



## Lesson 2: Medication Basics

**After completing this lesson you will be able to:**

1. Describe different kinds of medications, remedies, and nutritional supplements and why people take them.
2. Define a medication error.
3. Describe how, when, and why to complete a health and medication history.
4. Describe why, when, and how to monitor for problem reactions to medication.
5. Describe methods for reducing medication errors in all environments and at all times.

## OJT List

On-the-Job Training (OJT) statements are observable measures of skill that a person can demonstrate. These are the OJT statements for Lesson #2: Medication Basics.

- The direct support professional follows all federal, state, and local laws and the policies and procedures of his or her employer when working with controlled substances.
- The direct support professional can list the main points any controlled substances used by the person(s) to whom he or she provides medication support.
- The direct support professional immediately reports any suspected problems regarding controlled substances to the appropriate person.
- The direct support professional follows any laws and employer policy and procedures regarding the administration of herbals, supplements, and natural remedies.
- The direct support professional can describe the difference among a prescription medication, non-prescription medication, an herbal, a natural remedy, and a nutritional supplement.
- The direct support professional can list and describe the key points (including at least the purpose and dosages) for any medications, herbal treatments, and natural remedies used by the person(s) whom he or she provides medication support.
- The direct support professional is observed supporting a healthy lifestyle for each person he or she supports.
- The direct support professional can describe the effect of lifestyle on the potential need for medication.
- The direct support professional defines a medication error and gives examples to indicate when a medication error has occurred.
- The direct support professional can describe the differences among the following: a medication side effect, sensitivity, allergy, adverse reaction, and problem interaction.
- The direct support professional accurately reports and documents side effects when experienced by the people he or she supports.
- The direct support professional effectively handles any adverse reactions to medications in the people he or she supports.
- The direct support professional can describe the most common signs of drug allergies.
- The direct support professional effectively handles drug allergies that occur in the people he or she support.
- The direct support professional supports and advocates as necessary for the best tolerated and most effective medications for the persons he or she supports.
- The direct support professional can list any drugs taken by the people he or she supports that have a potential to interact with other substances. He or she can list the substances that must be avoided.
- The direct support professional helps the person(s) he or she supports to obtain accurate information about potential interactions when using new medications, nutritional supplements, herbals or natural remedies.
- The direct support professional uses safe and effective medication practices when assisting a person while on trips or away from home.
- The direct support professional correctly packages and carries medications as required by law and employer policy and procedures.

## Portfolio List

Portfolio samples are examples of work a person could place in a portfolio based on the content of this lesson. These are the Portfolio suggestions for Lesson #2: Medication Basics.

- The direct support professional (DSP) obtains a health and medication history of a person he or she supports (with permission). The DSP reviews the history and types of conditions for which the person takes medications. The DSP researches the effect of lifestyle choices (sleep schedule, diet, regular physical activity and exercise, practicing infection control measures, smoking, use of alcohol medication, etc.) on the person's health condition. The DSP attaches a reflective statement that describes the likely effect of lifestyle changes on overall health and need for medication. The DSP describes how this information will be shared with the person and possible changes in the support setting that can help improve the person's overall health.
- The direct support professional (DSP) shows evidence of handling, preventing, and managing problem reactions to medications effectively. Using examples of documentation or other actual work, the DSP demonstrates the ability to gather information about potential problems at the point in which a person being supported is given a recommendation for a medication OR the DSP shows evidence of effectively handling a situation in which there are problems. A reflective summary is attached to the work sample that describes what happened, what steps the DSP took, and what the outcomes were, and what, if anything the DSP would do differently based on the results.
- The direct support professional (DSP) compares the health and medication history form from this lesson to the information in one person's health and medication history (with permission). He or she includes copies of the current information and responses to the following questions: Is anything missing from the completed history that could be included? Is the missing information critical? Why or why not? Is the information easy to find and carry to health care visits? If not, what could be improved?
- The direct support professional (DSP) shows work samples that demonstrate his or her ability to effectively package medication when a person needs medication away from home. A summary describing the biggest challenges in providing medication support when away from home and how he or she dealt with those challenges is included. This summary includes plans for dealing proactively with challenges in the future.



## **Drug Classifications:**

You may work in a setting where you are expected to know specific drug classifications. Check with your employer regarding this topic. If your employer has specific classifications they want direct support professionals to know, ask them for a list and other information. You may be asked to take a test on these drug classification by your employer.



## **Controlled Substances:**

Find out if anyone you support is using medications classified as a controlled substance. Make sure to check in with your employer regarding any guidelines you are responsible for knowing and following regarding controlled substances. If your employer is not responsible for training you about controlled substances, you may check with a pharmacist or state regulatory agencies to gain more information.



