Alabama Department of Mental Health and Mental Retardation

Student Training Manual
For the
Medication Assistant Certification (MAC) Program
For Persons with Mental Retardation or Other Developmental Disabilities

MANUAL 3.1

Facility: ____________________________________________

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SECTION 1

1.1. UNDERSTANDING ALABAMA LAW

The Medication Assistant Certification Program allows a direct care worker within the Residential Community Mental Health Programs of the state of Alabama to assist a client in taking their medications. Alabama law limits possession or distribution of medications to anyone other than the person prescribed the medications. Family members may administer medications to children or adults residing within their home who are direct blood relatives. Strangers are not allowed to give medicines to other individuals in the state under normal circumstances.

Alabama law requires that a registered nurse (RN) or licensed practical nurse (LPN) give medicines in any type of healthcare setting. This law is meant to protect the person receiving the medications. Residential group homes are considered to be a healthcare setting. The Alabama Board of Nursing has granted a special exception to the Alabama Department of Mental Health and Mental Retardation that allows non-licensed persons to assist other individuals in taking medicines. A similar rule exists for giving medicines to school students. The Alabama Board of Nursing and the Alabama Department of Mental Health and Mental Retardation consider this serious responsibility as an opportunity to provide better care to clients with mental retardation who reside within our facilities.

The Medication Assistant Certification (MAC) direct care worker serves as an important assistant to our licensed nursing professionals. This worker must assure that individual clients receive the appropriate medication and that nursing staff receive accurate information about the client. You should be familiar with the Board of Nursing regulations on this matter as well as all of the training material included in this handbook.

The residential facility provides valuable assistance to our citizens who have mental retardation. This program enhances the quality of care that we provide to these citizens.

1.2. WHO DOES THIS PROGRAM HELP?

Many clients with mental retardation are unable to recognize their medicines and explain side effects or new medical problems that may have arisen following a prescription of a new medication. Your job is to know your clients well and report changes to the nurse. This handbook includes information about common health problems such as seizure disorders that you may see in your clients. The second part
of the training includes practical hands-on experiences so that you will feel comfortable with the tasks expected of you as a Medication Assistant Certified (MAC) worker. Many persons with mental retardation depend on their medications to maintain their quality of life and their independence. You are a valuable part of this effort to serve these vulnerable persons.

The regulation that describes this system is included in 1.3.
1.3. The Alabama Board of Nursing Regulations that Pertain to the NDP Program for Persons with Mental Retardation

610-X-6-.15 Alabama Department of Mental Health Residential Community Programs

(1) The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to patients in those settings.

(2) Registered nurses or licensed practical nurses who provide nursing care in the residential community mental health setting may delegate specific limited tasks to designated unlicensed assistive personnel.

(3) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency.

(4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:
   (a) Catheterization, clean or sterile.
   (b) Administration of injectable medications.
   (c) Administration of rectal or vaginal medications.
   (d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
   (e) Tracheotomy care, including suctioning.
   (f) Gastric tube insertion, replacement, or feedings.
   (g) Invasive procedures or techniques.
   (h) Sterile procedures.
   (i) Ventilator care.
   (j) Receipt of verbal or telephone orders from a licensed prescriber.

(5) The task of assisting with the delivery of prescribed oral, topical, inhalant, eye or ear medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:
   (a) The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.
   (b) The mental health worker selected by the registered nurse or licensed practical nurse shall attend a minimum twenty-four (24) hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.

(6) The registered nurse or licensed practical nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.
(7) The registered nurse or licensed practical nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the mental health worker, including, but not limited to:
   (a) Training.
   (b) Competency.
   (c) Documentation.
   (d) Error reporting.
   (e) Methods of identification of the right patient, the right task, the right method, and the right quantity at the right time.

(8) The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).

(9) The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing.

1.4. THE RIGHTS AND RESPONSIBILITIES OF THE NDP TEAM

The NDP team includes the Medication Assistant Certified (MAC) worker, the Medication Assistant Supervising (MAS) RN or MAS LPN, the administrator, the pharmacist, the client and the client’s family. The MAC worker, MAS Nurse and administrator are most involved with this service and these essential professionals have specific rights and responsibilities in the system. These rights and responsibilities are included in Section 1.5.
1.5. RIGHTS AND RESPONSIBILITIES UNDER THE NURSE DELEGATION PROGRAM

1. Rights of the MAC Worker

- Proper education about medication assistance and orientation to the client
- Support by the MAS nurse and other licensed professionals within the residence
- Access to consultation by telephone 24/7 about questions or concerns or to related to medication
- Sufficient time to assure that each client receives the level of care which is required under the MAC program

2. Responsibilities of the MAC Worker

- To follow all rules and regulations
- To carefully study all MAC material and know clients as well as possible
- To pay attention to the clients on a daily basis and listen to their concerns or complaints
- To ask questions whenever you are unsure about whether related to a client’s medication
- To recognize that there is no such things as a “dumb question” with regards to client safety

RIGHTS AND RESPONSIBILITIES OF THE MAS NURSING STAFF

1. Nurses’ Rights

- Proper education about the NDP program
- Adequate time to educate assigned MAC worker
- Freedom to select and delegate to workers based on the worker’s ability and attitude
- The right to refuse to certify or maintain a worker who does not demonstrate skills and professionalism sufficient to carry this responsibility
- An adequate ratio of licensed professionals to MAC workers in order to provide safe management and adequate consultation

3. Nurse’s Responsibilities
• Follow rules and regulations
• Assist MAC workers and respond to questions or concerns
• Communicate with concerned facilities
• Educate the MAC workers
• Provide consultation services by telephone 24/7 to MAC workers regarding questions and concerns related to clients in residential setting

RIGHTS AND RESPONSIBILITIES OF THE ADMINISTRATION

1. Rights of Administrative Staff

• Pick MAS nursing staff capable of managing the NDP system
• De-select individuals not appropriate for these responsibilities
• Seek assistance from regional offices when problems develop within the NDP system

2. Responsibilities

• Assure adequate staffing to meet the needs of the client
• Assure appropriate response to adverse occurrences
• Assure that quality assurance data precisely reflects occurrences within the facility
• Educating MAC staff and residence employees to nurses responsibilities
2. UNDERSTANDING THE MAC TEACHING MATERIAL FOR INDIVIDUALS WORKING WITH CLIENTS WITH MENTAL RETARDATION

2.1. ABOUT THE MAC TEACHING PROGRAM

The MAC teaching program covers all forms of medications that may be administered by a MAC worker in a residential facility for persons with mental retardation. The teaching segments include materials that cover each of the different kinds of medicines, such as liquids, tablets, inhaled, etc., and others; information about the anatomy for which the medications is prescribed as well as common health problems that may be encountered in persons with mental retardation. A fact sheet is included at the end of each major section that repeats important information for the MAC worker. The MAC worker should not move forward from a section unless they are familiar with all information that is contained on the fact sheets. The fact sheets are also included in the MAC worker’s handbook for use in the residence.

2.2. UNDERSTANDING MENTAL RETARDATION

Mental retardation means that a person has intellectual disabilities that cause some disruption of their life. The human brain has many kinds of mental function. Mental retardation often refers to “schoolbook” kind of skills, such as reading, writing, language, as well as practical skills, such as dressing, driving a car, etc. Each person with mental retardation has a different mixture of abilities and disabilities. Our goal is to pump up the abilities and to reduce the disabilities. Your role in providing medicines to these individuals is extremely important. The client and their families are depending on your professionalism and abilities.

Many terms are used in mental retardation. “Autism” is a common term that refers to a brain disorder that limits the ability to communicate and maintain normal, social connections. Many people with autism also suffer from mental retardation. Many people with mental retardation also suffer from mental illness or epilepsy. These clients require complex medications for each disorder. This teaching course will provide you with basic information about medical problems, mental health problems, and seizure disorders that are common in your client.

Some people with mental retardation know that they want more from life than they are able to enjoy. These individuals can become grumpy and hard to manage. People with mental retardation did not choose to suffer from this disability. Most persons
with mental retardation are trying to do the best they can with their abilities. Imagine how you would feel if you woke up one morning and realized that you could not remember how to brush your teeth, tie your shoes, and everyone was speaking in a foreign language. Imagine that you are hungry and you are not sure how to use the knife and fork to feed yourself. People with mental retardation can struggle with even simple things in life. These struggles are hard and wear people out. Our job is to understand their struggle and make their burden lighter.

Proper medications help people with mental retardation live a happier and more meaningful life.

Our job is very important to the client and the family caregivers who view these people as important members of their family. Your ability to manage their medicines lightens the family’s burden and protects the client against avoidable health consequences.

You are a vital part of the healthcare team that stretches from the doctors who prescribe medicines to the nurses who oversee their medication administration down to the family member who appreciates your attention to their healthcare. There is additional information in Section 5 that contains more detailed knowledge about your role and clients. You will be tested on material in Section 3.
3. MANDATORY MAC EDUCATIONAL SEGMENTS

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MEDICATION ASSISTANT CERTIFICATION (MAC) PROGRAM
UNIT 1
3.1. KNOWING YOUR MENTALLY RETARDED CLIENTS AND THE
DELEGATION SYSTEM

TEACHING OBJECTIVES:

By the end of this unit, the student will be able to:
1. Recognize their client’s strengths and weaknesses
2. Recognize changes in the health status of their client
3. Explain their responsibilities as a MAC worker

Your role as a medication assistant for your mentally retarded client is a very important part of your responsibilities as a direct care worker. Your supervising nurse has given you this very serious responsibility. Many times your client is unable to express their needs and wants. It is important for you to recognize that you are the “eyes, ears voice and heart” of your MR client, and for your supervising nurse who helps you to take care of them.

In thinking about what makes you happy in your life, chances are you would mention being a loved and respected part of your family and community. The same thing can be said about your clients. As a direct care provider, it is important that you remember that your clients deserve to be treated with the same respect that you would want your family to treat you. Your clients are a valuable loved part of a family. In the group home setting, they become a part of an extended family, with you as their caregiver. This means that you should be concerned about them, and treat them, as you would expect your family members to be treated.

When you are raising a family, there are certain things you have to do for your children while they are young. As the child gets older, they become less dependent on you to do things for them, like dressing, feeding and even taking their medicines when they need to. Even though your clients sometimes act child-like, they are not little children. You need to promote their independence, even though sometimes it is easier and maybe faster for you to do everything for them. To do this you need to know your client’s strengths and weaknesses. Ask yourself when you assist your client with his or her medications if you are doing everything you can to help that person be more independent. If your client is able; you should teach them to take partial or full responsibility for their own medicines. This may take a lot of time and work,
but it will be worth it if your clients are to gain as much independence as possible. Keep in mind though, that it is your responsibility to make sure the clients get the right medications whether you do it for them or they can do it for themselves.

Another important role of the medication assistant is to recognize when your client has a problem or is sick. These changes or symptoms might be medical, physical or behavioral. Sometimes your clients may be able to tell you that something is wrong, i.e. they just do not “feel right”. If your client does not communicate well, then it is up to you to recognize changes. These changes may be very slight. Physical changes may include a decreased level of consciousness, loss of appetite, complaints of pain or a decrease in level of activity.

Behavioral changes may include a loss of interest in a previously enjoyed activity, lack of cooperation with their care, or “acting out” behaviors such as anger or hostility. If these changes occur, it is important to call your supervising nurse for advice. Changes may indicate a medical illness or a reaction to medications. Remember you are the eyes and ears for your supervising nurse. You may be the first person to notice a problem. Call your supervising nurse even if think that the change may be nothing. It is always better to be “safe than sorry”.

The Alabama Board of Nursing has created a new rule (Rule 610-X-6-.15) that allows some direct care workers or unlicensed assistive personnel to do specific limited tasks. Those tasks that are NOT included in the list are:

1. Inserting a catheter (tube) into the bladder
2. Giving an injection (shot)
3. Giving a suppository in the rectum or vagina*
4. Calculating a dose of medicine (other than pouring up liquid medicine or breaking a tablet in half)
5. Tracheotomy care including suctioning
6. Inserting a gastric (stomach) tube, replacing a tube or giving a feeding through the tube.
7. Ventilator care
8. Invasive procedures or techniques
9. A task that uses sterile technique (such as changing a sterile dressing)
10. Writing down a verbal or telephone order from a licensed provider (physician, nurse practitioner or physician’s assistant)
Your supervising nurse has the responsibility to decide which direct care
workers can be medication assistants. If you are chosen, you must complete a
special training session lasting 24 hours. After the training, you will be asked
to take a written test and a practical test to make sure you can give the
medicines correctly and write on the MAR (medication administration record)
the date and time, you gave the medicine. On the written test you must score at
least 90 percent. On the demonstration test, you must score 100 percent.

*The Alabama Board of Nursing may change this ruling to allow MAC’s to
assist with certain types of suppositories.*
IMPORTANT FACTS FOR UNIT ONE

1. Being a medication assistant is a very important and serious job.

2. You are the eyes, ears, voice and heart of your mentally retarded client and your supervising nurse.

3. Encourage your client to give his/her own medications if they are able to do so.

4. Recognize and report any physical or behavioral changes in your clients to your supervising nurse.

5. Direct care workers chosen by their supervising nurse must have 24 hours of special training and pass two tests before they can be medication assistants.

6. Medication assistants may help clients with eye, nose or eardrops, oral, topical or inhaled medications.
FACT SHEET ON THE NURSE DELEGATION PROGRAM

1. Medication administration changes are required to comply with federal guidelines.

2. Regulations by the Board of Nursing provides for assistance with medications by persons who are not a Registered Nurse or an LPN.

3. A licensed nurse must perform rectal** or vaginal suppositories, injections and other invasive procedures.

4. This exception only applies to the Department of Mental Health/Mental Retardation because we are a state agency with state regulatory authority.

5. A delegated unlicensed person who has undergone training and passed a two-step certification process may assist clients with medications.

6. Training will involve 24 hours of education that includes classroom and practical experience.

7. A licensed nurse must delegate authority by signing a form, stating that an unlicensed person has successfully completed necessary training.

8. The supervising nurse must have training and pass a knowledge test before certifying the MAC worker.

9. The facility’s licensed nurse must monitor quality indicators for assistance with medication and report medication mistakes.

10. The educational program will be developed in two segments. Phase 1 is a written training program, while Phase 2 will provide facilities with training DVD’s and printed material.

11. A website will be constructed for nurses to provide information, feedback and additional material.

** Rectal suppositories for seizures (Diastat) may be approved by the Alabama Board of Nursing at a later date**
UNIT 2

3.2. UNDERSTANDING MEDICATIONS IN TREATMENT FOR YOUR MENTALLY RETARDED CLIENT

TEACHING OBJECTIVES:

By the end of this unit, the student will be able to:

1. Define medications, their effects and side effects
2. Recognize types and categories of medications
3. Recognize various forms of medications, i.e. tablets, spansules, capsules, liquids, suspensions, topical preparations, inhalers, etc.
4. To describe proper storage procedures for medications

Your MR client’s health and general well-being are important aspects of your care for them. Sometimes when there is a problem with their health status, certain treatments are needed. One of those treatments is the use of medications. This unit is designed to help you understand what medications are, how they act in our bodies and how to store those medications to prevent problems with changes in their strength or composition and to prevent medication errors.

Prescription medications are products used to treat, cure, relieve symptoms or prevent diseases. The term “drug” is often used to describe an illegal substance such as marijuana, cocaine or crystal meth. Licensed health professionals such as doctors or nurse practitioners prescribe medications. A prescription is a written direction for preparation and use of a medicine. Prescription medications must be dispensed by a registered pharmacist.

Another type of medication can be purchased at the pharmacy or a department store. These medications are called “over the counter or OTC” medications. These medications may include things like Tylenol or Aspirin used to relieve pain or fever, antacids like Mylanta or Maalox used for heartburn or gas, laxatives like Ducolax to relieve constipation, or multivitamins like Centrum to promote good nutrition.

Prescription and OTC medications come in two categories:
1. Generic medications are medications labeled by their chemical name, for example Ibuprofen.

2. Brand or Trade name medications are made by a specific company, for example Advil.

Medications come in many different types or forms depending on the disease or symptom they are used. Some examples of these forms are:

1. Caplet — a solid form of oral medication, shaped like a capsule that is coated and easily swallowed.
2. Capsule — oral medication such as a powder, liquid or oil held in a gelatin container.
3. Cream – a non-greasy semi-solid preparation applied to the skin.
4. Drops – a liquid medication given through a dropper in the nose, eyes or ears.
6. Jelly -- a thick clear or nearly semi-solid preparation that is applied to the skin.
7. Inhaler – a medication or combination of medications inhaled through the mouth or nose.
8. Lotion – a thick liquid medication that is applied to the skin.
10. Paste – a semi-solid preparation that is thicker in nature than an ointment.
11. Patch – a medication in the form of a patch or disk that is applied to the skin and absorbed over a period of time.
13. Solution – a liquid such as alcohol or water that contains a dissolved substance.
14. Spansule — oral medication in a capsule form that has an extended release effect.
15. Suspension — a liquid containing undissolved particles of a medication, which must be shaken before given.
17. Tablet — an oral powder medication compressed into a hard small disk.

There are some important rules to remember when storing medications that prevent a change in strength of the medicine or a change in the chemical make up of the medicine. These rules also help to prevent one of your clients from receiving the wrong dosage of medicine or receiving some one else’s medicine. Some rules of storage are common sense considerations, such as not storing liquid medicines with cleaning solutions or storing oral medications with those used by another route.
Some rules to consider are:

1. Keep prescription and OTC medications in the original container.
2. Packages or bottles should be labeled properly. Prescription medications should have the generic and brand/trade name clearly on the packaging or bottles.
3. Keep prescription and OTC medications in a locked area or storage container (Refer to your residential group home policy).
4. Keep controlled medications under double lock and key.
5. Keep medication that needs refrigeration in a separate locked container. It is best to have the medications in a separate refrigerator away from food items. (Refer to your residential group home policy).
6. Store prescription and OTC medications in the proper environmental conditions. Medications stored in direct sunlight or in extreme heat or cold may lose their strength. For example, steam in the bathroom may affect the medications.
7. Store oral medications away from those used for skin conditions.
8. The medication assistant responsible for assisting clients should keep the keys with him/her at all times. It may be a good idea to have a back-up set of keys as well. (Refer to your residential group home policy)
IMPORTANT FACTS FOR UNIT 2

1. Medications are products used to treat, cure, relieve symptoms or prevent diseases.

2. Prescription and over the counter medications (OTC) are two types of medications.

3. Generic and brand or trade name are categories of prescription and OTC medications.

4. Medications come in many different forms depending on the disease or symptom they are used for.

5. Rules for storing medications are necessary to prevent medication errors and changes in strength or chemical make-up.

ASSISTING WITH MEDICATIONS GIVEN FOR SEIZURE DISORDERS TO PERSONS WITH MENTAL RETARDATION
1. Understanding Seizures

Seizure disorders are the same as epilepsy. A seizure is produced by brain cells firing when the client does not want to activate those brain cells. Persons with mental retardation are more likely to have seizures and people with seizures are more likely to have serious mental illness. The kind of seizure depends upon which brain cells are not properly controlled. Seizures are usually distressing to the client and sometimes dangerous to their health.

