settings. How might understaffing contribute to medication errors, missed doses, and compromised resident safety, and what strategies could be implemented to mitigate these risks?
 - Reflect on the interconnectedness of staffing shortages, communication barriers, and medication management challenges in nursing homes. How might improved communication strategies among healthcare professionals help address medication administration issues and enhance resident care in the face of staffing shortages?
- Section 2 Key Words
 - Comorbidity: The concurrence of one or more clinical conditions in a single person
 - Polypharmacy: An accumulation of 5 or more medications taken by a patient

Section 3: Regulatory Framework and Compliance

- Federal Regulations
- State Operations Manual Appendix PP Regulations
- State Regulations
- Section 3 Personal Reflection

- How can nursing home administrators mitigate the risks associated with non-compliance with federal regulations governing medication management, considering potential impacts on resident care and facility operations?
- Discuss the challenges nursing home administrators face in navigating both federal and state regulations regarding medication management, and how these regulations shape medication practices differently.
- How can nursing home administrators ensure ongoing compliance with evolving federal and state regulations regarding medication management, and what strategies can be implemented to facilitate effective management amid regulatory changes?

Section 4: Role of Nursing Staff in Medication Administration

- Section 4 Case Study
- Introduction
- Background
- Comparisons
- Contrasting Information
- Questions for Comprehension
- Section 4 Case Study Review
- Comprehension Answers
 - How do the training requirements for certified medication aides in State #1 and State #2 differ, and what factors might contribute to these variations?
 - The training requirements for certified medication aides (CMAs) in State #1 and State #2 differ significantly in terms of duration. State #1 mandates a longer training duration of 140 hours, whereas State #2 requires only 60 hours. These variations may stem from differences in state priorities, resources, and perceived levels of competency needed for medication administration in nursing homes
 - Discuss the implications of the differences in continuing education requirements between State #1 and State #2 for certified medication aides in nursing homes.
 - The differences in continuing education requirements between State #1 and State #2 for certified medication aides have significant implications for their professional development and ongoing competency. State #1 mandates annual continuing education credits, ensuring that CMAs stay updated on best practices and regulatory changes. In contrast, State #2 requires renewal every two years, potentially allowing for longer intervals between educational updates and assessments of competence.
 - How might the contrasting levels of supervision for medication administration impact the roles and responsibilities of certified medication aides in State #1 and State #2 nursing homes?

■ The contrasting levels of supervision for medication administration can impact the roles and responsibilities of certified medication aides (CMAs) in State #1 and State #2 nursing homes. In State #1, where CMAs undergo more extensive training and may be granted greater autonomy in medication administration under the supervision of licensed nurses, CMAs may have a broader scope of practice and more direct involvement in resident care decisions. In State #2, where CMAs receive fewer training hours and may require more direct supervision, their roles may be more restricted, with less autonomy in medication administration practices and a heavier reliance on direct oversight from licensed nurses.

Section 5: The Rights of Medication Administration

- The Right Patient
- The Right Drug
- The Right Route
- The Right Time
- The Right Dose
- · Beyond the Five Rights

Section 6: The Different Types of Medications

- Common Diseases in the Elderly
- Antipsychotics, Antidepressants, and Antianxiety Medications
- Dementia Medications
- Pain Medications
- Controlled Substances and Drug Scheduling
- Section 6 Key Words
 - Analgesics: medications primarily used to alleviate pain
 - Antibiotics: Medications used to treat bacterial infections by either killing bacteria or inhibiting their growth.
 - Antidepressants: Medications prescribed to alleviate symptoms of mood disorders such as depression or anxiety.
 - Antihypertensives: Drugs administered to lower high blood pressure and reduce the risk of cardiovascular events.
 - Anticoagulants: Medications that prevent the formation of blood clots or reduce the risk of existing clots becoming larger.
 - Antidiabetic agents: Medications used to manage blood sugar levels in individuals with diabetes by either increasing insulin production, improving insulin sensitivity, or reducing glucose production.
 - Antipsychotics: Drugs prescribed to manage symptoms of psychosis, such as hallucinations or delusions, often associated with conditions like schizophrenia or bipolar disorder.