## **Obtaining Written Orders for Remedies and Supplements**

In many situations where direct support professionals provide medication support, it will be a requirement that there is a written doctor's order on file for any over-the-counter medication, herbal, nutritional supplement, or natural remedy that is used. This is to prevent the possibility of the direct support professional making serious mistakes regarding these preparations. Check with your employer regarding whether a written doctor's order is required and where these important documents are kept.

Even if a doctor's written order is not required, encourage the people you support to check with a doctor or pharmacist before taking preparations. Do not assist people in taking preparations that could cause problems or interact poorly with prescription medications before checking with a medical professional first.



## Avoid Quackery: Medication Support Toolkit in the College of Direct Support

Many times people face difficult or persistent and annoying health problems. During these times it is tempting to look for easy cures. This can leave people vulnerable to being misled about treatments. There are many individuals and companies that make a good living off of other's fears and disappointments. As a direct support professional, you may support someone who you think is being taken advantage of or who is getting ready to make a poor choice about treatment. This toolkit sheet can help you and the people you support make good decisions about alternative treatments.

### When to Worry About Scams and Quackery?

1. If the promised benefits of the treatment are far beyond anything that can be offered through established medical approaches. Examples would include:
  - People or treatments that “guarantee” to cure serious or fatal illnesses such as cancer or AIDS.
  - Unreasonable claims for success such as dropping several pounds of weight in a week while eating all you want.
2. When the “seller” discourages you from getting more information or states that information is not available except through mail or email.
3. When a product claims to have “secret ingredients” and/or “no risks.” One that uses only photos and written testimonials as support for effectiveness, without any serious reviews in established journals.

*Use common sense: If it was this easy why isn't the treatment widely available and well established?*

### How to Decide What to Do?

#### If the treatment is suggested by a doctor, therapist, or healer:

- Ask for information in writing. Ask for the purpose of the treatment and the risk and benefits. Find out what ingredients are in any preparations and the names of any herbs or nutritional supplements.
- Check with professional associations, community groups, licensing bodies, or individuals who would be knowledgeable about this type of treatment or this type of practitioner. Find out if the person is reputable and if the treatment is generally accepted in this community.

#### If the treatment is advertised:

- Review the information carefully. Get the name, address, and phone number of the company.
- Take the information to a medical practitioner you trust and get their opinion.
- Check with the Better Business Bureau regarding complaints against this company or similar ones.

#### For both:

- Check medical libraries for reviews regarding the treatment in established medical journals.
- Use information sources provided by your medical insurance provider. (Information phone lines, brochures, etc.)
- Look it up on the internet.

Report problems with scams to the Better Business Bureau, “watch dog” groups, postal authorities, or other local authorities.



## Reducing Risk with Over-the-Counter Medications, Herbals, Nutritional Supplements and Home Remedies Medication Support Toolkit in the College of Direct Support

Many people mistakenly think they cannot be harmed by using home remedies, over-the-counter medications, herbals, or nutritional supplements. These preparations can interact with each other and with prescription medications.

When helping someone manage their use of these types of preparations, review this list with them and with other caregivers and yourself on their behalf. BEFORE they use these preparations, encourage them and caregivers to do the following:

- ALWAYS read thoroughly the label on or the insert for the preparation.
- Review the ingredients in preparations, especially in multi-symptom preparations. You can accidentally overdose by taking more than one preparation with the same active ingredient.
- Ask a health care practitioner or pharmacist any questions you have BEFORE taking a preparation.
- Take alternative preparations EXACTLY as recommended. *Do not* take a larger dose than recommended. *Do not* take it more often than recommended. If you do not get relief, contact your healthcare practitioner regarding other choices or dosages.
- Monitor the preparations that you take. Don't accidentally take more than recommended.
- Stop immediately and call a doctor if you have a reaction to the preparation.
- If the symptoms you are treating continue for more than a few days, talk to your health care practitioner. It may be something serious and the medical professional may consider a prescription treatment.
- If you are taking a prescription medication now or are asked to start one, ask your health care practitioner about possible problem interactions between the non-prescribed preparations you use and the prescription medication you take now or are scheduled to take soon.
- If your home remedy contains alcohol, herbs, and other substances with metabolic effects, check with a health care practitioner or pharmacist regarding interactions with other preparations you take.



## **Rules, Regulations, and Policies around PRNs and Storage:**

Check rules, regulations, policies and procedures regarding the storage and use of PRNs. In some cases, two or more people living together may share a single container of an over-the-counter medication. In other cases, policies and laws require that each person have their own clearly-labeled container.