2. Walk a Mile in the Shoes of a Person with Epilepsy

Imagine working on a computer that automatically cancelled your job and begins to act on its own. For instance, sending email to people you did not know or playing music that you did not want to hear. Imagine having to work on that computer everyday and not know whether it would malfunction. Would you enjoy that experience? Imagine that your car would sometimes begin to drive itself while you were in the passenger’s seat. You are driving down a road and the car decides to run into a ditch or hit a tree. How would you feel? Would you be willing to take a medication to prevent your computer or your car from causing problems for you?

Anti-seizure or sometimes called “anti-epileptic medications” are important for maintaining quality of life for persons with mental retardation. These medications help prevent your body or brain from acting against your wishes.

3. What Happens During a Seizure?

Seizures have three parts: 1) the pre-ictal phase, 2) the seizure, and 3) the post-ictal phase. Many clients know when they are about to have a seizure because they “feel funny”. Clients may smell strong odors or experience unusual sensations, such as a strange taste. The seizure activity may be mild (staring spells) or severe (prolonged motor jerking). Many clients are confused, irritable or sleepy following the seizure (post-ictal). You must be alert to all aspects of seizures and report events to your nurse.

4. Assisting with Medications

Getting the Big Picture.
People with epilepsy must be treated with medications to prevent harmful complications such as injury to self or others, as well as severe persistent seizures that can be life threatening. People with seizure disorder or epilepsy can be treated in several different ways, including the prescription of medications, the placement of a vagal nerve stimulator, or surgery to remove the part of the brain that triggers the seizures.

5. Medications for Epilepsy

(A) Scientists have developed many medications to reduce the frequency or severity of seizures. These medicines act by quieting parts of the brain that fire out of control during a seizure. Any medicine that quiets the brain can sometimes cause sedation or confusion in the individual. The doctors must run a fine line between too much or too little medicine. Too little medicine will allow the abnormal brain cells to fire into a seizure, while too much medicine can cause excessive sedation. Some clients do not respond to a single medicine and the doctors may prescribe two or three different types of medicines. Each drug acts in a different way in the brain and doctors consider the risks of taking several kind of medications against the benefit of not having seizures.

6. Vagal Nerve Stimulators

The vagal nerve stimulator is a special device that is surgically implanted in the chest. The device has a wire that is stuck on the nerve in the neck and the chest called the “vagus” nerve. An electrical signal can be sent to the black box in the chest that causes an electrical charge to go into the vagus nerve. Scientists have discovered that this stimulation can sometimes reduce or prevent seizures. The stimulator works best when the client receives the stimulation before a general seizure.

7. Surgery

When medicines and other treatments like the VNS fail to work on a client, surgeons may remove the part of the brain that causes the seizures. Doctors are reluctant to cut out parts of peoples’ brain unless it is absolutely necessary to reduce the frequency of seizures. Many different kinds of seizure surgery can be performed and this operation is often helpful and dramatically reduces the frequency or severity of seizures.
Fact Sheet on Seizure Disorders in Persons with Mental Retardation

1. A seizure disorder is the same as epilepsy and refers to people who have seizures or epileptic fits.
2. Seizures are caused by brain cells firing beyond the control of the individual that may cause movement of face, arms, legs, body, and sometimes loss of consciousness.

3. A seizure disorder is a health problem beyond the control of the person with the disease.

4. Medication dramatically reduces the frequency and dangerousness of seizures.

5. People who take medications for seizures must receive these doses on schedules as determined by the doctor.

6. Notify your nurse anytime a client is not taking their seizure medications.

7. The nurse should notify the doctor when the client has missed multiple doses of their seizure medications.

1. A big change in the number of seizures is important. Report this immediately to the nurse.

2. Many medications for seizure disorders have blood tests that tell the doctor how much medication is in the blood stream.

3. Staff should know the symptoms of seizures each client experiences and the type of behaviors produced by a spell, e.g., face twitching or arm jerking or blank stare.

4. Your observation on the number and severity of seizures help the doctor decide whether to change medicines.

5. There is no blood test, brain scan or brainwave test that tells a doctor whether seizure medicines are working.

6. Non-compliance with seizure medicines is a common reason that people have more seizures.

MEDICATION ASSISTANT CERTIFICATION (MAC) PROGRAM
UNIT 3
3.3. UNDERSTANDING PRESCRIPTION MEDICATIONS USED IN THE TREATMENT OF DISORDERS IN THE MENTALLY RETARDED CLIENT

TEACHING OBJECTIVES:
By the end of the unit, the student will be able to:

1. List and apply the six rights used in assisting clients with their medications.
2. List the five categories of medications that MAC workers may assist clients with administration.
3. List the three primary expected effects that medications provide.
4. Recognize the difference between generic and brand names of medications.

When your clients in the residential group homes are sick or need treatment for a chronic illness, they oftentimes have to visit their health care provider. Sometimes, this provider is a doctor, but it may be a nurse practitioner or physician’s assistant. After the visit, the provider may write a prescription. A prescription is a written direction for preparation and use of a medicine. Licensed health professionals such as doctors or nurse practitioners prescribe medications, however the prescription medications must be dispensed by a registered pharmacist. This unit is designed to help you understand what you, as a MAC worker must do to assist your clients in receiving their medications safely and in a timely manner, and to ensure they receive the desired effects of the medicine.

There are six rules that must be followed in assisting with your clients medications. These rules are also called “rights’

1. **The Right Person** – You must verify the identify of the person before you assist them with taking their medications. Never give medications to a person you are not familiar with.

2. **The Right Medication** – You must verify that the medications you are assisting with are correct. One way that you can check this, is to compare the label on the medicines to the label on the MAR (medication administration record). If you are still unsure about the medication, call your nursing supervisor.

3. **The Right Dose** – You must verify that the dosage of the medication is the correct dosage. The correct dosage helps to ensure that the medicine has the correct effect. Too much of the medication might severely hurt the client. Too little may not help him at all. If you are unsure whether the dosage is correct, call your nursing supervisor.
4. **The Right Route** – Medications can be given several different ways or routes. These include, oral, topically, and through injections. If the medications are given in the wrong way then the medication can have no effect or may be deadly for your client.

5. **The Right Time** – Medications are given by a schedule to ensure that there is a steady level in the blood stream. If the medicines are given too far apart, then the client may not get the desired effect. If they are given too close together, then it could receive too much of the medications. Follow the guidelines that your nursing supervisor has set. Generally, you may give the medication within an hour of the scheduled time. If it has been longer than an hour then you should not give the medicine. Let’s say for example that Susie must take her medicine with food at lunch, which is at 12 noon. Today she wants to go to a movie at one and her lunch will be served at 11:00. Since the medicine needs to be given with food, you would want to make sure she takes it at 11, instead of waiting for noon or when she returns from the movies. When you have doubts about the time, call your nursing supervisor.

6. **The Right Documentation**—After you have assisted the client with their medications, you will need to record on the MAR (medication administration record) that the medicine has been given. You will learn more about writing on the MAR in the next unit.

In addition to the six rights in assisting your clients with medication, it is also important to know your restrictions. The board of nursing has set certain limits as to the types of medications that you may assist. You may assist your client with oral medications, including liquids, pills etc., skins preparations such as creams or lotions, inhalers, eye, nose and ear drops. You may **not** give injections, tube feedings or suppositories*. If you are unsure whether you are allowed to assist your client with some types of medications, call your nursing supervisor.

There are three main effects that medications provide. These are a desired effect, an undesired effect and no effect.

A desired effect means that the medication that is prescribed is working, as it should and producing an effect that we want the medicine to accomplish. An example of a desired effect would be a medicine used to control seizures like Depakote. If your client has no seizures or the frequency of the seizure is less often, then this is a desired effect.
An undesired effect means that the medication is working, but is causing other problems for your client. These problems are called side effects. Most medications cause some side effects. Your client can easily put up with some side effects. An example of a side effect that is tolerated would be drowsiness or nausea if it were not excessive. Most of the time the side effects go away after a few days.

If the client has a more serious side effect, it could fatal. An example of serious side effects would be problems breathing. These serious side effects sometimes occur with antibiotics, but other medicines can cause serious problems. If your client develops a serious side effect, call your nursing supervisor immediately. If you cannot reach the supervisor, call 911 and ask the paramedics to evaluate the problem. (You may also want to refer to your residential group home’s policy regarding the procedure for calling for assistance in the event of emergency)

You can expect that all medications will have to be given for a specific length of time before an effect can be seen. After this length of time has passed and your client does not seem any better, then you can assume that no effect (either desired or undesired) has occurred. For example, an effect of no effect would be Tylenol, when the health care provider has prescribed it for fever. If after a specific length of time has passed and the fever is unchanged, then you can consider that there is no effect.

Your client’s medication should have a generic and a brand name on the label. You recall from unit 2 that a generic medication is one that is labeled with a chemical name. Generic prescription medications are often cheaper than brand name medicines. For this reason, your client’s pharmacist may fill the prescription with a generic medication. An example of a generic medication name would be sertraline (Zoloft). A brand name medication is a medicine that is manufactured by a certain company. The drug companies do a lot of research on medicines before the FDA (Food and Drug Administration) allows those medicines to be given to humans. As a result, the drug companies get a patent on their medications usually for seven years. During the seven years, the prescription can only be filled with that particular brand name drug. An example of a brand name drug would be Zoloft (sertraline). Your client’s medicine should have both the generic and the brand name on the label. If you are confused or if the medicines look different than they usually do, call the nursing supervisor for instructions.

As a MAC worker, you have an important role in assisting your clients with their medications. By following the six rights of medication administration, recognizing your limits, remembering the three effects of medicines and being aware of generic
and brand names of medicines, you can ensure that your clients receive their medications safely.

*The Alabama Board of Nursing may change this ruling to allow MAC’s to assist with certain types of suppositories.

IMPORTANT FACTS FOR UNIT 3

1. A prescription is a written direction for preparation and use of a medicine.

3. Desired Effect, Undesired Effect and No Effect, are the three main expected effects of medications.

4. A Side Effect is an undesired effect of medication.

5. Medications should be labeled with a Generic or Brand Name or Both Terms.
Understanding Medication Side Effects in Persons with Mental Retardation

Getting the Big Picture

People with mental retardation often receive powerful, mind-altering drugs to correct chemical imbalances or reduce excessive firing in the brain. These clients receive two types of drugs: 1) psychotropic medications, and 2) medical drugs. Psychotropic drugs refer to medications prescribed to alter brain function. Other medical drugs may include drugs used for high blood pressure, diabetes, etc. You must be aware of possible side effects for both types of drugs and report any concerns to your responsible nurse. Persons with mental retardation may under-report or over-report side effects; however, you must report both occurrences to your supervising nurse.

People with mental retardation may be unable to describe problems such as constipation, dry mouth, stomach, or other problems associated with some types of medications. Other clients may mis-interpret these physical changes as an attempt to harm them. You must maintain good communication with your clients to be sure that they will report changes in their health that might be related to medications.

Clients with mental retardation sometimes worry about the effects of medications. You must report all complaints about possible side effects to your supervising nurse; however, you should remember that clients might be complaining out of fear or anxiety. Other clients may avoid reporting side effects or not recognize these symptoms.

Distinguishing Different Levels of Risks Produced by Medication Side Effects

Medications that reduce the intensity of false beliefs, voices or visions, called “antipsychotic drugs”, have many side effects in the brain. Some clients can become stiff or develop muscle spasms. Others may feel nervous inside as though they have “ants in their pants”. Some clients may become drowsy and sleep a lot. These common side effects are important to report to your nurse. You must decide the urgency of a report of side effects based on client safety. There are three types of reporting levels: 1) emergency, 2) urgent, and 3) routine. Emergency means that the client has an acute problem that may pose harm to themselves from a medication side effect; for instance, shortness of breath, wheezing, swelling of the throat or face, or
loss of consciousness. Seizures and other possible side effects must be reported to the
nurse as an emergency or the client should be transported immediately to the
emergency room (ER) for evaluation by a physician. An emergency requires a
response within 30 minutes or sooner.

An urgent situation requires a response from the nurse within the next 2 to 4 hours. If
a nurse is not available to evaluate the client, that individual should be transported to
the local emergency room. Urgent conditions like a new rash during start up of a new
drug, abdominal pain, headache, dizziness, etc. A routine side effect can wait until
the staff has an opportunity to talk with the nurse within the next several days, e.g.,
dry mouth, trouble urinating, constipation, stiffness, etc. An urgent side effect from
psychotropic medications includes severe stiffness or spasm of neck muscles.

Every client is different and each client must be evaluated individually. When in
doubt about a medication side effect, staff should be more cautious and more likely to
ask for help.

**When do I Hold a Dose of Medication?**

Certain medications must be taken on a regular basis to avoid complications.
Withholding medications for seizure disorder, high blood pressure, high blood sugar
and multiple other common conditions (See Table 1) may produce serious health
problems. Staff may be concerned about assisting a client with their medication who
is experiencing difficulties or side effects. For example, clients who have developed
very slow heart rates should not take certain blood pressure medicines and heart pills.
On the other hand, anti-seizure medications may be sedating and direct care worker
may be concerned about continuing to have a person take these medicines when he or
she is drowsy. Stopping or withholding the medications may cause a seizure. You
should call your nurse if you have any concern about an individual taking his
medicine you must notify the nurse immediately if you think your client should not
take a medication. You should check with your nurse about clients, who have a
major change in their behavior, before you have that client take a medication.

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**Table 1**

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<table>
<thead>
<tr>
<th>Important Medications</th>
<th>Serious Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Medication</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Asthma / Breathing</td>
<td>Breathing problems</td>
</tr>
<tr>
<td>Anti-seizure</td>
<td>Seizures</td>
</tr>
<tr>
<td>Heart Pill</td>
<td>Irregular or rapid beat</td>
</tr>
</tbody>
</table>
Fact Sheet On Medication Side Effects for Clients with Mental Retardation

1. Medication side effects are common in all persons, especially those with mental retardation.

2. People with communication problems may not be able to describe itching, stomach upset, rash, or other symptoms of medication side effects.

3. Many drugs cause dry mouth or funny taste that may reduce a client’s desire to eat or drink.

4. Side effects are more common when drugs are first prescribed, especially during their first few weeks of treatment.

5. Side effects can develop at any point during administration of a drug to a client.

6. A past history of allergy to a medicine will increase the risk for repeat allergic reactions.

7. Allergic reactions can cause a skin rash, nausea, and vomiting.

8. More severe allergic reactions can cause swelling of the face and eyes.

9. Severe allergic reactions can cause swelling of the throat and breathing tubes in the lungs.

10. Severe allergic reactions can cause death.
SAMPLE TEST QUESTIONS UNITS 1-3

1. Which is true about seizures?

   (A) Some people with epilepsy know when a seizure is about to occur.
   (B) Some people with seizures just have staring spells.
   (C) Some people with seizures have severe jerking of their arms and legs.
   (D) All of the above.

2. What is true about medications for seizures?

   (A) Seizure medications may have side effects that upset the patient.
   (B) Seizure medicines will reduce the frequency of seizures in many patients.
   (C) Seizure medicines may reduce the severity of seizures.
   (D) All of the above.

3. A 26-year-old mildly mentally retarded client, who has a seizure disorder, tells you that his Dilantin sometimes makes him a little sleepy. He says he doesn’t want to take his medicine anymore. Your best course of action is:

   (A) Tell him that the medicine helps prevent seizures.
   (B) Encourage him to discuss the side effect with his doctor.
   (C) Tell the nurse that he is complaining of side effects.
   (D) All of the above.

4. A client has severe seizures and he receives three medicines to control his epilepsy. He still has occasional seizures but they are much less dangerous than before he was put on the three medicines. Which is true about this patient?

   (B) Some people with severe seizures require several medicines to properly control them.
   (C) Doctors consider the risks of taking several kind of medications against the benefit of not having seizures.
   (D) The improvement of seizures shows that the medicines are working.
   (E) All of the above.
5. Your role on the seizure management team is:

(A) Explain the benefit of seizure medicines.
(B) Watch for the number of seizures.
(C) Observe the severity of seizures.
(D) All of the above.

6. A doctor will change seizure medicines based on:

(A) A blood test.
(B) A brain scan.
(C) Your observation on the frequency and severity of seizures.
(D) All of the above.

7. Medication Assistants (MAC’s) can assist with all the medications listed below, EXCEPT:

(A) Injections
(B) Inhalers
(C) Eye Drops
(D) Skin Creams

8. Before I can be a Medication Assistant Certified (MAC), I must:

(A) Go to the Internet and read a bunch of articles
(B) Pay my nurse
(C) Take 24 hours of training and pass two tests
(D) None of the above

9. Prescription and over the counter (OTC) medications are:

(A) Two types of medications
(B) Two illegal substances
(C) Dispensed only by the licensed pharmacist
(D) Used to help trees grow
10. Rules to remember for storing medications are important because they help:

(A) Prevent changes in the strength and chemical make-up of medicines.
(B) Prevent your clients from getting the wrong dosage of medicines.
(C) Prevent your clients from getting someone else’s medicines
(D) All of the above

11. The term seizure disorder refers to people who have:

(A) High blood pressure
(B) Diabetes
(C) Epilepsy
(D) Kidney failure

12. The **Right Person, The Right Medication, The Right Dose, The Right Route, The Right Time, and The Right Documentation** are:

(A) The six rights used in assisting clients with their medications.
(B) The six rights of the United States constitution.
(C) The six ways that a person can have side effects to medications.
(D) None of the above.
UNIT 4
3.4. ASSISTING WITH ORAL MEDICATIONS

TEACHING OBJECTIVES:

By the end of this, the student will be able to:

1. To describe the basic anatomy used in the GI tract
2. To recognize, explain and demonstrate the 14 basic rules of assisting with oral, sublingual and buccal medications.
3. To accurately document, the client’s having taken their medication on the Medication Administration Record (MAR).

Let’s review what we have already learned:

1. Medication assistants can do only those tasks that the Alabama Board of Nursing has allowed.
2. Prescription and OTC are two types of medication.
3. Generic and brand name are two categories of medication.
4. There are “6 rights” you should remember when assisting your client with medications.
5. Side effects are undesired effects of medications.

In this unit, we will discuss helping your clients take oral medications. Oral medications are those medicines given by mouth. These medications are in several forms including liquids, tablets or capsules and quick dissolving wafers. Liquids, tablets and capsules are swallowed while quick dissolving wafers and some types of pills are placed in the cheek between teeth and gums (buccal) or under the tongue (sublingual). Oral medications have advantages because they are safe, cheap and convenient for your clients.