- Bronchodilators: Medications that relax and widen the airways in the lungs, commonly used to treat respiratory conditions like asthma or chronic obstructive pulmonary disease (COPD).
- Diuretics: Drugs that promote the removal of excess fluid and salt from the body by increasing urine production, often used to treat conditions like hypertension, heart failure, or edema.
- Laxatives: Substances that promote bowel movements and relieve constipation by softening stool or stimulating intestinal muscle contractions.
- Pharmacological Treatment: the therapeutic approach of using medications or drugs to manage, alleviate, or cure medical conditions or diseases
- Non-pharmacological Treatment: therapeutic interventions or approaches that do not involve the use of medications or drugs

Section 7: Proper Packaging and Storage of Medications

Section 8: Medication Administration Documentation

- Section 8 Personal Reflection
 - How do you plan to ensure that your facility's medication administration documentation meets the outlined requirements and expectations, particularly regarding accuracy and timeliness?
 - Reflecting on the importance of communication in medication documentation, how will you promote effective communication among healthcare team members to ensure seamless coordination of medication-related information and resident care?

Section 9: Understanding Medication Errors and Their Prevention

- Section 9 Case Study
- Introduction
- Background
- Violation Findings
- Consequences
- Questions for Comprehension
- Section 9 Case Study Review
- Comprehension Answers
 - What were the key violations identified by federal surveyors related to medication administration in the nursing home?
 - The key violations identified by federal surveyors related to medication administration in the nursing home included medication errors, timeliness of medication administration, and lack of documentation.
 - How did these violations impact Resident Sally Smith's health and well-being?

- These violations impacted Resident Sally Smith's health and well-being in several ways. Firstly, medication errors, such as receiving incorrect doses of insulin, could lead to fluctuations in her blood sugar levels, potentially causing hypo- or hyperglycemia and related complications. Secondly, delays in medication administration compromised the effectiveness of her medications, increasing the risk of uncontrolled chronic conditions such as diabetes and hypertension. Lastly, the lack of proper documentation meant that there was insufficient monitoring of Sally's responses to medications, potentially resulting in adverse reactions or unidentified medication-related issues.
- What steps should the nursing home take to rectify the deficiencies in medication administration and ensure resident safety moving forward?
 - To rectify the deficiencies in medication administration and ensure resident safety moving forward, the nursing home should take several steps:
 - Provide comprehensive training to nursing staff on medication administration protocols, including proper dosage calculation and verification procedures.
 - Implement systems to ensure timely administration of medications, such as optimizing staffing levels and workflow processes to minimize delays.
 - Enhance documentation practices by implementing standardized procedures for recording medication administration, including the administration time and any observed side effects.
 - Conduct regular audits and quality assurance checks to monitor adherence to medication administration policies and identify areas for improvement.
 - Foster a culture of accountability and continuous improvement within the facility to prioritize resident safety and quality of care.
- Section 9 Key Words
 - Medication Error: A medication error is a mistake or oversight that occurs during any stage of medication use, including prescribing, dispensing, administering, or monitoring, which can result in harm to the patient or failure to achieve the desired therapeutic outcome.

Section 10: Resident Involvement in Medication Management

- Resident Education and Involvement
- Resident Medication Self-Administration

Section 11: Mandatory Reporting Expectations and Health Inspections

Health Inspections or "The Survey Process"

- Section 11 Case Study
- Questions for Comprehension
- Section 11 Case Study Review
- Comprehension Answers
 - How did the lack of awareness among facility staff regarding reporting protocols for suspected drug diversion hinder the nursing home's ability to address the issue effectively?
 - What steps can the nursing home take moving forward to strengthen medication management protocols and ensure resident safety and well-being are prioritized?
- Section 11 Key Words
 - Drug Diversion: the illicit transfer or misuse of prescription medications, straying from their intended legal distribution and usage, often for personal gain or unauthorized purposes.

Section 12: Medication Management and the Five-Star Quality Rating System

- Health Inspections
- Staffing
- Quality Measures
- Excellent Medication Management Improves Quality Measures