## Health and Medication History

Directions: In order to prevent problems with medications it's important to communicate with health care practitioners. This form can help you organize and track important information that may be critical to the practitioner before prescribing medications. Direct support professionals can use this form to help people they support organize information. Fill in all parts of the form as completely as possible. Update it once a year or when there is a change in health conditions or medications used. The information on this form is PRIVATE. Do not share it without the permission of the person who is providing the information.

### I. Personal Information: Complete each area of this section.

A. Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

B. *Who do you want contacted in the case of a medical emergency? Please list name(s) and phone number (s) here. (more room on back) By providing this name you are confirming that health professionals may share information regarding your condition with any person listed here.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C. *Do you have a person who is legally appointed as a guardian, medical conservator, or who has durable power of attorney?* Yes No

If yes, circle one (or describe relationship):      Guardian      Medical Conservator      Durable Power of Attorney

Please list the name and contact information of this person here:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D. *Do you have any special needs in the area of understanding risks and benefits regarding medications or making informed consent regarding medication (for example translation services or alternative formats for written materials)? Please list any support or assistance that would help you to make a good decision regarding medications and medical treatments.*





# Health and Medication History

**Medication History:** List ALL current prescription and over-the-counter medications, herbals, nutritional supplements, or home remedies you use.

**A. Prescription Medications** (Note, if you take more than 4-5 prescriptions, you are at a higher risk for side effects and problems. Talk with your health care practitioners about non-medication and/or lowest dose alternatives. Ask specifically about the combined effects on your medications, including over-the-counter and other types of preparations.) Fill in this chart with all prescriptions you currently take regularly or on an as needed basis.

Name of Prescription Medication	How much do you take?	When do you take it?	Why do you take it?	Do you have any problems or concerns with this medication?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**B. Over-the-Counter Medications:** List any medications you have used in the last month, and/or medications you keep regularly in response to symptoms of illness or physical conditions. (Headaches, stomach aches, coughs, etc.)

Name of Over-the-Counter Medication	How much do you take?	When was the last time you took it?	Why do you take it?	Do you have any problems or concerns with this medication?
1.				
2.				



**TOOL KIT**

## Health and Medication History

Name of Over-the-Counter Medication	How much do you take?	When was the last time you took it?	Why do you take it?	Do you have any problems or concerns with this medication?
3.				
4.				
5.				
6.				
7.				
8.				

**C. Herbs, nutritional supplements, and home remedies:** List any other preparations you use to help prevent or treat physical conditions. Include nutritional supplements and herbs you take to promote overall good health. Include any home remedies you use.

Name of the herbal, nutritional supplement and/or home remedy. (List manufacturer if applicable)	How much do you take?	When was the last time you took it?	Why do you take it?	Do you have any problems or concerns with this preparation?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



## Health and Medication History

**D. Medication Sensitivities:** Problems with medications can range from annoying to life-threatening. It is important to keep track of problems with medications to prevent mistakes with problem medications and to make good choices. List any sensitivities, adverse reactions, allergies, or side effects you have experienced. Keeping track of the dosage can be important because it is possible that the problem reactions could be avoided if taken in a smaller dose.

Medication	Dosage	Dates Taken	Reason taken	Describe problem or reaction and related circumstances (if applicable).
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



## Health and Medication History

**III. Health History:** There are certain events in your health history that can affect how you and your practitioner handle medication decisions. Please fill in all the sections of this health history. Bring it to every appointment. Remind your health care practitioner about any item for which you completed a description in this section, if he or she is recommending a treatment.

**A. Physical History:** *(If you respond yes to any of the following, please fill in the information on the charts provided below.)*

- |  |     |    |
|--|-----|----|
| 1. Do you have any metabolic or genetic disorders?   | Yes | No |
| 2. Do you experience problems with organ functioning? (heart, liver, lungs, kidneys, bowels, etc.)             | Yes | No |
| 3. Do you have any chronic conditions such as a seizure disorder, diabetes, arthritis, or high blood pressure? | Yes | No |

Type of Condition	Date you found out you had this condition	Please describe any medical treatments you take for this condition.	Please describe any lifestyle changes you have made as a result of this condition.	Do you have any concerns about this condition?
1.				
2.				
3.				
4.				
5.				
6.				

**B. Vaccinations:** Please attach a copy of your vaccination and booster shot records.



## Health and Medication History

**C. Surgeries and Hospitalizations:** Please list any surgeries (including dental procedures) and hospitalizations you have had on this chart.