When a medication is dissolved or swallowed, it goes through the gastrointestinal (GI) tract just like food. It starts in the mouth and travels to the stomach by way of the esophagus (food tube). Some medications are absorbed in the stomach, but most are absorbed in the upper part of the small intestine. Some pills have a special coating so that they are not absorbed in the stomach. This prevents the pill from dissolving too soon and causing irritation to the stomach lining. After the pills are dissolved, they are absorbed through the stomach lining or the intestinal walls into the
blood stream. The blood stream acts as a transport system to the rest of the body. (See diagram below)

![Diagram of the human body showing the blood stream]

Before you assist with any care for your client, you should wash your hands. This is particularly true when you have any physical contact with a client, after handling soiled items, after you use the toilet or assist your client in the toilet or with other personal hygiene activities, before and after eating, drinking or handling food. Hand washing is very important to protect both yourself and your client. It is the best way to prevent the spread of germs in your setting. Let’s break it down step by step.

When you wash your hands with liquid or pump soap:

A. Turn on the water and regulate the temperature to warm.
B. Wet your hands with warm water and apply liquid soap that is about the size of a Nickel to your hands.

C. With the water still running, rub your hands together covering all the surfaces of the hands and fingers for 15 seconds.
D. Rinse hands.
E. Dry your hands with paper towels.
F. Use paper towels to turn off the faucets.

When washing hands with bar soap:

A. Turn on the water and regulate the temperature to warm.
B. With the water still running, pick up the bar of soap.
C. Lather/wash hands with soap covering all surfaces of the hands and fingers for at least 15 seconds.
D. Rinse off the soap and place it in on the soap container or holder, then rinse your hands.
E. Dry your hands with paper towels.
F. Use paper towel to turn off the faucets.

When you don’t have soap and water available you may use an antibacterial hand rub using the following technique:

A. Apply a Dime sized amount of the hand gel to the palm of your hand and rub hands together.
B. Cover all surfaces of your hands and fingers with the gel.
C. Rub your hands together about 10 to 15 seconds until the gel dries.

Oral medications come in several different forms such as tablets, capsules or liquids. Prescription medications generally are prepared using the metric system. Common terms and abbreviations for the metric system include gram (gm), milligram (mg), liter (L), milliliter (ml) and cubic centimeter (cc). Sometimes the client’s prescription for a liquid medication may be written in common household terms such as “give one teaspoon, four times a day”. Kitchen teaspoons may be different sizes, so it is best to change the amount to the metric system and use a small plastic measuring cup so that we can be consistent in the amount of medications that a client receives.* Below is a table to assist in converting these amounts.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 teaspoon (tsp)</td>
<td>= 5 ml or 5 cc</td>
</tr>
<tr>
<td>1 tablespoon (Tbsp)</td>
<td>= 15 ml or 15 cc</td>
</tr>
<tr>
<td>1 ounce (oz)</td>
<td>= 30 ml or 30 cc</td>
</tr>
<tr>
<td>1 8 ounce (oz) cup</td>
<td>= 240 ml or 240 cc</td>
</tr>
</tbody>
</table>

*If small plastic measuring cups are not available then you may use measuring spoons for correct dosage. **Do not use silverware spoons to measure medicine.**

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**MANUAL 3.1**
**For Persons with Mental Retardation** 9-12-06
A certain number of rules or steps are needed in order to assist your clients with oral medications in tablet or pill form, to make sure that they receive them safely and correctly. Let’s take it step by step:

1) Wash your hands using the hand washing procedure we talked about earlier.
2) Remove clutter and clean-up the area where you will be assisting with medication. **Make sure that the area is quiet and that you will not be disturbed**
3) Assemble equipment such as medicine cup, gloves, water, medication administration record (MAR), blister packs, bottles or other containers.
4) Identify and if possible bring the client to the medication area.
5) Provide for your client’s privacy.
6) Unlock the medication storage area or box.
7) Remove the medication containers.
8) Put on your gloves.
9) Read the MAR and compare to the label on the medication container. Match the medication to the MAR using the six rights you learned in Unit 3.
   1. Is this the right medication
   2. For the right person
   3. In the right dosage
   4. At the right time
   5. By the right route
   6. With the right documentation form to be completed at the end of the process
10) Check and compare the label with the MAR
11) Pour the medications carefully out of the bottles by tapping medicines into the cap and then placing in the medicine cup or punch the tablets out of the blister pack into the medicine cup. Do not touch the tablets or pills. Check and compare the medication with the MAR.
12) Give the client the medications with a cup of water and ask him to swallow the medicine. Observe the client closely to be sure that he is not having difficulty swallowing. If necessary check the client’s mouth to be sure he swallowed the medicine.
13) Remove the client from the medication area, remove your gloves, wash your hands, clean the medication storage area and return the medication containers to the client’s locked storage container.
14) Record the process on the medication sheet.

**Special Points**
**If you are assisting your client with more than one medication, you must check each medication separately using the 6 rights.**

**If you are assisting more than one client with medications, you must give each client individual attention and provide privacy. Never assist several clients at once. This can cause confusion and put you at a greater risk of making a mistake.**

**If you must leave the medication storage area before you are done, be sure to lock the medication storage area.

**Always give oral medications with water. Certain juices and other drinks may interfere with the medications.**

The steps for assisting with liquid oral medications are similar to the steps for medications in tablet form, however there are some important steps used to measure the correct amount of liquid medicines.

1) Wash your hands using the procedure we talked about earlier.

2) Remove clutter and clean-up the area where you will be assisting with medications. **Make sure the area is quiet and you will not be disturbed.**

3) Assemble equipment such as medicine cup, water, medication administration record (MAR) and liquid medication bottles.

4) Identify and if possible bring the client to the medication area.

5) Provide for your client’s privacy.

6) Unlock the medication storage area or box.

7) Remove the liquid medication containers.

8) Read the MAR and compare to the label on the liquid medication container. Match the medication to the MAR using the 6 rights you learned in Unit 3.

9) Check and compare the MAR with the label once again.

10) Shake the medication if necessary. Remove the cap and place upside down on a flat surface. Place the measuring cup on a flat surface at eye level. Identify the correct amount on the cup. Turn the medicine bottle label away from you and carefully pour the correct amount into the medicine cup.

11) Check and compare the medication to the MAR one last time. Wipe off the excess liquid from the bottle using a clean cloth or paper towel and replace the top.

12) Give the client water and ask him to swallow the medicine. Observe the client closely to be sure that he is not having difficulty swallowing.
13) Remove the client from the medication area, remove your gloves, wash your hands, clean the medication storage area and return the medication containers to the client’s locked storage container
14) Record the process on the medication sheet.

After you have successfully assisted your client with his/her medication, you will need to write on the medication sheet (MAR) that the client has taken their medication. Look at the blank MAR sheet below.

(MAS NURSE SHOULD INSERT COPY OF MAR HERE)

At the very top of the medication sheet, you will find the client’s name and the location of the group home. Immediately under the name and address, you should find a box with a list of the client’s allergies. If you see the initials NKA in the allergy box, this indicates that the client has No Known Allergies. In the large rectangular box on the left, you should find the name of the medicine written in both generic and trade names. Next to this box should be the times the client should take the medication. For example if the client takes the medication in the morning, you might find 8am in this box. If he takes it twice a day, two different times will be in the smaller boxes, three times a day will show three different times of the day, and four, four different times. Across the top of the medication sheet, you will find the month and year and 31 small boxes. These boxes indicate the days of the month. Find the name of the medicine and time that the client took it, then using your finger, find the correct day of the month along the top. Place you initials in the correct box for the day and time that the client took the medication. For example:

Your client, Johnny Doe, lives at group home X at 712 Greenbox Ave. Johnny takes his pill for depression every morning at eight. The name of the pill is Zoloft (trade name) or Sertraline (generic name). Today is June 22\textsuperscript{nd} and Johnny has taken his medicine without a problem. Find the correct time for the medicine (8am) trace along the top of the boxes until you find 22. Drop down to the correct box for 8am and 22 and place your initials in the box. If this is the first time that you have assisted Johnny with the medicine, you will need to go to the bottom of the medicine sheet and write your initials and sign your name.

Helping your client with his medication is a big responsibility, but by remembering how the GI tract works to absorb medicine, following the steps, using the 6 rights, taking care to pour up the correct amount of medicine, and
marking the medication sheet, you can help your client take his medicine correctly and safely.
Understanding Medicines for Stomach and Bowel Disorders for Persons with Mental Retardation

1. Getting the Big Picture

People with mental retardation can have many types of troubles with chewing, swallowing, digestion, and bowel movements. Persons with severe retardation or neurological problems may have problems, swallowing and many medications may cause slowing of the bowels or constipation. Some persons with mental retardation swallow food and then force the food back out of the stomach into the mouth. This process is called “rumination”. Sometimes these individuals will vomit. Notify the nurse anytime a person is bringing food or medicine back to the mouth and spitting the food or medicine out. Some medicines take long periods of time for digestion. Do not re-administer the medication when the client vomits unless you check with your nurse first. Each type of medicine may have different side effects that are important to the person who gives the medicine.

2. Chewing

Chewing is very important for eating food and swallowing medicines. The same medicines that control chewing also control speaking. People who have trouble speaking may have trouble chewing and swallowing. The gums and teeth are very important for proper chewing and eating. People with bad teeth, gum disease, or poorly fitted dentures are more likely to have trouble chewing and swallowing.

3. How Does Swallowing Work

Swallowing works by a tube that connects the mouth and the stomach called the “esophagus”. When a person places a pill in their mouth they push it to the back of their throat and into a special tube that runs through the neck and into the belly. The pill or food is moved down the tube by a squeezing motion of the muscle in the tube. Some persons may develop problems with swallowing caused by disease or some medications. Clients may tell you that they feel like they have a lump in their chest when they swallow food or pills. Swallowing problems should be reported to your nurse for further investigation and advice.

4. Stomach Problems

The food empties from the esophagus or swallowing pipe into a sack (stomach) that fits in the belly, that is about the size of a woman’s purse. The stomach fills with
Acid to break down food that is swallowed. Excess acid can burn the stomach wall or wash back up into the food pipe causing a condition called “reflux esophagitis”. People with reflux complain of heartburn. People with irritation or inflammation of the stomach complain of belly pain. Sometimes people can get infection and places of irritation on the stomach and require antibiotics as well as medicines to reduce acid secretion. These medicines are called “antacids”, “H2 Blockers”, and “proton pump inhibitors”. These medicines all help the client by reducing the amount of acid that sits in the stomach. Excess acid can burn the stomach lining and cause bleeding or leakage in extreme cases.

Tell your nurse anytime a client complains of stomach pain or refuses to take their stomach medicines.

The small bowel or small intestine is a long tube that is coiled up inside your belly cavity. The small bowel absorbs nutrition from the food.

5. Understanding Medicines for Colon Function

The colon is a long, large tube that takes food waste from the small intestines and moves it to the rectum. The colon or large intestine is designed to dry bowel movement so that people do not have diarrhea. Many medications provided to persons with mental retardation will slow the movement of bowel movement to the colon and cause the bowel movement to become very dry and hard. Clients receiving psychiatric medications often complain about constipation. Sometimes the feces are so hard that they are stuck in the S-shaped part of the colon that fits right on top of the rectum called the “sigmoid colon and rectum”. Large masses of hard bowel movements stuck in the sigmoid or rectum area are called “impactions”. An impaction can cause pain, diminished appetite, and distress.

Many clients need stool softeners. A stool softener works by adding water back to the bowel movement to prevent hardening. Some people take laxatives, such as Milk of Magnesia. Milk of Magnesia works by rapidly increasing water in the colon and flushing the large bowel of unwanted feces.

Anytime the nurse instructs you to give a stool softener or laxative, you should monitor the client to be sure that they have a bowel movement. You should report to the nurse when the client fails to pass a bowel movement following a laxative. You should tell the nurse when the client continues to complain of hard bowel movements even when they receive a stool softener. Enemas must be administered by a nurse.
and should produce a bowel movement with water and feces within the next two hours. If the nurse administers an enema to a client and there is no bowel movement, you should notify the nurse of this problem.

People with mental retardation can have many problems with chewing, swallowing, excess acid production or bowel movements. Diarrhea or loose bowel movements are not a normal occurrence. Persons with mental retardation should have regular, normal bowel movements. Anytime a client develops diarrhea, report this to the nurse.

6. Understanding the Rectum

The rectum connects the colon to the anus. The anus has special muscles that squeeze together and prevent feces from falling out of the colon. Some blood vessels get swollen or inflamed in the rectum causing hemorrhoids. Hemorrhoids can bleed or cause pain. Hemorrhoid medicine shrink these vessels and toughens the skin.

7. Medications for stomach problems

Most stomach problems are caused by excessive secretion of acid. Some stomach problems are caused by acid washing into the food pipe causing a disorder called “reflux esophagitis”.

Stomach acid can be controlled through several means including dietary management, medicines that coat the food pipe and stomach, and medicines that reduce the overall production of acid in the stomach. Many clients have both reflux and excessive acid and these clients often require several treatments.

Spicy foods often cause inflammation of the food pipe and excessive production of acid. Clients may wish to limit the amounts of hot sauce and other things that they use on their food.

Anti-acid medications coat the lining of the food pipe and the stomach to protect these sensitive tissues from inflammation caused by excessive acid.

Inexpensive medications called “H2 blockers” like Tegamet will reduce the overall production of acid in the stomach. Newer drugs called “proton pump inhibitors” are more effective at reducing stomach acid but these drugs cost a lot of money. Many doctors begin with the H2 blockers and the liquid stomach liners to manage cost. The
more expensive proton pump inhibitors can be used in cases that the other medicines did not work effectively.
FACT SHEET ON UNDERSTANDING MEDICATIONS FOR STOMACH AND BOWEL FOR PERSONS WITH MENTAL RETARDATION

1. Swallowing includes chewing, moving food to the stomach through the esophagus, acid digestion in the stomach, absorption of nutrients in the intestines and drying of the bowel movement in the colon.

2. Stress can cause excess acid production.

3. Medicines can cause problems with chewing, swallowing, and food getting stuck in the food pipe.

4. Many kinds of medicines will reduce stomach acid.

5. Many medications will slow bowel movement.

6. Slow bowel movement becomes hard and sometimes can become stuck in the rectum.

7. Stool softeners add water back into the bowel movement.

8. Laxatives flush bowel movement out of the colon.

9. Always tell the nurse when clients complain of food getting stuck or burning sensations in the stomach.

10. Tell the nurse when a client does not have a bowel movement following a laxative or an enema.

11. Enemas must be administered by a Registered Nurse or LPN.

12. Bowel problems can cause distress and agitation.

MEDICATION ASSISTANT CERTIFICATION (MAC) PROGRAM
UNIT 5
3.5. ASSISTING WITH TOPICAL MEDICATIONS
TEACHING OBJECTIVES:

1. To explain the basic anatomy of the integumentary system
2. To recognize, explain and demonstrate the 6 basic special points or rules, one should remember in assisting with topical agents and skin preparations.
3. Recognize, explain and demonstrate the 14 steps used in assisting with topical medications.
4. To accurately document the procedures on the medication sheet

In our last unit, we learned how to assist our clients with oral medication. Although this is the most common method used to take medications, sometimes medicines have to be given a different way. If for example if you had a rash or some kind of problem with your skin, it might not make sense to give a pill for the problem. Sometimes the medicine that you use topically is used to heal or treat the problem and sometimes it is used to soothe pain or itching. This unit will help you understand how your skin works to protect your body and how topical medications for skin problems or other medical problems are absorbed in the skin.

First, let’s talk about what makes up our skin and how it works. Our skin acts to protect, excrete waste products and regulate temperature and fluids. Human skin is made up of three layers, called the epidermis, the dermis and the subcutaneous (sometimes called the hypodermis) tissue. (See the picture below)

These layers are a protective barrier between the body and the environment. The epidermis is the thin outer layer that we can see with our eyes. This layer acts as a
covering for the layers underneath. It functions to protect our body from physical and chemical damage, infection, fluid and heat loss. The dermis is a thicker outer layer just underneath the epidermis. This layer contains blood vessels and other cells. The dermis acts like a thermostat to control whether the skin is hot or cold and delivers nutrients and oxygen to the skin. The subcutaneous tissue is just below the dermis. It contains fat cells and the glands of the skin. The fat cells help to store calories, provide heat and to act as a shock absorber to the muscles.

The word topical implies that the medicine is applied to the skin. Topical medications include creams, lotions, ointments, pastes, solutions, suspensions, powders, sprays, patches, medicinal washes or soaps and even shampoos. Topical medications come in several different types of containers including jars, tubes, bottles, and spray cans. These medications can be used over a long period of time for chronic skin conditions like psoriasis or short term for conditions like poison ivy.

Let’s break down into steps how we help apply each one.

First, some special point or rules you should use when applying any type of topical medications:

1. Never touch the client’s skin with the container (such as a tube or bottle) of medication. This might cause germs to harbor in the container, contaminating the medicine.

2. If the medicine is to be used on the face, avoid application around the eyes, nostrils and mouth.
3. Always follow the directions on your medication sheet.
4. Look carefully at your client’s skin to make sure that there is no redness or other changes that might indicate an allergic reaction or infection. Report any changes to your supervising nurse.
5. Always use gloves to apply topical medications.
6. Clean the skin area where you plan to apply topical medications before you apply a new layer to the skin. (if you have been instructed to do so)

Creams

To apply creams follow these instructions:

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean-up the medication storage area where you will be assisting with medications. **Make sure the area is quiet and you will not be disturbed.**

3. Assemble the equipment, such as gloves and tongue blade you will need to assist with the client’s topical medications.

4. Identify and if possible bring the client to the medication area.

5. Provide for your client’s privacy.

6. Unlock the medication storage box and remove the topical medication container. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.

7. Check a second time using the 6 rights.

8. If the RN has determined that your client is able to use the topical medication alone, allow him to do so, but remain close by in case he needs assistance.

9. If the medication is in a tube, squeeze a small amount of the cream onto your client’s or your gloved hand. Check and compare the medication label with the medication sheet before applying.

10. If the cream is in a jar, use a tongue blade to scoop a small amount of cream onto your client’s or your gloved hand. Check and compare the medication label with the medication sheet before applying.

11. Apply a thin layer of cream, in a downward motion, using smooth strokes. Do not rub the cream back and forth or massage the area.

12. Remove your gloves, wash your hands and return the cream to the client’s locked container.

13. Record the application of the medication on the medication sheet.

**Ointments and Pastes**

Apply ointments and pastes in the same method described above.

**Solutions, Lotions or Suspensions**

Application of lotions, suspensions or solutions is similar to creams with a few exceptions.