Section 13: Conclusion

Exam Prep - Medication Management and Administration

- 1. What is a potential consequence of polypharmacy in nursing homes?
 - a. Increased resident autonomy in medication decisions
 - b. Reduced healthcare costs for individual residents
 - c. Increased risk of adverse drug reactions and medication errors
 - d. Improved quality of life for nursing home residents
- 2. How do staffing shortages in nursing homes negatively impact medication management?
 - a. They enable staff to dedicate more time to individual residents.
 - b. They lead to increased opportunities for staff training and development.
 - c. They improve communication and collaboration among healthcare professionals.
 - d. They can result in delayed or missed medication administration, increasing the risk of errors.
- 3. What is the relationship between federal and state regulations governing nursing homes?
 - Federal regulations suggest best practices, and states decide if they are mandatory.
 - b. Federal regulations establish minimum standards, and states may add stricter requirements.
 - c. State regulations are always more stringent than federal regulations.
 - d. Nursing homes only need to comply with the regulations of the state they are located in.
- 4. How can nursing home administrators ensure compliance with both federal and state regulations governing medication management?
 - a. By relying solely on federal regulations, as they supersede state regulations in all cases.
 - b. By focusing on state regulations only, as they are more specific to the needs of their region.
 - c. By maintaining a thorough understanding of both federal and state regulations and ensuring policies and procedures adhere to both sets of standards.

- d. By delegating all regulatory compliance responsibilities to the nursing staff.
- 5. When a patient is unable to swallow medication whole, what are some options for safe and effective administration?
 - a. Crushing or dissolving the medication in a suitable liquid is one option.
 - b. Injecting the medication directly into a vein (IV) is always the safest method.
 - c. Leaving crushed medication on the resident's tongue for them to swallow at their own pace is acceptable.
 - d. Administering the medication through a nasal spray is the preferred alternative for most medications.
- 6. Which of the following medications is an example of a Schedule II controlled substance, meaning it has a high potential for abuse but also has accepted medical uses?
 - a. Ibuprofen
 - b. Morphine
 - c. Antidepressants
 - d. Laxatives
- 7. When surveying a nursing home, what aspect of medication storage would be a red flag for surveyors?
 - a. Medications stored in a clean and sanitary environment.
 - b. Medications past their expiration date being discarded.
 - c. Medications and biologicals are not stored in secure (locked) locations.
 - d. Detailed records of controlled substances being maintained electronically.
- 8. When providing medication education to residents, the passage emphasizes the importance of tailoring the information to the residents:
 - a. Age and gender.
 - b. Comprehension level, language preference, and individual needs.
 - c. Insurance coverage and financial limitations.
 - d. Educational background and occupation.
- 9. What is the primary benefit of encouraging resident involvement in medication management?
 - a. To reduce the workload of healthcare staff in nursing homes.
 - b. To ensure residents follow medication regimens perfectly.
 - c. To promote resident autonomy, dignity, and safety.

- d. To decrease the cost of medication management for the facility.
- 10. What is an example of neglect related to medication management?
 - a. A resident refusing to take their medication, even after education.
 - b. A nurse administering the wrong medication dosage due to a labeling error.
 - c. A facility failing to provide pain medication to a resident, resulting in prolonged pain.
 - d. A resident experiencing side effects from their medication that were not communicated to the doctor.
- 11. One way a nursing home can improve its quality measures related to resident outcomes and safety is by:
 - a. Minimizing unnecessary use of antipsychotic medications.
 - b. Reducing resident access to pain medication to prevent potential abuse.
 - c. Encouraging residents to self-administer all their medications.
 - d. Enforcing stricter rules and regulations on resident behavior.
- 12. How can a robust medication management program positively impact a nursing home's financial performance, according to the passage?
 - a. By reducing the cost of medication procurement through bulk purchasing.
 - b. By attracting more residents through positive quality ratings linked to good medication management.
 - c. By lowering staffing costs through reduced medication administration time.
 - d. By eliminating the need for mandatory staff training on medication administration.
- 13. Which of the following is NOT a key responsibility of a Nursing Home Administrator (NHA) regarding resident medication management?
 - a. Overseeing the development and implementation of medication policies and procedures.
 - b. Appointing qualified personnel to administer and manage medications.
 - c. Ensuring compliance with federal and state regulations for medication management.
 - d. Directly administering medications to residents.
- 14. According to the text, which of the following is NOT identified as a way the CMS quality measure system impacts nursing homes?
 - a. Influencing reimbursement rates through performance-based incentives

- b. Affecting market competitiveness and resident occupancy rates
- c. Providing tax credits to facilities that meet high-quality standards
- d. Shaping consumer perception based on quality ratings and metrics
- 15. Which of the following is NOT mentioned as a way a robust medication management program can improve nursing home quality measures?
 - a. Reducing unnecessary initiation of antipsychotic medications
 - b. Implementing strategies to prevent pressure ulcers
 - c. Increasing staff-to-resident ratios for better supervision
 - d. Ensuring timely administration of influenza and pneumococcal vaccines

FINAL TEST PROCEDURES

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