What was the reason for this surgery and/or hospitalization?	What were the date(s) of surgery and/or hospitalization?	Do you have any concerns about this surgery or hospitalization?
1.		
2.		
3.		
4.		
5.		
6.		

**D. Lifestyle:** Your lifestyle can affect your medications. In addition, some medications can create serious complications when combined with certain life circumstances. For example, some medications can injure or kill an unborn child if taken by a pregnant woman. Many medications contain ingredients such as sugar and salt that can cause problems for people on special diets. By completing this section the healthcare practitioner or pharmacist will have the information needed to ensure you select the best medications for your circumstances. Respond to the following questions. Use the space on the back of the document if you need more room.

1. Are you on any special diets (e.g., low salt, diabetic, weight loss, etc.)?      Yes      No      If YES, please describe:
2. Do you ever fast for periods of time?      Yes      No      If YES, please describe:
3. Do you keep a regular schedule for meals?      Yes      No      If NO, please describe:

a. Describe your meal schedule on a typical day:

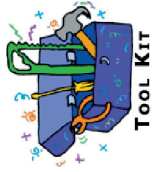
b. Describe a typical amount and type of food eaten in a single day:

4. Describe your level of physical activity on most days:

5. Are you pregnant, trying to get pregnant, or nursing a child?      Yes      No      If YES, please describe:

6. Do you keep a regular sleep schedule?      Yes      No      If NO, please describe:

a. Describe the hours you usually sleep:



## Health and Medication History

- |   |     |    |  |
|---|-----|----|--|
| 7. Do you smoke?  | Yes | No | If YES, how much?                              |
| 8. Do you drink alcohol?  | Yes | No | If YES, how much?                              |
| 9. Do you use street drugs?                                       | Yes | No | If YES, please list the substance:             |
| 10. Do you have any addictions?                                   | Yes | No | If YES, please describe:                       |
| a. Are you actively using this substance?                         | Yes | No | If YES, please describe how much and how often |
| b. Are you in treatment or seeking assistance for your addiction? | Yes | No | If YES, please describe:                       |
11. Have you had any recent changes in your lifestyle (divorce, marriage, deaths, new job, new home, etc.)?
12. Do you drive a car, work with machines, or perform other duties where it is important to be alert?

**E. Family History:** (This information regards your biological family. If you are adopted, see if you can get records regarding your biological family. If not, leave this section blank and inform your health practitioner why you do not have this information. ) Many conditions run in families. If a family member has a condition or sensitivity it is often more likely a biological family member will experience the same conditions or sensitivity. Use the back of this form if needed for additional space.

1. Mother:
  - a. Date of Birth:
  - b. Date and cause of death (if applicable):
2. Father:
  - a. Date of Birth:
  - b. Date and Cause of death (if applicable):
  - c. Describe any conditions or health problems your mother experiences(ed):



# Health and Medication History

3. If applicable, list on the back of this form: the date, the person's age and relationship to you and cause of death of any biological siblings, grandparents, aunts, uncles, or first cousins.
4. If applicable, list on the back of this form any genetic or chronic conditions experienced by any biological siblings, grandparents, aunts, uncles, or first cousins.
5. Does anyone in your family have a history of sensitivities to medications?      Yes      No      If YES, please describe:

**IV Health Care Practitioners:** List the names and contacts of any treatment specialist or health care practitioner who you see. Include medical doctors, dentists, and other specialists. Also include therapists and others such as chiropractors, massage therapists, herbalists, etc. Also include your pharmacist.

Name	Title	What do you see this person for?	Address	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				



## Health and Medication Histories

Health and medication histories are important pieces of information to using medications safely and wisely. Check with the people to whom you provide support (or your supervisor). Answer the following questions.

1. Does each person you support have current health and medication history? (In most state or federally licensed facilities, this information is required. However, this information may be gathered and saved in different ways in different places).
2. Compare the health and medication history form from this lesson to the information in one person's health and medication history.
  - a. Is anything missing from the completed history that could be included? Is the missing information important? Why or why not?
  
  - b. Is the information easy to find and carry to health care visits? If not, what could be improved?
3. If a person you support does not have current health and medication history, ask about developing one using the form provided in the lesson. Describe the benefits of having such a record when making office visits or in emergencies. Ask for the permission and assistance you need in the completion of the form. Find a place to store it that is private but accessible.

Laws and regulations may also define when a doctor must be called before giving a PRN. Usually, the more difficulty a person has in communicating symptoms and needs, the more carefully the use of PRNs is monitored. Find out if this applies to your situation.