1. Wash your hands using the techniques described in Unit 4.

2. Remove clutter and clean-up the medication storage area where you will be assisting with medication.

3. Assemble the equipment, such as gloves and tongue blade you will need to assist with the client’s topical medications.

4. Identify and if possible bring the client to the medication area.
5. Provide for your client’s privacy.
6. Unlock the medication storage box and remove the topical medication container
7. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
8. Check a second time using the 6 rights.
9. Shake the container of medication briskly.
10. If the RN has determined that your client is able to use the topical medication alone, allow him to do so, but remain close by in case he needs assistance.
11. Squeeze a small amount of the medication into your client’s or your gloved hand. Check and compare the medication label with the medication sheet.
12. Apply a thin layer of solution to the affected area using a gentle patting motion. Do not rub or massage the skin. Allow the area to dry.
13. Remove gloves, wash your hands and return the container to the client’s locked storage box.
14. Record the application of the medication on the medication sheet.

**Powders**

Powders are applied to the skin in a similar way to other topical medications with a few exceptions.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean-up the medication storage area where you will be assisting with medication.

3. Assemble the equipment, such as gloves and tissues, etc. you will need to assist with the client’s topical medications.
4. Identify and if possible bring the client to the medication storage area.
5. Provide for your client’s privacy.
6. Unlock the medication storage box and remove the topical powder container.
7. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
8. Check a second time using the 6 rights.
9. If the RN has determined that your client is able to use the topical medication alone, allow him to do so, but remain close by in case he needs assistance.
10. Because the client may inhale the powder, do not shake the powder over the affected area. Instead, shake a small amount of the medication into your client’s or your gloved hand. Check and compare the medication label with the medication sheet before you apply the powder.
11. Check the skin for any changes in appearance.
12. Apply small amounts of the powder to the clean dry affected area using a gentle patting motion. Do not rub or massage the skin.
13. Remove your gloves, wash your hands and return the medication container to the client’s locked storage box.
14. Record the application of the medication on the medication sheet.

Sprays

Sprays are applied in the same manner as powders, except, sprays may be applied directly to the skin. However, always remember to wear gloves to prevent infection to your client’s or your skin. Have the client turn their head away from the affected area to prevent inhaling the spray.

Patches

Patches can be used for a variety of conditions including birth control, hormone replacement therapy, certain heart conditions, pain, smoking cessation and even depression. Patches usually come in paper or foil wrappers. Application of the patch is similar to other topical medications however, there are few differences.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean-up the area where you will be assisting with medication.
3. Assemble the equipment, such as gloves that you will need to assist with the client’s topical medication patch.
4. Identify and if possible bring the client to the medication area.
5. Provide for your client’s privacy.
6. Unlock the medication storage box and remove the topical patch.
7. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
8. Check a second time using the 6 rights.
9. If the RN has determined that your client is able to use the topical patch alone, allow him to do so, but remain close by in case he needs assistance.
10. Have your client unwrap the package with a gloved hand. If the client cannot apply the patch alone, you should unwrap the patch using your gloved hand. This prevents any medication from the patch from absorbing into your skin or in the wrong area for your client. Check and compare the medication label with the medication sheet.
11. Remove the old patch if still present on the skin. Check the skin for any changes in appearance.
12. Apply the new patch to a new clean dry skin area according to the medication sheet and label. Do not rub or massage the patch on the skin.
13. Remove your gloves, wash your hands and place any remaining unused patches in the client’s locked storage container.
14. Record the application of the medication on the medication sheet.

**Application of scalp medications or shampoos:**

Application of medications or shampoos for the scalp is similar to other topical medications. However, there are some important differences.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean-up the area where you will be assisting with medication.
3. Assemble the equipment, such as gloves that you will need to assist with the client’s topical scalp medication. If indicated wash the client’s hair prior to application of the scalp medication.
4. Identify and if possible bring the client to the medication area.
5. Provide for your client’s privacy.
6. Unlock the medication storage box and remove the scalp medication container.
7. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4. Check a second time using the 6 rights.
8. If the RN has determined that your client is able to use the scalp medication alone, allow him to do so, but remain close by in case he needs assistance.

9. Check and compare the medication label with the medication sheet, prior to application.
10. Using gloves have your client apply the lotion evenly starting at the natural part and continuing about every inch until the entire scalp has been covered. If your client is unable to apply the lotion, you should assist using gloved hands. Gently massage the medication into the scalp.
11. Observe the scalp for signs of allergic reaction, such as redness.
12. Rinse the hair if indicated.
13. Remove your gloves, wash your hands and return the scalp medication container to the client’s locked storage box.
14. Record the application of the medication on the medication sheet.

**Shampoos**

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with medication.
3. Assemble the equipment, such as gloves, towels, washcloth, shampoo cape and medicated shampoo* that you will need to assist with the client’s shampoo.
4. Identify and bring the client to the sink or shampoo bowl.
5. Provide for your client’s privacy and comfort.
6. Unlock the medication storage box and remove the shampoo container.
7. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
8. Check a second time using the 6 rights.
9. If the RN has determined that your client is able to shampoo their hair, allow him/her to do so.
10. Check and compare the medication label with the medication sheet, prior to application of the shampoo. Wet the client’s hair. Using gloves have your client apply a small amount of shampoo starting at the front of the scalp and working to the back. If your client is unable to shampoo, alone you should assist using gloved hands. Gently massage the shampoo into the scalp. Avoid the eyes!
11. Observe the scalp for signs of allergic reaction, such as redness.
12. Rinse the hair, towel dry and assist with blow dry and styling.
13. Remove your gloves, wash your hands and return the medicated shampoo bottle to the client’s locked storage container.
14. Record process the medication sheet.

*Special Points: For the application of medicated shampoo, you may need to remove the shampoo from the locked medication box prior to bringing the client to the sink, tub or shampoo bowl. If so, perform “3 checks” using the 6 rights described above. Remember to lock the medication box prior to leaving the preparation area. If you are unsure about the procedure, call your supervising nurse.

Using the 14 steps described above and remembering the 6 special points or rules, you can assist your clients in applying topical medications safely and effectively, helping your client to be more comfortable, cure simple skin conditions and have better quality of life.
3.6. ASSISTING WITH EAR DROPS AND OTHER EAR PREPARATIONS

TEACHING OBJECTIVES:

1. To explain the basic anatomy of the auditory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember is assisting with eardrops or other ear preparations.
3. To accurately document the procedures on the medication sheet.

In our last unit, we learned how to assist our clients with topical medications. Now we need to learn about helping our clients with ear (otic) drops. We will also learn a little about how our ears work and how we can help our clients use ear drops for ear
infections, to soften earwax or help soothe the ears. Sometimes the client may need an ear wash of the ear canal, to remove wax and foreign bodies. This procedure requires a special technique to prevent germs from entering the ear canal, and should only be done by the licensed nurse or by the doctor.

Our ears are a fantastic pair of organs that are divided into three sections, the outer ear, the middle ear and the inner ear. The outer ear (pinna) is the part of the ear seen on the outside of the body. It is connected to the ear canal. Both are designed like a funnel to bring in sound waves from our environment. These sound waves are transmitted through the ear canal to the eardrum. The middle ear contains our eardrums and three tiny bones called the hammer, anvil and stirrups. The sound waves travel through the ear canal which makes the eardrums vibrate and carry the sounds to the three small bones in the middle ear. The sounds then travel to the inner ear. The inner ear contains a small snail shaped tube of bone, called the cochlea. The cochlea contains the nerves that transmit the sounds to the lobe of our brain just above the ear. Our brain interprets these sounds and tells us what we have heard. (See the diagram below)

You might have to assist your client with medicines like creams or ointments for skin conditions on their outer ear. Use the methods we talked about in Unit 5 to apply these creams or ointments to the ear. When your client needs to use eardrops for an infection, to soften earwax or to soothe the ears use the steps described below.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with medication. Assemble the equipment such as gloves and tissues you will need to assist with the client’s ear medications.
3. It is best to have your client lie down if possible and turn his head to side. Always remember to provide for your client’s privacy.

4. Unlock the medication storage box and remove the ear medication container.

5. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.

6. Check a second time using the 6 rights.

7. If the RN has determined that your client is able to use the eardrops alone, allow him to do so, but remain close by in case he needs assistance.

8. Roll the drops container in your hands to warm up slightly. Put on gloves. Remove the cap of the container and place on a clean surface. Check and compare the medication label with the medication sheet.

9. Pull gently on the outer ear (pinna) towards the top in an upward fashion.

10. Drop the drops in the center of the ear canal, without touching the skin of the outer ear. Release the top of the outer ear. Clean off any excess drops if necessary with a clean tissue. Replace the cap of the container.

11. Have the client stay on his side for about 3 minutes. Repeat the process with the other ear if the drops are to be used for both ears.

12. Assist the client up if needed, being mindful that he may be a little dizzy.

13. Remove your gloves, wash your hands, and return the drops to the client’s locked storage container.

14. Record the ear medication process on the medication sheet.

Helping our clients with ear preparations is an important function of the medication assistant. By assisting in the process, you can help heal infections, soothe pain and ensure that they are hearing well. All of the functions ensure that your client feels his best and prevents problems with behavior that may be related to pain, communication or infection.
UNDERSTANDING DISORDERS OF THE EARS IN PERSONS WITH MENTAL RETARDATION

1. Getting the Big Picture

Disorders of the ear can produce many different problems in persons with mental retardation. The client with mental retardation may suffer trauma to the ear, place foreign objects in the ear or have ear infections. Ear problems can produce significant behavioral problems in persons with mental retardation. This section helps you understand how the ear works and how health problems can cause pain and difficulty with hearing.

Ear problems can produce serious pain and distress for your client. There are three major parts of the ear: 1) the outer portion called the “pinna” or “ear lobe”, 2) the canal or tube that connects the outer portion to the inner ear, and 3) the inner ear that includes the eardrum and the tiny bone and nerve that translate sound into thought. Each part may develop problems that require treatment with medications or other interventions.

2. Disorders of the Outer Ear

The outer part of the ear called the “pinna” is designed to collect sound and focus the messages into the canal. Individuals with self-injurious behavior or head-banging may develop cauliflower ears or other damage. People who pick or gouge at the ear
can develop infections of the ear lobe or canal. This may require application of ointments or creams.

3. Disorders of the Ear Canal

The ear canal runs from the outside to a small area deep inside the skull, but not inside the brain. This tiny brain closet holds the nerves and bone that translate vibrations produced by sound into electrical impulses. The closet door is called the “tympanic membrane”.

The ear canal produces a substance that looks like wax. This wax can become quite hard and act as a plug in the eardrum. The ear canal is smaller than your pinkie finger. This wax may need to be removed by a healthcare professional using medicine to soften the wax, dissolve the buildup, and assist with flushing the ear.

Flushing wax from the ear can produce ear damage and only the nurse or other health professional should perform this procedure.

The ear canal can become infected or inflamed. Persons with mental retardation may place objects, such as beads and other things inside the canal. Anytime a person is digging at their ear canal or striking their ear, they may suffer from some form of ear infection or foreign object. Report this change immediately to your nurse. Outer ear infections can also occur during swimming and can be treated with ear drops.

4. Disorders of the Inner Ear

The eardrum (tympanic membrane) is the outer covering of your ear closet. The eardrum is quite sensitive and fragile. Sharp objects can tear this covering (that hangs like a shower curtain) over a closet door.

Never attempt to clean earwax or other material from the ear, as you may tear this delicate covering. Always refer this problem to your nurse.

The eardrum or tympanic membrane can sometimes becomes infected. This infection can spread to the fluid that sits behind the eardrum, causing otitis media. Otitis media is common in children but not adults. This infection is more common in people with past ear infections.

The closet is filled with fluid that acts as a shock absorber and ear protector. Some individuals have excessive fluid in this closet and doctors can place a tube that drains some fluid off and prevents a buildup. Sometimes the membrane or fluid becomes
infected and this is called “otitis media” or ear infection. Ear infections can be extremely painful and require antibiotics by mouth and sometimes eardrops to clear up the infection. Clients with ear infections sometimes begin to slap their head, scream or become agitated.

5. Hearing Aides

Some persons with mental retardation have problems with hearing and require hearing aids. A hearing aid is designed to improve the collection of sound and the transmission of the message to the eardrum. Hearing aids do not work unless the batteries are charged and the aid is properly placed in the ear. Earwax can reduce the usefulness of hearing aids and your nurse should evaluate this potential problem.

Some people who are deaf have special surgery to implant electrical devices that bypass damage in the system. These tiny, precise computers are called “cochlea implants”.
FACT SHEET ON UNDERSTANDING DISORDERS OF THE EARS IN PERSONS WITH MENTAL RETARDATION

1. Ear problems can produce serious pain and distress for clients.

2. Different parts of the ear can cause different problems.

3. The outer ear called the “pinna” is connected to the inner ear by a 1-inch long tube about the size of your pinkie finger.

4. The inner ear has a curtain of tough tissue called the “tympanic membrane”.

5. The inner ear is filled with fluid.

6. The ear is connected to the nasal sinuses and swallowing will clear your ears.

7. Infections of any part of the inner ear can cause great pain, fever, and distress.

8. Wax normally accumulates in the ear canal, but this brown, gooey material should never be removed with a sharp object.

9. Some individuals may jab sharp objects or place foreign objects in the ear canal causing infections, bleeding, and other changes. Report this immediately to your nurse.

10. Hearing aids increase the volume of sound but these devices must have batteries to work properly.
11. Hearing problems are common in persons with mental retardation and poor hearing can produce behavioral problems.

12. Head-banging may result from hearing voices or having pain in the ear from an infection.

SAMPLE TEST QUESTIONS UNITS 4-6

1. You should wash your hands with:

   (A) Pump soap and water
   (B) Bar soap and water
   (C) Waterless antiseptic hand gel
   (D) Any of the above is acceptable

2. Washing your hands before you assist with a client’s medication:

   (A) Is the best way to prevent the spread if germs
   (B) Is not necessary
   (C) Gives you something to do while your client comes for his medicines
   (D) Causes your hands to be very dry

3. Oral medications come in several different forms including:

   (A) Tablets
   (B) Liquids
   (C) Capsules
   (D) All of the above

4. Some special points to remember when assisting clients with oral medication include:

   (A) Lock the storage area if you must leave before you are done
(B) Never assist several clients with medications at once
(C) If you assist your client with more than one medication you must check each medication separately using the 6 rights
(D) All of the above

5. Your skin is made up of:

(A) The epidermis
(B) The dermis
(C) The subcutaneous tissue
(D) All of the above

6. Topical medications refer to those medicines that are:

(A) Swallowed
(B) Placed under the tongue
(C) Inhaled
(D) Applied to the skin

7. Topical medications come in several different forms including:

(A) Creams
(B) Patches
(C) Lotions
(D) All of the above

8. Ear drops help to:

(A) Cure infections
(B) Soothe pain
(C) Soften ear wax
(D) All of the above

9. Parts of the ear include:

(A) Ear drum
(B) Trombone
(C) Cauliflower
(D) Saw horse
10. John is a 22-year-old resident of your group home with mild mental retardation and schizophrenia. He suffers from auditory hallucinations and he hears voices all the time. John begins to complain that his ear is hurting him and he is constantly digging at the ear with his finger. John is cooperative with his medications and rarely talks to the staff except to ask for a cigarette. Your correct action is:

(A) encourage him to buy over-the-counter eardrops.
(B) reassure him that earaches are part of hearing voices.
(C) ask your nurse to speak with John and assess his need to see a doctor.
(D) ask your nurse to request more medicines for John because his psychotic symptoms are worse.

11. John also tells you that he is having trouble hearing out of the ear that is bothering him. He usually does not complain about hearing problems and he does not wear a hearing aid. Your best action for John is:

(A) gently clean his ear canal out with Q-tips and peroxide.
(B) tell your nurse that he is also complaining of hearing loss in the ear.
(C) flush his ear out with warm, soapy water.
(D) squirt a little earwax removal in his ear to get the wax buildup out.

12. Bill is an older person with mental retardation and hearing loss. Bill has hearing aids that help him listen to the television and talk with people using a normal voice. Recently, Bill has been playing the television loud and not following instructions. Usually Bill is agreeable and follows instructions. Bill has a history of schizophrenia but he does not hear voices anymore because the medicines control this symptom. Your best plan for Bill is:

(A) clean the earwax out of his ears with a Q-tip.
(B) put earwax-softening medicine in his ear and place a cotton ball at the end of the ear canal to prevent the medicine from running out.
(C) check the batteries and make sure the hearing aids are properly turned on.
(D) alert your nurse that Bill has a new health problem and he needs to visit the ear, nose, and throat doctor.

13. A woman who has been a client in your home for many years tells you that she is experiencing severe diarrhea. She blames watery bowel movement on the antibiotic medication that she is taking for a severe tooth infection. She has been on the antibiotic for about two weeks and now she complains of bowel
movement every three to four hours that is very watery. Your best response to this woman is:

(A) Reassure her that antibiotics do not cause diarrhea.
(B) Stop the antibiotics.
(C) Call the nurse for advice as antibiotics can sometimes cause diarrhea.
(D) Tell the nurse when she stops by in three days.
 Medi cation Assistant Certification (MAC) Program

Unit 7

3.7. Assisting with Nose Drops and Other Nasal Preparations

Teaching Objectives:

1. To explain the basic anatomy of the nose and sinuses.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with nose drops and other nasal medications.
3. To accurately document the procedures on the medication sheet.

In our last unit, we discussed assisting with eardrops or other ear preparations. Nose drops or nasal inhalers are used for several different problems with the nose. They can be as simple as using medicines to open the nasal passages, such as when your client has a cold, but may be used for more serious problems such as sinus infections or after surgery. Assisting with nasal drops or other nasal preparations is much like the methods used for ear medications, with a few differences. First, let’s discuss some information about the nose (olfactory system) and the sinuses. (See diagram below)
The parts of the nose just inside the openings contain tiny hairs that help to filter out particles of dust from the air you breathe in. The two openings or tubes from the outside of the nose are separated in the middle by a wall of cartilage and bone. Along the outside walls of the tubes there are shelves that open and close the openings and produce mucus into the nose. Two parts of our nervous system send out messages to the shelves. One part says “keep the tubes wet and closed” while the other part says “keep the tubes dry and open”. This causes the tubes to be in balance with one another.

When you get a cold, it throws of the balance off and causes the tubes to become wet and closed all the time. This causes a build up of mucus and plugs up the tubes causing you to have a stuffed up feeling or to have a runny nose. Over the counter nose drops or inhalers can temporarily unblock the tubes and shift the balance to “dry and open” If however you used the drops or inhalers too long it can cause what is called a “rebound effect” which keeps the tubes closed all the time. You can also use some OTC decongestant or antihistamine pills for relief. However, these can have side effects such as dry mouth and confusion and may interact with other medications, such as blood pressure medicine.

Your sinuses are located just above and below the eyes and either side of the nose. The nasal tubes lead to the sinuses. Sometimes but not always when you have a cold, you develop a sinus infection. The cold (which is caused by a virus) plugs up the nose and causes more mucus. Sinus infections (which are caused by bacteria) happen when the nose tubes are blocked making a perfect place for germs to grow in the sinuses. Symptoms of sinus infection may include pain over the sinuses and fever. Sinus infection is treated with antibiotics and special nose sprays or drops that contain steroids.

Your sense of smell is important because it is linked by the brain to our sense of taste. If your client is having trouble breathing through his nose, then his sense of smell may be changed. This can lead to a poor appetite, because food does not taste as well as it should. A good sense of smell also protects us from dangerous conditions such as natural gas leaks.

More information about the nose is provided at the end of this unit.

When your client needs to use nose drops or spray for a cold or sinus infection, here is how you can help.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with medication.
3. Assemble the equipment such as gloves and tissues you will need to assist with the client’s nasal medications.
4. For nose drops it is best to have your client lie down and tilt his head backwards. This can be done in either a recliner or the client’s bed. For nasal inhalers your client will need to be in a seated position. Always remember to provide for your client’s privacy.
5. Unlock the medication storage box and remove the nasal medication container.
6. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
7. Check a second time using the 6 rights.
8. If the RN has determined that your client is able to use the nose medication alone, allow him to do so, but remain close by in case he needs assistance.
9. Roll the drops container in your hands to warm up slightly. Put on gloves. Remove the cap of the container and place on a clean surface. Check and compare the medication label with the medication sheet.
10. Ask the client to tilt his head back and breathe through their mouth. Drop the drops in the center of nasal tubes, without touching the skin of the outer or inner nose. Clean off any excess drops from the client’s skin if necessary with a clean tissue. Replace the cap of the container.
11. Have the client in the reclining positions for about 3 minutes.

12. For inhalers have the client sit up. Put on gloves. Remove the cap of the container and place on a clean surface. Shake the nasal spray or nasal inhaler container. Using your index finger gently push one nasal tube down on the outside of the nose. With your opposite hand insert the applicator into the opposite nostril. Press the canister to instill the proper amount of spray in the nasal tube and have the client inhale. Repeat on the other nasal tube using the same method.
13. Remove your gloves, wash your hands and clean up the medication area if necessary. Return the drops, spray or inhaler to the client’s locked storage container.
14. Record the nasal medication on the medication sheet.

Special Points:

1. Never use nasal inhalers or drops, even if they are OTC medication, without a doctor’s, physician’s assistant or nurse practitioner’s order.
2. Instructions may vary for different types of nasal sprays and drops. Check with your nurse if you are not sure about the position of the client during the process.
Helping our clients with nasal sprays inhalers and drops is an important function of the medication assistant. By assisting in the process, you can help heal sinus infections, decrease nasal congestion, ease pain and ensure that they have a good sense of smell. All of the functions ensure that your client feels his best, has a good appetite, and prevents problems with behavior that may be related to pain, hunger or infection.

MEDICATIONS FOR THE NOSE AND SINUSES FOR PERSONS WITH MENTAL RETARDATION

The nose and sinuses are important parts of the human body because they help with breathing and protect against infection. The nose and sinuses help control of the temperature of air that moves into the lungs as well as filter materials that may cause illness, such as dust particles, etc. The nose is connected to tiny segments of bone that sit underneath your eye called “sinuses”. Both the nose and the sinuses are lined by specialized skin that produces fluid and mucous. These specialized air spaces are also connected to the inner ear.

The nose and sinuses can become congested, inflamed or infected. The skin inside the sinuses is sensitive to pollen, dust, and other material that causes allergies. This lining can be infected with viruses or bacteria. This specialized skin that line sinuses has many blood vessels that can easily absorb medications.

You may be asked to assist clients to use medicines for the nose. Decongestant medicines are inhaled into the nose and sinuses to reduce swelling of this specialized skin called “mucosa”. The decongestant causes blood vessels to close in a process
called “nasal blood vessel constriction closure”. Swelling of this tissue causes air to flow slowly. Infections in the sinuses or the nose are common and produce mucous that has a creamy, gray, or deep green appearance. Most sinus and nasal infections are caused by viruses that do not respond to antibiotics. Most virus infections of the nose and sinuses will clear on their own in several days.

Individuals with infections will probably require medications to clean up the infection. Mucous that is filled with pus can collect inside sinuses and this infection may require several weeks of treatment with antibiotics.

Bloody noses are common because the lining tissue of the mucosa has many blood vessels that break easily. Most bleeding occurs in the front part of the nose and is often caused by aggressive nose picking. Notify your nurse if a client develops a nosebleed that lasts for more than a couple minutes or if the client complains of pain beneath the eyes or exhibits a greenish-yellow discharge from the nose. Medicines that dry up the nose and sinuses are called “decongestants”. These medicines work by reducing blood flow in the nose and sinuses. People who take decongestants may also have side effects from the medication, including sleepiness, confusion, and sometimes irritability.
FACT SHEET ON MEDICATIONS FOR THE NOSE AND SINUSES FOR PERSONS WITH MENTAL RETARDATION

1. Most bloody noses will stop bleeding after 1 or 2 minutes.

2. Severe bleeding may require immediate medical attention.

3. Most nasal infections are caused by viruses.

4. Antibiotics do not kill viruses.

5. A sinus infection may cause a thick, yellow-green discharge, headache or fever.

6. A sinus infection may require an antibiotic

7. Decongestants stop the “runny nose” by squeezing blood vessels in the nasal lining. Some inhaled medicines will enter the blood stream.
TEACHING OBJECTIVES:

1. To explain the basic anatomy of the eye.
2. To recognize, explain and demonstrate the 14 basic steps one should remember is assisting with eye patches, eye drops, and other eye medications.
3. To accurately document the procedures on the medication sheet.

Our sense of sight is probably the most important sense that we have. If we are unable to see or have problems seeing, it can lead to many problems regarding behavior and safety. Poor eyesight, blindness and eye conditions can lead to poor communication and quality of life. In our last unit, we discussed assisting our clients with nose drops. Assisting clients with eye drops, eye patches and other eye preparations, like ointments, has many similarities. First, let’s learn a few things about the anatomy of the eye and conditions like glaucoma that effect the eye.

Our eye is an amazing organ that works a lot like a camera. Light enters the eye through colored part of our eye (iris) and is bent through the window of the eye (cornea) through the pupil (the black part in the center of the iris). This light passes through the lens (located behind the pupil). The light is then bent and focused on the...
back of the eye at the retina. The retina changes the light into electric impulses that are carried through the optic nerve to the vision center at the back of the brain.

There it is interpreted by the brain and the brain tells us what we have seen. (See also “Disorders of the Eye located at the end of this unit)

Sometimes when your client has an infection or disease of the eye, you may need to assist them with eye drops or eye ointments. Here are some simple steps to use for this process.

1. Wash your hands using the techniques described in Unit 4.

2. Remove clutter and clean the area where you will be assisting with medication.

3. Assemble the equipment such as gloves and tissues you will need to assist with the eye drops.

4. It is best to have your client sit or lie down so that he can tilt his head backwards. This can be done in a recliner, chair or the client’s bed. Always remember to provide for your client’s privacy.

5. Unlock the medication storage box and remove the eye medication containers.

6. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4. Check a second time using the 6 rights.

7. If the RN has determined that your client is able to use the eye drops alone, Allow him to do so, but remain close by in case he needs assistance.

8. Put on gloves. Remove the cap of the container and place on a clean surface. Clean the eyelid with a clean gauze and warm water if necessary to remove any old drainage. Use a clean gauze for each wipe and stroke from the nose outward to the edge of the eye.

9. Check and compare the medication label with the medication sheet.

10. Ask the client to tilt his head back and look at the ceiling. Explain to the client what you are going to do. Gently pull the bottom eyelid down and out forming a small pocket. With your other hand, drop the right amount of eye drops into the pocket, being careful not to touch the eye with the dropper. You may want to brace the hand you use against the client’s forehead to prevent the dropper from touching the client’s eye.

11. Clean off any excess drops from the client’s skin if necessary with a clean tissue.

12. Replace the can of the container. Remove your gloves, wash your hands, clean the medication storage area and return the drops to the client’s storage container.

13. Record the eye medication on the medication sheet.
The process for eye ointment for infection is similar. Let’s break down the steps.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with medication.
3. Assemble the equipment such as gloves and tissues you will need to assist with the client’s eye ointment.
4. It is best to have your client sit or lie down so that he can tilt his head backwards. This can be done in recliner, chair or the client’s bed. Always remember to provide for your client’s privacy.
5. Unlock the medication storage box and remove the eye medication containers.
6. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
7. Check a second time using the 6 rights.
8. Put on gloves. Remove the cap of the ointment container and place on a clean surface. Clean the eyelid with a clean gauze and warm water if necessary to remove any old drainage. Use a clean gauze for each wipe and stroke from the nose outward to the edge of the eye.
9. Check and compare the medication label with the medication sheet.
10. Ask the client to tilt his head back and look at the ceiling. Explain to the client what you are going to do.
11. Gently pull the bottom eyelid down and out forming a small pocket. With your other hand, beginning at the corner of the eye next to the nose, gently squeeze a thin line of ointment on the lower eyelid being careful not to touch the eye with the ointment tube. You may want to brace the hand you use against the client’s forehead to prevent the tube from touching the client’s eye.
12. Have the client close his eye and gently massage the area to spread the ointment across the eye.
13. Replace the cap of the container. Remove your gloves, wash your hands, clean the medication area and return the ointment to the client’s locked storage container.
14. Record the eye medication on the medication sheet.

Sometimes if a client has to have eye surgery or if they have had an eye injury, it may be necessary to apply an eye patch. Follow these steps to assist your client.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with eye patch.
3. Assemble the equipment such as gloves, tape and tissues you will need to assist with the client’s eye patch.
4. Tear or cut two or three 5 to 6 inch strips of tape from the roll. (You will need this to attach the pad or patch to the client’s eye.)

5. Have the client sit or lie down in a recliner, chair or on the client’s bed. Always remember to provide for your client’s privacy.

6. Put on gloves and remove the eye pad or patch from the client’s eye (if it is present)

7. Check and compare the orders/instructions on the medication sheet. Apply the eye drops or eye ointment if necessary according to the steps listed above.

8. If necessary, clean the eye with gauze sponge and warm water to remove any old drainage. Use a clean gauze for each wipe and stroke from the nose outward to the edge of the eye.

9. If a clean patch, pad or shield is to be used remove from the package. (These patches or pads should be provided by the pharmacist or doctor)

10. Ask the client to tilt his head back and look at the ceiling. Explain what you are going to do.

11. Have your client close his eyes.

12. Gently place the pad on the client’s eye. Be careful not to touch the side of the pad that will lie against the eye.

13. While holding the pad in place apply two or three strips of tape across the forehead to the ear.

14. Remove your gloves, wash your hands, clean the medication storage area and return the equipment to the client’s locked storage container.

15. Record the eye patch procedure on the medication sheet.

Assisting with the client’s eye drops, eye ointments or eye patches is a very important part of your job. By doing so, you can help the client feel more comfortable, help clear infections and insure that they are seeing at their very best.
UNDERSTANDING DISORDERS OF THE EYE IN PERSONS WITH MENTAL RETARDATION

1. Getting the Big Picture

People with mental retardation may suffer from many different kinds of eye problems. Many disorders that produce mental retardation also cause problems with the eye. This section will help you understand the different kinds of eye problems that you may encounter in caring for your client with mental retardation.

The eye is a very complex and important organ that can develop many different kinds of diseases. Treatment for eyes can include drops, ointments, and oral medications. The MAC worker must be familiar with common eye diseases that are important for assisting with administration of medications.

Many persons with intellectual disability have some type of visual impairment. Individuals may often need glasses or contact lenses to assure proper vision. Staff should always assure that eye glasses are in place and are clean during assistance with medications. This increases the client’s participation and cooperation with the process. Several common types of eye problems can occur in clients that require medications or other forms of treatment. To understand these eye problems, the worker must understand how the eye works.

2. Understanding Vision and the Eye

Light enters the eyeball through the outside opening called the “iris” and is focused on the back of the eye by a magnifying glass called the “lens”. Light and images are received on special brain cells in the back of eye in the region called the “retina”.

The outer covering of the eye called “conjunctiva and cornea” are designed to protect against infections or injuries while allowing light to enter the eyeball. This tissue is similar to skin and this covering can become infected with a disorder called “conjunctivitis”. People with conjunctivitis have a mucous-like fluid that builds up on the eye and has a green or yellow color. This infection often requires an antibiotic although conjunctivitis is often caused by a virus. Viruses are not killed with antibiotics.

The tissue on top of the lens is called “the cornea” and this delicate covering can be injured when a sharp object or material strike the eye covering. This produces a
condition called “corneal abrasion” and may cause your clients to become tearful and sensitive to light. You should notify your nurse anytime a client develops watery eyes or a discharge from the eye. This outer covering is exposed to the air and to chemicals or pollens that may cause allergic reactions just like on the nose or on the skin. Eyes may become bloodshot or tearful.

3. **Eye Conditions in Older Clients**

Older people often develop clouding of the lens called a “cataract”. These people begin to lose eyesight and this condition can be corrected by removal of the lens. When a person has had a lens removed for cataracts, they must wear special glasses or contact lenses to replace the body’s lens that was removed.

There is a tiny space between the outer covering of the eye or the cornea and the lens where a fluid is present that is produced tiny bulb pumps and drains in the eye. Sometimes these pumps or drains do not work properly and the person has increased pressure in the eye. This condition, called “glaucoma” can produce swelling, pain, and watering of the eye. Eye drops and pills can sometimes improve this condition. Anytime a client’s eye becomes swollen, tearful or changed in color, you should call your nurse.

Damage to the back part of the eye in the retina produces loss of vision. Older people develop a condition called “macular degeneration” where part of the retina or inner eye covering degenerate. This produces a condition where the person only sees certain parts of what they are looking at and the rest looks like a black hole.

People with cataracts get very fuzzy vision as though they are looking at something while they have their eyes open in a swimming pool or watching a television that has not been focused properly. People with macular degeneration develop problems like watching television where big chunks of the TV tube are black.

Long-term diabetes damages the eye and causes bleeding in the retina, a disease called retinopathy. These people begin to lose tiny bits of their vision, like watching a television where only bits and pieces work properly.

4. **Blindness**

Many inherited and birth-related disorders can produce severe reduced vision or blindness. Visual problems often produce behavioral problems in persons with mental retardation. Many types of blindness can be prevented or slowed by proper
medication. The medicines that you provide for eye diseases in your persons with mental retardation may help them to keep their sight for the rest of their lives.
FACT SHEET FOR DISORDERS OF THE EYE

1. The outer layer of the eye is called the “cornea”.
2. The light passes through a lens and a shutter that is called the “iris”.
3. Images are recorded on specialized brain cells at the back of the eye called the “retina”.
4. There is fluid in all parts of the eye that is essential to good function.
   5. Glaucoma is caused by high-pressure fluid in the eye.
6. Medicines will reduce the likelihood of glaucoma causing blindness.
7. The outer covering of the eye may develop bacterial or viral infections called “conjunctivitis”.
   8. Medicines can stop conjunctivitis.
9. Excessive tearing in an eye suggests some new problem that requires the attention of your nurse.
10. A painful or swollen eye is an emergency and you should call your nurse right away to ask for further instructions.
TEACHING OBJECTIVES:

1. To explain the basic anatomy of respiratory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember is assisting with inhaled medications
3. To accurately document the procedures on the medication sheet.

From the moment we were born, our lungs began the process of breathing; therefore, we take breathing for granted. All of the organs in our bodies contain red blood cells. Breathing supplies those cells with oxygen and carries away carbon dioxide. Without breathing, we would not have this exchange of gases and cells would die causing damage to the organs. This process of exchanging of gases is called respiration.

Here is how our lungs or respiratory system accomplishes this process. Oxygen is contained in the air we breathe. This oxygen is inhaled through our nose and mouth. The oxygen then passes through the windpipe (trachea). The trachea splits into two tubes (one for each lung) called the bronchi. Each bronchi split again into the bronchial tubes. The bronchial tubes connect to the lungs where they split into many smaller tubes that connect to small spongy sacs (alveoli). The average lung has about 600 million sacs that are connected to small blood vessels (capillaries). The capillaries pump the oxygen to the arteries. At the same time, the veins in our bodies release carbon dioxide into the alveoli. This exchanged carbon dioxide then passes through the alveoli into the bronchial tubes, through the bronchi and trachea and are exhaled through the nose and mouth. The whole process of respiration occurs about 16 times per minute. (See picture below)
Sometimes when diseases like asthma, affect the lungs your client may have to use inhaled medicine. The medicines often come in small canisters that are connected to plastic pipes. The regular use of inhalers is very important for your clients. Some simple steps are listed below to help your clients use their inhalers correctly.

1. Wash your hands using the techniques described in Unit 4.
2. Remove clutter and clean the area where you will be assisting with medication.
3. Assemble the equipment such as gloves and tissues you will need to assist with the client’s inhaled medicines.
4. Have your client sit or stand ( whichever position is comfortable for them). Always provide for your client’s privacy.
5. Unlock the medication storage box and remove the inhaled medication containers.
6. Compare the label of the medicine to the medication sheet using the 6 rights, we learned in Unit 4.
7. Check a second time using the 6 rights.
8. If your nurse has determined that the client is able to use the inhalers alone, allow him to do so, but remain close by in case he needs assistance.
9. Put on gloves. Remove the cap of the container and place on a clean surface. Shake the canister vigorously.
10. Check and compare the medication label with the medication sheet.
11. Explain to the client what you are going to do. Remind the client to keep the tongue flat in his mouth.
12. Holding the canister upright, insert the plastic tube into the client’s mouth. Have the client exhale through there nose, press the inhaler canister and take a
deep breath. Remove the canister and tell the client to hold his breath and count to ten (you may have to count to 10 for or with them). Have the client exhale through their lips. Have client rinse out their mouth.

13. After the treatment, remove the canister, clean the plastic applicator with warm water, and dry with paper towels. Remove your gloves, wash your hands, clean the medication storage area and place the inhaler into the client’s locked storage box.

14. Record the inhaled medication on the medication sheet.

**Special notes**

1. If the client takes more than one inhaler, or a combination of inhalers, there must be directions from your nurse as to which inhaler should be taken first, and how long to wait until the second inhaler is used.

2. Your client may use a “spacer” for inhalers. Ask your nurse to demonstrate the use of spacers.

3. Your client may have to use inhalers in emergency situations, such as asthma attacks. In these cases, your client may keep his inhalers in a safe area where he has easy access. Your nurse should determine where the inhaler should be stored and whether the client can self-administer the inhaler.

4. If your client has to use the inhaler more than every 4 hours, this may indicate respiratory problems. Call your nurse for further instructions.

Helping with the use of inhaled medications is a very important part of your duties as a medication assistant. By doing so you can ensure that, your client is, getting the oxygen that is needed to his blood cells, is feeling his best, and will help to avoid serious emergency respiratory problems.
Understanding Breathing Problems in Persons with Mental Retardation

Getting the Big Picture

Breathing problems are common in people of all ages. Young people may have breathing problems from asthma, while older people may have breathing problems from lung damage or heart troubles. People with trouble breathing often become nervous and agitated. Breathing troubles can occur because of problems with the upper airway or the lower airway in the lung.

How we Breathe

Air is inhaled through the mouth and nose and most people breathe about 12 to 16 times per minute. Breathing is controlled by deep parts of the brain that work on automatic. Patients may have three kinds of breathing problems: 1) control of breathing, 2) upper airway problems, and 3) lung problems. Severely obese people may snore loudly and have episodes in which they quit breathing referred to as “sleep apnea”. These people may have special breathing machines called C-PAP machines that keep their blood oxygen level in the normal range.

The role of breathing is to inhale oxygen and to exhale carbon dioxide. People who are unable to inhale enough oxygen may require oxygen from a bottle or a concentrator.

Problems with Breathing

People with abnormal noses, throats, and necks can sometimes have trouble with breathing. People with severe neurological problems may not be able to safeguard their air pipe against inhaling food and saliva.

Your air pipe is connected to your food pipe with a special valve called the “epiglottis”. The epiglottis prevents food and saliva from entering the lungs. Neurological damage can disable the valve and cause you to inhale food or saliva called “aspiration”. Some psychotropic medications relax the valve and increase the risk of inhaling food and saliva. Saliva is a problem because it has many bugs that can infect the lung.

People with lung disease can develop trouble breathing, such as asthma. Asthma is
caused by lung passages closing down and reducing the supply of oxygen. You may assist with two kinds of medicines to help with breathing. Some breathing medicines come as pills that will relax air pipe to increase the flow of oxygen. Some medicines are inhaled into the lungs to cause direct opening of air pipe. These inhalers only work if a patient sucks the medicine deep into the lungs. You have many important responsibilities in caring for persons with breathing troubles.

First, you must be sure that people wear oxygen when prescribed or sleep with their breathing machines at night to be sure that they keep good oxygen levels in their bloodstream. Next, you must be sure that breathing pills are taken as scheduled to make sure that the person has the medicine that opens the air pipe. Third, you must assure that people use their inhaled medicines properly to get the important improvement deep into the air pipe.

Detecting Breathing Problems

People with breathing problems may have changes in their alertness or mental status. These changes may begin rapidly when there are low oxygen levels. Persons with mental retardation may become agitated or resistant. They may refuse to get out of bed. Call your nurse anytime a person shows evidence of breathing troubles or a change in behavior that may be caused by low oxygen. Inform your nurse when the client doesn’t take medicines or will not keep oxygen or breathing machines in place. Alert your nurse when it seems as though the client did not suck the breathing medicine deep down into the lungs to get a good affect from the medication.

Breathing Medications

Breathing problems can be caused by many different health problems including heart failure, lung damage from smoking, and asthma. The treatment for breathing problems depends upon the cause of the breathing problem. Asthma is a serious problem in younger people and people with asthma often feel uncomfortable or distressed during an asthma attack.

Doctors have developed several lines of treatment for asthma and other kinds of breathing problems, including pills and inhaled medicines.

Many different kinds of pills are available to reduce the severity of asthma and improve a person’s ability to breathe. These pills act by relaxing the breathing tubes and allowing air to move freely. These medicines also have side effects to include
jumpiness and high blood pressure. Medicine can be inhaled directly into the lungs that act to relax muscles within the air pipe. These treatments only work when the inhaled medicines are inhaled deep into the lungs where the tiny air passages are closed up.

**Treating Persons with Mental Retardation Who Have Breathing Problems**

Persons with mental retardation can develop asthma and breathing troubles like every other individual. Persons with mild mental retardation should be able to inhale the medicine properly; however, persons with moderate or severe retardation may have difficulty in following the instructions of the worker. You should check with your nurse on the best way to get your person with mental retardation to take their inhaled breathing treatments.
FACT SHEET ON BREATHING MEDICINES FOR PERSONS WITH MENTAL RETARDATION

1. Breathing provides oxygen to the body. Low oxygen in the blood can damage the body and the brain.

2. Breathing troubles can occur because: 1) the brain does not tell the lungs to breathe fast enough, 2) upper airways do not allow flow of air, or 3) lower air pipes clamp down.

3. People with brain disorders may quit breathing at night or when asleep and these individuals have machines to help keep oxygen in the body.

4. People may have problems with throat and nose that disrupts normal breathing.

5. A valve in the throat, called the “epiglottis”, prevents food and saliva from entering the lungs.

6. Neurological problems can cause the air valve to malfunction producing aspiration.

7. Asthma is caused by small deep air pipes clamping shut.

8. Inhaled medicine relaxes small airways when inhaled deep into the lungs.

9. Low oxygen in the blood stream can produce confusion, sluggishness, and behavioral problems.

10. The staff person’s job is to be sure that medicines are swallowed or inhaled on a regular basis and that other treatments, such as extra oxygen, are available for the client.
8. Peter has severe asthma for which he takes pills and an inhaler. Peter also is mildly mentally retarded and has been diagnosed with schizophrenia. Sometimes he will not take his medicine as prescribed. Recently, Peter has stopped taking his inhaler because he says, “it messes up my thinking”. Now Peter seems more restless and his breathing rate is much higher (22). He looked a little paler and he is sweaty to touch. These changes may result from:

   A. Low oxygen caused by not using his inhaler.
   B. A new medical problem.
   C. Fatigue from working hard to breath
   D. All of the above may be occurring in your client.

2. Nasal inhalers are used for several different problems for the nose including:

   A. Open the nasal passages
   B. Sinus infections
   C. After surgery
   D. All of the above

3. The nose and sinuses make up the:

   A. Olfactory system
   B. Auditory system
   C. Respiratory system
   D. None of the above

4. Sinus infections are caused by:

   A. Viruses
   B. Bacteria
   C. Fungus
   D. Bloody noses

5. Conjunctivitis is another name for:
A. Glaucoma  
B. Eye infections  
C. Cataracts  
D. Poor eyesight

6. Parts of the eye include:

A. Cornea  
B. Iris  
C. Pupil  
D. All of the above

7. Corneal abrasions are caused when:

A. A client has a disease of the eye  
B. A client is injured by a sharp object or material that strikes the eye covering  
C. A client has a cataract  
D. None of the above

8. Which of the following is NOT part of the respiratory system:

A. Trachea  
B. Bronchi  
C. Alveoli  
D. Cornea

9. Asthma is a disease that affects the:

A. Eyes  
B. Ears  
C. Lungs  
D. Stomach

10. Trachea is another name for your:
A. Windpipe  
B. Esophagus  
C. Nose  
D. Ear

11. Breathing problems can occur because:

A. Lungs are damaged by smoking  
B. Upper airways do not allow flow of air  
C. The brain does not tell the lungs to breathe fast enough  
D. All of the above

12. Tyler is a client in your facility with mental retardation and asthma. He takes a tablet and an inhaler to control his symptoms. Which is true about Tyler?

(A) His breathing trouble is caused by swelling of his tongue.  
(B) His breathing trouble is caused by swelling in his throat.  
(C) His breathing trouble is caused by closure of tiny air passages deep inside the lungs.  
(D) His breathing trouble is caused by scaring of the lungs.

13. Which is true about inhaler medicine for asthma?

(A) As long as it gets into the patient’s mouth and nose, the medicine will work.  
(B) The patient actually swallows the medicine after he puts in his mouth.  
(C) The resident must inhale the medicine deep in the lungs to open deep air passages.  
(D) The medicine coats his nasal sinuses to be sure to allow him to breathe easily.
TEACHING OBJECTIVES:

By the end of this unit, the student will be able to:

1. Recognize that a medication error has occurred.
2. Explain the policy and procedure of reporting medication errors.
3. Accurately complete the medication error or unusual occurrence report forms.

As we have learned all throughout this course, assisting with medications is a step-by-step process. Some of the steps have been repeated over and over again, however, these steps are very important to prevent errors. Everyone makes mistakes, but most mistakes with assisting with medications can be avoided if careful attention is placed on detail. You should always be mindful and careful not to get distracted with the process or have it become routine or automatic.

As we learned in Unit 3, there are 6 rules called the 6 “rights” for assisting your clients with their medications. Medication errors would include any mistake with the 6 rights. Examples of medication errors are listed below.

1. Rule 1 – The right person. Example of error: when you were assisting Mr. Jones with his medicine, you accidentally gave him Mr. Smith’s medicine instead of his own medicine.
2. Rule 2 – The right medicine. Example of error: when you were assisting Mr. Jones with his medicine, you accidentally had him take medicine that his doctor had stopped.
3. Rule 3 – The right dose. Example of error: When you were assisting Mr. Jones with his medicine, you had him take two pills instead of one.
4. Rule 4 – The right route. Example of error: when you were assisting Mr. Jones with his eye drops, you accidentally put them is his ear.
5. Rule 5 – The right time. Example of error: when you were assisting Mr. Jones with his medicine, you had him take a pill at 8am instead of 8pm. Another example: Mr. Jones was taking his bath, getting dressed and shaving when his pill was due at 9am. He did not finish the bath until 10:30am and you had him take it then.
Rule 6—**The Right Documentation**—After you have assisted the client with their medications, you will need to record on the MAR (medication administration record) that the medicine has been given.

If you do make a mistake, with the medicines it is important to report it to your nurse immediately. Your nurse will advise you if emergency services need to be called or you need to call “Poison Control”, if it is a serious error. Your nurse should help to set up a plan, describing what to do in case of an error. Follow your nurses or agency’s recommendations when you make an error. Your agency will likely have you fill out some paper work about the error.

Some questions you would need to ask your self when you are filling out the paper work would include:

1. Who was the person that was affected by the error?
2. What kind of medication was involved?
3. When did the error occur?
4. What action was taken?
5. What type of error was made?

A sample of the error or unusual occurrence report is shown on the next page. Your agency may have a different kind of report than the one shown. Follow your agency’s guidelines regarding the forms needed if the error occurs.

Remember it is **very** important to report an error as soon as you realize it. Your client’s health and well being may depend on it.

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**UNUSUAL OCCURRENCE REPORT**
DATE:_________________________ TIME: ______________________
CLIENT’S NAME ____________________________________________
LOCATION:_________________________________________________
PHYSICIAN’S NAME:________________________________________
DESCRIPTION OF UNUSUAL OCCURRENCE : ______________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
PERSON’S NOTIFIED: __________________________________________
____________________________________________________________
INSTRUCTIONS AND ACTIONS TAKEN: ____________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
PERSON FILING REPORT: ________________________________

ADAPTED FROM ALABAMA STATE DEPARTMENT OF EDUCATION

MEDICATION ASSISTANT CERTIFICATION (MAC) PROGRAM
UNIT 11
RESPECTING YOUR CLIENT’S PRIVACY AND CONFIDENTIALITY

Getting the Big Picture

Privacy and confidentiality are important rights that all humans cherish. Privacy in the healthcare setting means that a person keeps personal details about their personal life to themselves. Confidentiality means that personal details about another individual’s life are not exposed by other individuals. For example, a person may have a specific medical condition such as schizophrenia or a seizure disorder that they do not want other people to learn about. Privacy means that that person has the right to not tell other individuals about this health disorder. Confidentiality means that the doctor or nurse who treats that person cannot discuss their health problems with anybody but the patient. The doctor or nurse must get consent from the patient before they tell anybody about this health condition.

You are a worker in a residential facility that provides many services to persons with mental retardation. These clients often have parts of their medical record stored in the residential facility by the staff. These records are helpful in caring for these individuals. Even simple information, such as which medicine is prescribed for a client provides powerful information about that person’s health problems.

People with mental retardation may lack the ability to speak for themselves but their family caregivers can decide who will know about their health problems and about their behaviors. Persons with mental retardation often engage in unusual behaviors that sometimes distress or even shock persons who do not understand the brain disease. Persons with mental retardation may sometimes act aggressively or show inappropriate sexual behavior that their family caregiver does not wish to be known publicly. That person with mental retardation still has the right to privacy and the family caregivers will expect you to respect their confidentiality.

What is Private Information?

Private information is anything that you learn or see about a client during your work at the group home. You should assume that any information that you learn about a client is private and should not be shared even if the person does not forbid you from sharing that information.

What Information is Confidential?


Any information about a person’s health, medicines, diagnoses, personal life, family life, or any other details is considered confidential, even if that person has discussed the matter with you, told you about it, or you have been granted the right to know which medicines the person is receiving. You cannot tell anybody else about confidential information unless the person agrees to allow you to give out this personal information. Any written, verbal, or observed information as well as any information that is incorrectly shared with you by other staff is considered to be confidential.

What Are Some Common Mistakes Made In Privacy And Confidentiality?

1. Loose lips. Staff may be sitting in the office talking about a client while other individuals can overhear that conversation. Staff may discuss a person’s condition with other staff while they are on an outing or out of the facility. Be very careful what you say in public about any client. Do not discuss private or confidential information with other staff unless that staff person is involved with the care of the individual. Do not talk about private or confidential matters when you take the clients to a doctor or hospital visit unless it is part of their clinical care.

2. Medication sheets or paper work lying around. The medications prescribed for an individual often indicates the kind of clinical conditions experienced by that client. The treatment with medicines such as antipsychotics suggests a mental illness. Do not allow the medication administration record or other details of the chart to remain in public view. Never allow anyone besides the direct treatment team to look at personal or medical records that pertain to a client. Always secure medical records when outside the building and never give up custody of a record unless you are sure you know that the other person has the authority to take the record.

The person with mental retardation depends upon you to safeguard their privacy and their confidentiality. You should exercise the same degree of care for their personal information that you would for your personal information, personal information of your spouse or your child.
UNIT 12

3.12. MAKING A DECISION TO WITHHOLD MEDICATION FROM A CLIENT WITH MENTAL RETARDATION WHILE YOU CONTACT YOUR NURSE

The MAC worker is responsible to be sure that a client is able to take medications. A MAC worker should never withhold a medication unless consulting with the nurse. A decision to withhold medication is very serious because some medications must be given on a regular schedule to prevent problems such as breathing difficulties, seizures, and others. Below are the ten, most common reasons why a MAC worker may choose to hold a medication while they contact their nurse and ask for additional instructions.

A variety of illegal street drugs can produce a dramatic change in the appearance, behavior or vital signs of a client. Persons with mild mental retardation may have access to illegal drugs. Small amounts of drugs, such as cocaine or methamphetamine, can cause behavioral changes while large doses can cause physical changes. Some drugs, like alcohol, are easily detected by the odor but other drugs like methamphetamine (meth) are not detectable by observation. Possible drug intoxication should be considered in any client with a significant change and a history of substance abuse.

1. Change in the mental status of the resident (See Checklist 1)
2. New, unexplained behavior (See Checklist 2)
3. New, physical complaint
4. New, physical problems, such as rash or shortness of breath
5. Change in the severity or frequency of a physical problem, such as increased seizures, more shortness of breath, etc.
6. New change in vital signs (See Checklist 3)
7. Major change in physical appearance of the patient (See Checklist 4)
8. Client refuses the medicine
9. Caregiver requests that the medicine not be administered
10. Uncertainty about whether a new medication is the same as the old medication

Your MAS RN / MAS LPN will help you complete the suggested actions sections. You should complete this section in your MAC Facts Handbook.

CHECKLIST 1
### Common Changes in Appearance of Clients with Mental Retardation that Require Immediate Attention

<table>
<thead>
<tr>
<th>Resident Appears:</th>
<th>Possible Problem Causing Change</th>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold, sweaty</td>
<td>Infection, low blood pressure, low blood sugar</td>
<td></td>
</tr>
<tr>
<td>Pale</td>
<td>Low blood level, anemia, infection</td>
<td></td>
</tr>
<tr>
<td>Grey or dusky</td>
<td>Low oxygen, low blood pressure, heart attack, low blood sugar</td>
<td></td>
</tr>
<tr>
<td>Red-faced, warm</td>
<td>Infection, drug allergy, high blood pressure, fever</td>
<td></td>
</tr>
<tr>
<td>Red-eye</td>
<td>Infection, increased eye pressure, eye injury</td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td>Drug or food allergy, fever, infection</td>
<td></td>
</tr>
</tbody>
</table>

### CHECKLIST 2

Common Changes in a Client’s Mental Status with Mental Retardation that Require Immediate Attention

<table>
<thead>
<tr>
<th>The Resident Appears:</th>
<th>Possible Explanation</th>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleepy</td>
<td>Infection, drug toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug toxicity</td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td>Pain, drug toxicity, low blood sugar, drug ingestion*</td>
<td></td>
</tr>
<tr>
<td>Confused</td>
<td>Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar</td>
<td></td>
</tr>
<tr>
<td>Agitated or Aggressive</td>
<td>Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation</td>
<td></td>
</tr>
</tbody>
</table>

### CHECKLIST 3
### Important Behavioral Changes that Require Immediate Attention

<table>
<thead>
<tr>
<th>The Resident Won’t:</th>
<th>Possible Explanation</th>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>Pain, broken bone, stroke, heart problems, excess sedation, drug toxicity</td>
<td></td>
</tr>
<tr>
<td>Talk</td>
<td>Stroke, excess sedation, drug toxicity</td>
<td></td>
</tr>
<tr>
<td>Eat</td>
<td>Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue</td>
<td></td>
</tr>
<tr>
<td>Wake Up</td>
<td>Stroke, medication overdose, drug overdose, health emergency, drug toxicity</td>
<td></td>
</tr>
</tbody>
</table>
USE OF VITAL SIGNS TO ASSIST WITH MEDICATION FOR PERSONS WITH MENTAL RETARDATION

The MAC worker may perform vital signs on some individuals and this information may be important. The vital signs may include blood pressure, heart rate, breathing rate, and temperature. Checklist 4 includes common vital sign changes and possible health problems that may produce those changes. Vital signs are important because the worker may need to call the nurse before assisting with the medication.

Each patient is different and the nurse should decide what is normal or abnormal for each value.

Many medications prescribed for persons with mental retardation may alter vital signs. Some heart or blood pressure medicines can cause low blood pressure or low heart rate. Vital signs become an important part of medication assistance. Many older patients with mental retardation also suffer from high blood pressure.

CHECKLIST 4

<table>
<thead>
<tr>
<th>Vital Sign Change</th>
<th>Normal</th>
<th>Immediate Report Level</th>
<th>Common Possible Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure*</td>
<td>Top – 90 to 140</td>
<td>Top – over 160</td>
<td>Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication, drug intoxication</td>
</tr>
<tr>
<td></td>
<td>Bottom – 60 to 90</td>
<td>Bottom – over 100</td>
<td></td>
</tr>
<tr>
<td>Low blood pressure*</td>
<td>Top – 90 to 140</td>
<td>Top – less than 90</td>
<td>Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure, drug intoxication</td>
</tr>
<tr>
<td></td>
<td>Bottom – 60 to 90</td>
<td>Bottom-less than 60</td>
<td></td>
</tr>
<tr>
<td>Fast Pulse at Rest</td>
<td>60 to 90</td>
<td>Over 90</td>
<td>Pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication</td>
</tr>
<tr>
<td>Slow Pulse</td>
<td>90 to 90</td>
<td>Below 60</td>
<td>Heart problems, drug side effects, drug overdose</td>
</tr>
<tr>
<td>Fast Breathing at Rest</td>
<td>12 to 16</td>
<td>Over 16</td>
<td>Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia, drug overdose</td>
</tr>
<tr>
<td>Slow Breathing while awake</td>
<td>12 to 16</td>
<td>Below 8</td>
<td>Excessive sedation, brain emergency, low blood sugar, drug overdose</td>
</tr>
<tr>
<td>High Temperature</td>
<td>97 to 100</td>
<td>&gt; 100</td>
<td>Infection, drug reaction, heat stroke</td>
</tr>
<tr>
<td>Low Temperature</td>
<td>97-100</td>
<td>&lt; 97</td>
<td>Shock, severe infections</td>
</tr>
</tbody>
</table>

*Systolic = top number
*Dystolic = bottom number
SAMPLE TEST QUESTIONS UNITS 10-12

1. A client with mental retardation and depression requires medications to control his symptoms. The client is visited by several cousins from out of state. While the client is out of the room, the cousins ask you how the client is doing. The correct response to this inquiry is:

(A) Tell the cousins that the client is doing well.
(B) Complain to the client’s cousins about how depressed you are.
(C) Tell the cousin that you cannot discuss any thing about the client’s condition.
(D) Any of the above would be o.k.

2. A client has a severe seizures and the paramedics are called for assistance. The client is receiving multiple medicines and the paramedics wish to know his diagnosis and his medications. The rules of confidentiality would allow you to:

(A) Provide any records and history necessary to assist the client in this emergency situation.
(B) Ask for written consent from the parent before you release information.
(C) Ask for verbal consent from the parent before you release information.
(D) Refuse to provide privileged and protected information to the paramedics.

3. Your co-worker is messy and sometimes absent minded. She often leaves records lying in the office or on the table in the medication room. During the daytime, she is more orderly when the supervisors are in the building. This behavior is:

(A) Acceptable because no one has seen the records except staff.
(B) Unacceptable because you do not know who may have looked at those records.
(C) Acceptable because the client did not forbid the workers from leaving the charts lying around.
(D) Acceptable because most group homes try to keep records handy for workers and other individuals.
4. What is an example of violation of a client’s confidentiality?

(A) Two workers talking about the client in the mall.
(B) A worker leaving the record open on top of a desk in the day area.
(C) A worker talking with their spouse about a client who struck them during the daytime.
(D) All of the above are violations of confidentiality.

5. A worker is struck in the head by a client when the worker refuses to allow the client to smoke a cigarette. The worker is not seriously injured, but they are understandably upset and anxious. The worker goes home and his wife asks him “honey, how was your day at work”. An acceptable response that would respect the client’s confidentiality is:

(A) Honey, I was hit in the head today and my ear really hurts.
(B) Johnny attacked me at work for the third time.
(C) I can’t talk about what happen at work today, even though it makes me really angry.
(D) None of the above would be correct response.

6. You take a client to a doctor’s visit and you bring the medical record with you. You forget the record at the doctor’s office and leave the document sitting on the secretary’s desk. Two hours later you are able to retrieve the record and all of the pages appear to be present. What is the best way describe this situation?

(A) No problem because the doctor understands confidentially and you got the record back.
(B) No problem because there is no clear evidence that the client’s privacy or confidentially were violated.
(C) A medical record lying in a strange office without supervision is a major risk for breaking a person’s confidentially.
(D) This is not a problem because the client did not know that his medical record was lost.
7. The correct course action in this situation is:

(A) Inform the client or family that the record was lost, but found.
(B) Don’t tell the family but if they ask you tell them the truth.
(C) Tell the family as little as possible as you will certainly be sued by the family.
(D) This is a no harm situation. If there is no evidence of problems with confidentiality, then it is not the business of the client or the family.

8. You are giving evening medicine to Bob and he looks somewhat upset. He confides in you that his voices are really bothering him and might consider hurting himself. He tells you that you cannot tell anybody about the voices. The rules of privacy require:

(B) That you do not tell anyone regardless of the risk.
(C) That you tell Bob how concerned you are and that you need to ask the advice of your supervising nurse.
(D) That you receive written permission from Bob before you tell anybody his suicidal ideas.
(E) That you promise to never tell anyone and then promptly call your nurse.

9. You are watching another MAC worker assist clients with medications and you hear the MAC worker say, “John you need to take your medicine like Bill, he takes his medicine without any trouble and he takes the same pills as you do. He doesn’t have a problem with his medicine, so you should not have a problem with it either.” What is the most accurate statement about this situation?

(A) The worker is using good technique to encourage the other client.
(B) The worker is praising Bill for his compliance with medications.
(C) The worker has violated John and Bill’s privacy.
(D) All of the above are correct.

10. A MAC worker may choose to hold a medication while they contact their nurse and ask for additional instructions when which of the following occurs:

A. The client’s family calls and asks the MAC to hold the medicine
B. The doctor’s office calls and tells the MAC to hold the medicine
C. The client is very sleepy
D. All of the above
The following section contains additional information about medications and medical problems that are common in persons with mental retardation. The material included in this section is not included in the final test; however, this material may be used for ongoing care and study.

**UNDERSTANDING THE MEANING OF SPASTICITY AND CONTRACTURE**

Some persons with mental retardation or other intellectual disabilities may have a condition called “spasticity”. Spasticity is caused by problems with control of the muscles. Muscles move your body by contracting, a term that means that the muscle shortens and muscle relaxing, referred to as “relaxation”. Muscles work by shortening and relaxing. Muscle shortening is caused by nerve impulses that begin in the brain and travel through the spinal cord where they are relayed to nerves. Mild damage to the brain or spinal cord can cause excess stiffness and slowness of muscles that reduces strength and disturb walking.

Severe damage to the brain or the spinal cord can cause too much shortening referred to as “contractures”. Contractures can occur on either side or both sides of the body. Contractures can be painful or cause skin problems, such as when the arm is contracted onto itself or the hand is closed causing skin to press on skin. Contractures can be painful and dangerous. Doctors can prescribe medications to reduce the strength of the muscle spasm by reducing the intensity of messages to the abnormal muscles. Most clients with contractures receive treatment by a combination of medications and physical therapy called “range of motion”. Some people have pumps implanted in their spinal cord to inject specific medicines that reduce excessive nerve firing.

Medicines that relax muscles often have an effect on other parts of the nervous system. Medicines for muscle contractions such as Baclofen, Flexeril and Skelaxin can cause sedation, low blood pressure, nausea and confusion.
Understanding Diabetes in Clients with Mental Retardation

Getting the Big Picture

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, in persons with mental illness, and in persons with mental retardation. 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.

Type I diabetes is partially genetic. Type II diabetes is often caused by old age, obesity, diet, and certain medications that are commonly prescribed for persons with mental illness or mental retardation called “antipsychotic medications”. People with serious mental illness have over twice the risk of having diabetes for reasons that are unknown to scientist. People with severe or chronic diabetes have an increased risk for heart disease, kidney disease, blindness, nerve disease in the hands and feet, as well as many other medical conditions. Poor blood sugar control increases the risk of developing foot sores and losing a limb. Proper control of diet, weight, and blood sugar will dramatically reduce health problems caused by diabetes.

Helping Your Client with Diabetes

You are part of the health team that cares for people with diabetes. You can help your client with diabetes to have a better life by encouraging exercise, proper diet, and taking medications.

Two kinds of medications are available for diabetes: 1) insulin injections and 2) pills that lower blood sugar by increasing the efficiency of insulin produced by the body.
You may be giving oral medications to people with diabetes. You should not be giving insulin injections to your clients. Injections are skilled nursing tasks that are restricted to registered nurses (RN’s) and LPN’s; however, you play an equally important role in monitoring the client and encouraging health behavior that increase blood sugar control.

**Understanding Blood Sugar Levels**

People with diabetes may develop high blood sugars or low blood sugars. You must be alert to both symptoms. Symptoms of high blood sugar include excessive thirst, excessive urination, a new fruity odor to the breath, and changes in level of alertness. Low blood sugar can produce sweatiness, shaking, coolness to the skin, drowsiness, or unconsciousness. Severe low blood sugars can cause seizures.

**Being Part of the Diabetes Management Team**

Your role in providing medications to persons with diabetes is to be sure that clients receive medicines on time and that the clients are encouraged to eat properly and exercise. You should also monitor your clients for signs of high or low blood sugar. Anytime a client refuses to take their blood sugar medicine, you should report this to your supervising nurse for further instructions. Individuals who can self-administer must be monitored to determine whether they are taking their medicines on time and they are encouraged to follow their diet. For instance, when a person takes their morning insulin, they must eat their breakfast and lunch on schedule to make sure that their blood sugar does not drop too low. You should encourage people to follow instructions on diet control to avoid large quantities of sweets or sugar foods such as soft drinks, honey buns and other high calorie food products. Some persons with mental retardation may refuse to take medications and you must encourage them to continue to take blood sugar medications. Proper control of weight, diet, and medication will often prevent many of the serious complications of diabetes five or ten years later. Like those persons with high blood pressure, higher functioning people with diabetes often tell you that they don’t feel like their blood sugars are abnormal. A person is usually unable to determine how high or low their blood sugar may be at any time unless it is extremely high or extremely low. These clients may not feel like their blood sugar is high but actually the test may show differently.

When talking with a client about blood sugar, you should avoid negative comments. Stick to positive statements such as “you will feel better when you eat well” or “you will feel healthy when you lose weight”.

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**MANUAL 3.1**

**For Persons with Mental Retardation** 9-12-06
Antipsychotic medications such as Zyprexa and Risperdal, etc., can cause people’s blood sugars to go high. Some clients need antipsychotic medications in order to maintain a normal life. The client’s doctor will consider the risk of taking medication to the benefit brought to the client. For clients receiving antipsychotic medications, exercise and weight control are important steps in reducing high blood sugar levels that may be produced by medications.

Understanding Medication Treatment of Diabetes

Diabetes is defined by elevated blood sugars. Constant high blood sugars result in many problems including kidney, heart, blood vessel, skin, and eye disease. Many older individuals suffer from diabetes and require treatment. Many younger individuals with severe obesity now suffer from diabetes as well. The proper management of diabetes includes management of diet, management of weight, frequent exercise and appropriate medicines to lower blood sugars into normal range.

Types of Medicine

Two kinds of medicines are used to treat diabetes: insulin injection and medicines that promote the release or production of the body’s own insulin. People who develop the inherited form of diabetes early in life often suffer from failure of the pancreas to produce insulin. These individuals require daily insulin injections that are often adjusted to meet their blood sugars. There is regular and long-acting insulin that can be administered together to normalize blood sugar now and a few hours later. Once the insulin is injected, the client must eat or their blood sugars may drop very low.

A second type of medicine is taken by mouth and not by injection. These medicines are called “hypoglycemics”. They work by encouraging insulin producing cells to release more of the body’s insulin to control the blood sugar. Each medicine has a different chemical action and different side effects. The end result is the same with the blood sugar slowly creeping downwards. Common medicines in this class include Actos (Pioglitazone), Avandia (Rosigliatazone), Diabeta (Glyburide), and Glucophage (Metformin). Common side effects of these medications include headache, low blood sugar, swelling of feet, nausea and metallic taste in mouth.

Finger-Stick Checks

You will sometimes perform finger-stick blood sugars and report these results to your nurse. These sugar values are important in understanding the ups and downs of the
client’s blood sugar to avoid extreme highs and lows. Persons with mental retardation often resist having the finger stick. These clients often misunderstand why you are performing this painful procedure. Persons with mental retardation often enjoy eating sweets that drive blood sugars up. These clients can be a special challenge when they suffer from diabetes and your hard work is essential to preventing many of the complications associated with chronic, high blood sugars.
THE MAC WORKER’S GUIDE FOR PSYCHOTROPIC MEDICATIONS

Getting the Big Picture

Psychotropic medications are defined as “any drug or medication that alters any aspect of mental function”. Psychotropic medications can be prescribed by a physician or purchased over-the-counter. All psychotropic medications have side effects. The physician, treatment team, and family caregiver must decide whether the benefit of the medication outweighs the side effect experienced by the individual receiving the drug. Accurate diagnosis is the most important step in the prescription of psychotropic medications. Medications should be the last option for the treatment of any psychiatric or behavioral problem.

Some medications used to treat depression, include Zoloft (Sertraline), Lexapro (Escitalopram) and Pamelor (Nortriptyline). MAC workers should understand potential side effects of each medication prescribed for persons with intellectual disability. Family or staff monitoring is essential to assure early detection of potentially problematic side effects. Side effects can occur at any point in the use of the medication. Monitoring of side effects should continue throughout the use of the drug.

Understanding the Clinical Indications for Psychotropic Medications

Psychotropic medications should be prescribed for specific reasons that are recorded in the medical record. The physician, treatment team, and family should decide on the specific target symptom for the drug. The clear identification of target symptoms allows the family and staff to monitor for improvement provided by the medications. The physician should discontinue medications that fail to improve the client’s clinical symptoms. A partial response to medication requires a thoughtful decision about whether the partial improvement is worth potential side effects. The physician should monitor the client on a regular, predictable basis to assure that the medicine is beneficial, necessary, and not harmful.

Some psychiatric or behavioral problems are temporary and medications can be discontinued after specific periods of time. For instance, clients who develop new medical problems or experience hospitalization may have increased confusion and behavioral or psychiatric problems. These clients may require a brief course of
psychotropic medication to allow proper recovery and behavioral management, e.g. days to weeks. Other examples include grief associated with loss of a caregiver, disruption produced by move to another facility, etc. Other conditions require long-term use of psychotropic medications. For example, people with schizophrenia and mental retardation require continued use of the psychotropic medication. The physician and treatment team should be able to explain the logic for the prescription of the psychotropic medication, the target symptom, expected side effects and monitoring system.

Psychotropic medications can be prescribed for psychiatric or behavioral problems. All psychiatric diagnoses are defined in a book called the Diagnostic and Statistical Manual of Mental Disorders (DSM) that includes specific diagnostic criteria. The DSM was constructed for persons with normal intellect and clinicians may need to adapt diagnostic features to the disability of the person with mental retardation.

Psychiatric disorders, such as depression, schizophrenia, and bipolar affective disorder are more common in people with intellectual disability. The risk for psychiatric disorders depends upon the severity of the intellectual disability and the cause of the brain dysfunction. Psychotropic medications generally do not improve intellectual function except for stimulants to enhance attention. Psychotropic medications can improve patient function when the symptoms disrupt or distress the individual.

Using Psychotropic Medications for Behavioral Management

The use of psychotropic medications for behavioral complications is limited to severe behaviors that fail behavioral management. Psychotropic medications are usually the last option in the treatment of behavioral problems. Research shows that psychotropic medications are effective in reducing some behavioral problems when all other interventions fail to improve the symptom and the client has been carefully evaluated to exclude medical causes such as pain, shortness of breath, etc. Clients can receive medications from three sources: 1) prescriptions from their doctor, 2) over-the-counter, non-prescription items, and 3) medications taken by other individuals that are given out of frustration to the person with intellectual disability. Families should only administer medicines under the supervision of a doctor, regardless of whether it is a prescription or over-the-counter medicine. The physician should be aware of every medicine taken by a client because many drugs interact with each other. Many types of drug interactions can occur in a retarded person, especially those receiving large numbers of other drugs. Medications may increase or decrease
the elimination of a second drug from the body as well as enhance or counteract the effectiveness of other medications. Some over-the-counter medications have powerful effects on medicines commonly prescribed for retarded persons. Your pharmacist and the nurse can advise you on potential drug-drug interactions and duplicate therapy.

**Communicating with Doctors**

Many persons with intellectual disability visit several doctors. Communication is often a problem between doctors’ offices. One doctor may not know of medications prescribed by the other doctor. Family caregivers should always bring every medication taken to each doctor’s office visit or the family should have a complete list including over-the-counter preparations.

Family caregivers or residential staff should never change the frequency of dose of a medication without discussion with the prescribing physician. Excessive medications (depending on the type of medication) can produce serious complications including excessive sedation, falls, and injuries.

**What is Polypharmacy?**

Polypharmacy is defined as “the use of more than one medication to correct the same clinical problem”. For example, two anticonvulsant medications may be used to prevent seizures because single therapy does not work. The use of polypharmacy for psychotropic medications is quite complex and requires careful assessment and documentation. Two medications can be used from the same class, e.g., two antidepressants, two antipsychotics, when symptoms are not improved with a single drug. Mono-therapy is defined as “the use of a single psychotropic medication to correct a single psychiatric or behavioral problem”. Mono-therapy is always the best option when possible. Mono-therapy fails when most or all medications within the drug class have been tried for adequate lengths of time with adequate dosing without improvement. Polypharmacy is usually the last option of choice because the risk of side effects and interaction is substantially increased. For example, individuals should receive two antipsychotics after every antipsychotic medication has failed to produce adequate symptom control.

**Stopping Psychotropic Medications**

Psychotropic medications should only be discontinued under the supervision of a physician. Psychotropic medications are usually prescribed for serious psychiatric or
behavioral problems and the abrupt discontinuation of these drugs may produce a serious relapse of symptoms. Clients with acute medical problems may require abrupt discontinuation of drugs; however, dose-tapering is usually the best option.

Most psychotropic medications are non-addictive; however, some, like benzodiazepines can produce withdrawal with discontinuation. Psychotropic medications can be tapered over many weeks or months using small dose reductions to prevent massive relapse of symptoms.

Some psychotropic medications can be used for several purposes. For example, anticonvulsant medications such as Depakote, Tegretol, and Lamictal can be used as medicines to stabilize mood or prevent impulsive behavior.

The major types of psychotropic medications include antipsychotics, antidepressants, anti-anxiety, mood stabilizing drugs, sleeping pills and other drugs used to sedate patients. Families should ask which class a particular psychoactive medication falls into, and can refer to the specific section for those types of drugs.

Common medications for depression include: Zoloft (Sertraline), Lexapro (Escitalopram) and Pamelor (Nortriptyline). Common side effects for these drugs include GI upset, sedation, dry mouth, weight loss or weight gain.

Common medications for anxiety include: Klonopin (Clonazepam), Buspar (Buspirone), and Prozac (Fluxetine). Common side effects for these drugs include dizziness, GI upset, and sedation.

Common medications for insomnia include: Lunesta (Eszopiclone), Ambien (Zolpidem), Sominex (Diphenhydramine) and Rozerem (Ramelton). Common side effects for these medications include dizziness, sedation, dry mouth, headache and unpleasant taste.

Common medications for schizophrenia include: Risperdal (Risperidone), Zyprexa (Olanzapine) and Seroquel (Quetiapine). Common side effects for these medications include sedation, dizziness, weight gain, increased blood sugars, low blood pressure, dry mouth and increase in cholesterol and fatty substances in the blood (lipids).

Common medications for bipolar affective disorder include Depakene (Valporic acid), Lithobid (Lithium) and Lamictal (Lamotrigine). Common side effects for these medications include, GI upset, dizziness, sleep disturbances, tremor, metallic taste in the mouth, and certain changes in the blood cells.
Understanding High Blood Pressure in Clients with Mental Retardation

Getting the Big Picture

Some clients may receive medications for high blood pressure. High blood pressure is a common health problem, especially in older persons. Medications can control high blood pressure. Untreated high blood pressure can cause heart attack, stroke, kidney failure, blindness, and many other severe, health problems. You can help your client to live a healthy life by providing medications for high blood pressure called “antihypertensive medications”. Your heart pumps blood out through thick walled vessels called “arteries” and returns blood for recycling by thin vessels called “veins”. Most arteries are buried deep inside tissue while veins are located on the surface such as on the back of the hand and at the elbow. High blood pressure can be produced by the heart pumping too strongly but most commonly high blood pressure is caused by excessive squeezing of arteries throughout the body. Think of how a water hose would behave if for instance a person were to squeeze it. The pressure builds up behind the narrow part and the water comes out with much greater force. The same change occurs in blood vessels that are squeezed by hypertension.

How do Medications Work?

High blood pressure medications will reduce the power of heart beating or reduce the pressure on blood vessels to reduce pressure.

The major side effect of blood pressure medication is low blood pressure. Clients may faint, feel “swimmy-headed” or look as if they are about to pass out when they stand up. The best way to monitor for low or high blood pressure is by measuring blood pressure with a blood pressure cuff. Your nurse can perform this assessment or teach you to check blood pressure levels, to be sure that the medications are properly controlling blood pressure. Anytime you see a client on high blood pressure medicines who seems unsteady or anytime a client appears to faint, you should contact your nurse so that they can evaluate the client.

Common medications used to treat hypertension include: Altace (Ramipril), Tenormin (Atenolol), Norvasc (Amlodipine), Cozaar (Losartan potassium), and Hytrin (Terazosin). Common side effects for these medications include dizziness, low blood pressure, weakness, blurred vision, muscle cramps, cough, and fatigue.

People with high blood pressure depend on you to help control this illness by providing medications on schedule and watching for side effects. People with well-
treated high blood pressure live longer, better, happier lives. Some clients with mental retardation may be unable to explain symptoms of blood pressure control problems and you must watch for evidence of high or low blood pressure. Persons with mental retardation take many medications and they may tell you that they don’t feel sick from their high blood pressure. People with high blood pressure cannot feel the change in their body and this illness is detected by measuring blood pressure. You can assure your client with mental retardation that they will not feel high blood pressure but they still need to take the medication. You can also assure them that monitoring blood pressure is an important part of controlling blood pressure. You should report clients to your nurse when they refuse to take their high blood pressure medications. This disease is invisible to clients and staff unless you check with a blood pressure cuff. The complications such as stroke or heart attack can be avoided by controlling this disease.

**Understanding Medicines Prescribed For High Blood Pressure**

High blood pressure is a very common health problem in America. High blood pressure can lead to heart disease, kidney disease, poor vision, stroke, and many other serious complications. Most people with high blood pressure can be controlled with a combination of diet and medicine.

Medicines that cause people to urinate excessive amounts of water and salt are called diuretics. Diuretics lower the blood pressure by lowering the blood volume. Diuretics are safe and effective, but some will cause people to lose their body salt called “potassium”. Examples of diuretics include Lasix (Furosemide) and Diazide (Hydrochlorothiazide). Common side effects of these medications include: Low potassium levels, low blood pressure, frequent urination and dizziness.

Many different kinds of blood pressure pills are available that work on blood vessels or the heart. Some medications will reduce the heartbeat. Other medications cause blood vessels throughout the body to relax. Some high blood pressure medicines impact the kidney. Kidneys can cause high blood pressure by controlling water, salt, and specific hormones.

People with simple, uncomplicated high blood pressure are often treated by a single medication; however, people with hard to treat high blood pressure may require several drugs. The risk for side effects from high blood pressure medications increases as the doctor prescribed more medicines for the individual. The goal of therapy in younger clients is to lower the blood pressure to completely normal range. Some blood pressure treatment instructions include regular vital signs to include...
blood pressure, heart rate, and weight. These numbers allow doctors and nurses to adjust medicine.

**Understanding High Blood Pressure in Persons with Mental Retardation**

Individuals with mental retardation can develop high blood pressure just like the rest of the public. These individuals need treatment for their high blood pressure to avoid many complications produced by this chronic disease.
Understanding Medicines for Reproductive Health for Persons with Mental Retardation

Getting the Big Picture

Persons with mild mental retardation may also be sexually active. Persons with mental retardation are less capable of protecting themselves against sexually transmitted diseases or pregnancy because they lack basic understanding of methods to prevent these disorders. Some women with mental retardation may benefit from the use of contraceptives.

Sexual activity and reproductive rights are a very complicated issue in persons with mental retardation. These discussions should be left to trained professionals and legal experts.

Understanding Birth Control Pills

People with mental retardation need protection against pregnancy just like everyone else. Birth control pills work by tricking the body into believing that the individual is already pregnant. This causes the body to prevent other pregnancies. These medicines include active hormones. Hormones are chemicals that cause changes in the body chemistry. Birth control pills can be a problem in women who smoke, are overweight, and get little exercise. Blood clots are a common side effect from this medication. Women may have irregular periods or complain of other physical changes, such as weight gain, grumpiness, and other problems.

Birth control and pregnancy management are important parts of a woman’s health. Women should not stop birth control pills unless they speak with the nurse. Anytime a woman on birth control pills complains of leg problems or other healthcare concerns, report this complaint to your registered nurse (RN). Women who cannot tolerate one form of birth control may do well with a different kind of birth control.

Other Forms of Contraception

Some women use other kinds of birth control, including contraceptive gels or condoms with their sexual partner. These methods are less reliable than birth control pills.
Some women receive hormone shots every three months to prevent pregnancy. These hormone shots have some side effects in some clients. If you believe that a client is having a side effect from their hormone shot, report the complaint to your nurse so that the healthcare professionals can discuss this health problem with the client and decide whether to refer the individual to the gynecologist.

**Understanding Problems with a Person’s Menstrual Period**

A female client may confide in you that they have missed one or more of their periods. Menstrual cycles can be irregular and many things, such as health problems, stress, or new medications, can change frequency. Anytime a client tells you that they have missed one or more periods, you should report this information to the nurse. Many medications that are prescribed for psychiatric problems should not be used in women who are pregnant, especially in the first three months of the pregnancy. Pregnancy is an important health event and any pregnant client should immediately seek healthcare from a woman’s health specialist.

**Menstrual Cramps**

Menstrual cramps are a common problem in women who have periods. Many women with mental retardation have irregularities of their menstrual cycle produced by their medications and the stress. Your client may have a great degree of variation when they have a period. You may know that they are having periods when they become more irritable or they experience abdominal pain. Women with mild mental retardation can inform you about menstrual cramps; however, persons with moderate or severe mental retardation may demonstrate significant behavioral abnormalities during their period. Your nurse should alert you to what behaviors may occur during a period so that you can ask for appropriate medication to treat pain and cramping associated with the menstrual period. You should consult with your nurse immediately when a client complains of intense, severe pain, has vomiting, fever or has change in their physical appearance. Cramping and heavy bleeding in a woman who is not taking birth control may be another serious health problem, such as miscarriage from pregnancy.
FACT SHEET ON REPRODUCTIVE HEALTH FOR PERSONS WITH MENTAL RETARDATION

1. Persons with mental retardation are more likely to contract sexually transmitted diseases because they often lack understanding about these diseases.

2. Women with mental retardation can become pregnant like any other person.

3. Most forms of contraception work for persons with mental retardation.

4. Most medications do not interfere with the effect of birth control measures.

5. Birth control pills have side effects.

6. Women should not stop birth control pills unless they speak with their healthcare provider.

7. Some women use hormonal injections to prevent pregnancy.

8. Call your nurse anytime a client complains of missing periods or expects pregnancy.

9. Women can become pregnant even when taking birth control pills.

10. Many medications prescribed for mental retardation and mental illness can cause birth defects.

11. Persons with mental retardation may also be sexually active.

12. Some persons with mental retardation have the right to be sexually active but these persons must be able to agree to sex.
Many people with mental retardation also have mental illnesses. The following is a section from the 3.2 medication assistants manual for serious mental illness and substance abuse. The material included in this section is not included in the final test; however, this material may be used for ongoing care and study.

Understanding Mental Illness

Getting the Big Picture

Your work with persons with mental illness is very important for their welfare and safety. The client and their family depend on your professionalism and devotion to our clients. Sometimes working with persons with mental illness can be challenging. Many people have wrong ideas about the cause of mental illness. People often believe that persons with mental illness can “do better if they just try harder”. Your work and skills will make you an expert in your church and community. We hope that you will always speak out on behalf of people who carry a heavy burden in life.

Many kinds of mental illnesses occur that limit a person’s ability to cope with life and experience happiness. No two persons are the same and each person with mental illness has a different mixture of symptoms.

You will assist your client with medications that treat many different kinds of mental illness, including schizophrenia, mood disorders, anxiety disorders, and others. You should be familiar with the typical symptoms of each disease so that you can accurately report symptoms to the nurse. This course will provide you with basic information on health problems and mental health problems. Your client may ask you questions about medications as you are providing that individual with these important drugs. You should explain the importance of medications for psychiatric disorders to assure that your client understands the value of the medication in their life. If your client asks you a question about the medication or complains about a possible side effect, you should check with your supervising nurse. The nurse may tell you and the client that the medicine is not causing the problem. You must have enough knowledge to repeat and support the instructions provided by the nurse. You will be given basic information about common side effects for medicines administered for psychiatric problems.
Mental illness is a common problem that occurs in one of five American citizens. Some people have minor illnesses and some have severe diseases. Most people who reside in group homes suffer from severe brain disorders that produce mental illness. This program focuses on mental illness that requires medicine for proper control. Three broad groups of illnesses require medicines for control: 1) disorders of thinking, 2) disorders of mood, and 3) disorders of excessiveness nervousness. (See Table 1). Each type of mental illness has different symptoms and different responses to medications. Many clients have more than one type of mental illness and these people are hard to treat.

Problems with Thinking

The most common type of problem with thinking is schizophrenia. Schizophrenia is a common problem that occurs in 1% of Americans citizens but only a small group is severely disabled by the disease. Many people have the false idea that schizophrenia is a “split personality”. Schizophrenia is a wiring problem in the brain that causes people to have false beliefs, false ideas, and trouble interacting with other individuals. Schizophrenia is a lifetime disorder that requires medications.

Mood Disorders

A person can have low moods, referred to as “depression” or too high moods, which is referred to as “mania”. Some people move from low mood to high mood and this is called “bipolar disorder” or “manic depressive illness”. People sometimes develop troubles with thinking when they are too high or too low. People with bipolar disorder often need medicines to “stabilize their mood”.

Anxiety Disorders

An anxiety disorder is present when people are so nervous that their nerves control them rather than controlling their nerves. People get so nervous that they cannot sit still and they feel like they are about to jump out of their skin. A separate kind of medication is used to treat people with anxiety disorders.

Understanding the Cause of Mental Illness

People with mental illness do not choose to suffer from this disorder. Mental illness like other chronic illnesses such as diabetes or high blood pressure, are treated with medications throughout the client’s lives.
Our job is to help them treat their illness with medications. Our work also includes helping them to understand their medication and monitoring their progress. You are an important part of this team and the family, the client, and the healthcare professionals, such as the doctors and the nurses who depend on you, will appreciate your contribution and professionalism. Sometimes our clients can be difficult. Remember: these individuals did not choose to suffer from mental illness.

**Ask yourself this question:** How would I feel if somebody gave me an illness that reduced my ability to have my own home, a good job, a spouse, and a family? Clients often become frustrated when they want the little things in life that we take for granted. When you walk a mile in the shoes of a person with schizophrenia or mood disorders, you can see why they sometimes seem grumpy or upset about taking medications. **Question:** How would you feel if you got up one morning, your job was gone, and you could not live with your family anymore?

People use many bad words to describe persons with mental illness. Words like “crazy, psycho, and dangerous” and others are commonly used to disrespect human beings who suffer with a burden that they did not choose. Our job is to defeat those harmful ideas and educate the public that we care for human beings who are doing the best that they can.

### Table 1

<table>
<thead>
<tr>
<th>DISORDER</th>
<th>SYMPTOM</th>
<th>TYPE</th>
<th>COMMON TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>THINKING</td>
<td>Hearing voices,</td>
<td>Schizophrenia,</td>
<td>Antipsychotic medications like risperdal or Seroquel</td>
</tr>
<tr>
<td></td>
<td>false ideas</td>
<td>schizoaffective disorder</td>
<td></td>
</tr>
<tr>
<td>MOOD</td>
<td>High or low mood</td>
<td>Bipolar disorder, depression</td>
<td>Mood stabilizers like Lithium or depakoate;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Antidepressants like Zoloft</td>
</tr>
<tr>
<td>NERVOUSNESS</td>
<td>Excessive nervousness and fears</td>
<td>Anxiety disorder, panic disorder</td>
<td>SSRI’s like Prozac or Lexapro</td>
</tr>
</tbody>
</table>
ASSISTING YOUR SERIOUSLY MENTALLY ILL CLIENT WITH THEIR MEDICATIONS

Understanding Serious Mental Illness

People with serious mental illness do not choose to suffer from these disorders. Schizophrenia and manic-depressive illness are often caused by problems with wiring in the brain. This brain problem can cause hallucinations or delusions. The medications, which you assist to clients to take, may help to rebalance brain circuits and chemical imbalances that are altered by these brain disorders.

Understanding Hallucinations

In people with schizophrenia, the temporal lobe, which is located on the side of the brain, is not wired properly. These brain cells control the understanding of spoken words or sounds. This wiring problem causes misfiring and the client hears voices or sounds that are not present. The person believes the voices because their own brain tells them that they are real. When different brain regions misfire, different kinds of hallucinations occur. Brain misfire in the back of the brain called the “occipital lobe” causes visual hallucination, while brain misfire in the temporal lobe located beside your ear, causes auditory hallucinations. People with epilepsy sometimes describe strong smells before a seizure referred to as “olfactory hallucination”. Persons with serious mental illness cannot control brain cell firing. Medications are designed to calm these abnormalities and allow the client to focus and concentrate.

Encouraging Medication Compliance

The voices are very real to the client who suffers from hallucinations. Do not argue with the client or attempt to convince them that the voices are false. Do not tell the person that the voices are true voices either. Simply agree with the client that the voices can be hard on the person and encourage them to take their medication by correct statements such as “the medicines will allow you to concentrate better” or “the medicines will reduce the stress produced by the voices”.

Understanding Delusions

Delusions are strongly held false beliefs that have no basis in fact. False beliefs are common in persons with serious mental illness and in some persons with mental retardation. Do not argue with a false belief because the client will become more upset and you will not change their idea. For instance, when the upset client seems to
believe that his family is plotting to put him in jail or lock him up, then listen to the client and recognize that the person is very upset by this idea. Do not agree or disagree with the idea and do not try to talk the person out of the idea. Switch the conversation to a more pleasant subject.

**How Medicine Helps**

Antipsychotic medications may reduce the intensity or frequency of false beliefs and the distress produced by these beliefs. Clients can be advised that these medications will help them with stress caused by their worries. Antipsychotic medications are not addictive but these medicines have side effects in some persons.

**Obstacles to Care**

Some clients may believe that staff is working with family or others who wish to harm to them. Fearful clients may refuse to take medications or some individuals may hold the medicine in their mouth and spit the pill when they leave the room. Your supervising nurse should advise you about which client may be capable of holding their medicine and spitting, a behavior called “cheeking”. Talk with your nurse about any client for whom compliance is a question.

Compliance means that a client is taking medicines as prescribed and when prescribed. A non-compliant client is an individual who is refusing to take some or all of their medicines. Non-compliance can be caused by many reasons, including: 1) fear of side effects, 2) lack of knowledge about the benefit of the medication, and 3) false beliefs that the medicines are harmful. A client may simply refuse to take one or more of their medications or a client may act as if they are taking medicines when in fact, they are discarding their medications.

As the responsible persons, you must know which client takes medicine without problems, which client needs assistance and encouragement, and which clients requires monitoring to assure that they do not spit medicines into the sink or toilet. Your supervising nurse should provide you with guidance on how to deal with clients who do not want to take their medications.
FACT SHEET ON ASSISTING CLIENTS WITH A SERIOUS MENTAL ILLNESS TO TAKE THEIR MEDICATIONS

1. Most serious mental illness is caused by permanent brain wiring problems caused by many diseases.

2. People with serious mental illness may not understand the need to take medication.

3. Serious mental illness can produce “psychotic” symptoms such as hearing voices or seeing things.

4. Some persons with serious mental illness have false beliefs called delusions.

5. The false images or false beliefs produced by serious mental illness are real to the client.

6. Antipsychotic medicines may help reduce the intensity of false beliefs or false images.

7. Do not argue with clients about false ideas and do not try to reason with their beliefs.

8. Psychotic symptoms such as false beliefs, false voices, and false visions are often upsetting for a client.

9. Medications called “antipsychotic drugs” reduce the intensity of psychotic symptoms and improve quality of life for persons with serious mental illness.

10. Psychotic symptoms are produced by brain misfire that is often caused by an inherited wiring problem in the brain.

MEDICATION ASSISTANT CERTIFICATION (MAC) PROGRAM
UNIT 14

SPECIAL PROCEDURES

This unit should be used by the nurse to teach procedures specific to the MAC and the client’s needs. These would include use of glucometer, CPAP machine, updraft treatment, colostomy bags, VNS wands, Diastat suppository etc.

Your supervising nurse may also want to review some materials about recognizing seizure activity, “insulin” reactions and other health problems that you client may experience.