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Physician Orders

Processing Physician Orders is an ongoing job that Nurses and others must deal with on a daily basis. The Pharmacy processes thousands of prescriptions every month, which makes it essential that everyone sending in physician orders, is following some basic rules to insure the least amount of time spent on an individual order. PAL wants physician orders to be processed quickly, efficiently, and to be accurate. If information is missing, if valid signatures aren't included, or if the order is not specific or clear, the Pharmacy must call you or the physician for clarification. This takes time. Yours and ours and maybe the physician's. Remember these simple rules for processing physician orders:

- ONLY licensed nurses can call physician or nursing orders into the pharmacy (new orders). This telephone order **MUST STILL BE** followed up by a written and signed order as soon as possible.
- Direct support professionals can order refills by using Pharmacy Communication Logs and faxing completed requests to the pharmacy with their contact info on the bottom. New orders must be faxed and cannot be called in to the pharmacy. Only Nurses can do that.
- FAX, FAX, FAX! This is the most important thing to remember...FAX everything! The reason for this is that, when you fax, the picture of what you faxed is saved FOREVER in our computerized system under the consumer's name for which it pertained. This helps to avoid transcription errors, misunderstandings, and date stamps everything that comes into the pharmacy.
- FAX ALL ORDERS, even if you don't need meds. (Make a note that states 'Profile Only' or 'Send No Meds at This Time'.)
- Make sure the NAME of the person the meds are prescribed for, is clear and correct.
- DO NOT enter new prescriptions on REORDER Sheets please.
- FAX orders as you receive them. Written telephone orders **MUST** have all of the legal require-

ments of a prescription. This includes:

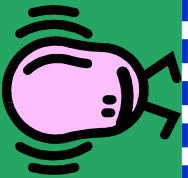
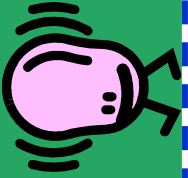
- Consumer's full name with any applicable nicknames or abbreviated names
- Their address and location name
- Medication name, dosage form, strength, quantity
- Directions for use (avoid using vague directions such as 'Use as directed' or 'take 1-2 tabs q 3-4 hours'. Ask the physician to write it so there will be little room for staff interpretation.
- Prescriber's (physician, nurse practitioner, psychiatrist, etc.) name and telephone number
- Nurse's signature and credentials (RN, LPN, LVN) **VERY IMPORTANT!!!**

Orders cannot be accepted as valid orders if ALL of these components are not in place. These are legal documents that each of us must insure are handled in an appropriate manner.

The cut-off time for REORDERS is 3:00 p.m. The cut-off time for NEW orders is 4:00 p.m. We will process your orders the following day unless they are **MUST HAVE MEDS**. If the meds are essential immediately, you call us at the Pharmacy number, our After Hours Pharmacist will process the order and send it to your local BACK-UP Pharmacy for your staff to pick up that evening. This should not be used for routine medication orders. Examples of orders that are essential to receive immediately would be: antibiotics, a new pain medication order, and some psychiatric meds, The BACK-UP pharmacy will dispense a minimal amount of the med to get you through until your next scheduled delivery, which is when the rest of your prescription should show up. If you have a prescription for a **C**ontrolled medication and need it immediately, just get the entire prescription filled at your local BACKUP Pharmacy. Due to federal law, this prescription shouldn't be divided up. Also, remember that, when getting C-II drugs from PAL, you must MAIL the Rx to the Pharmacy before we can dispense the meds (unless ICF, who can fax). A new prescription must be obtained every 30 days.



Exercise For Your Brain



Dementia is a disease of the brain in which there is progressive deterioration in memory and cognitive ability. A person forgets where things are, how to do the things they used to do, and can even forget how to take care of themselves or perform daily activities (bathe, get dressed, get the mail, clean the house, take medicine, go for a walk and find their house again...even how to eat.) This gets worse over time.

Causes of dementia are:

- Medical conditions (thyroid disorders, toxicity to drugs, vitamin deficiencies)
- Brain injury from an accident, illness, or brain infection (meningitis, syphilis)
- Brain tumors
- HIV infection
 - Hydrocephalus
 - Alzheimer's disease

Alzheimer's disease is the most common type of dementia in the general population and is even more common in individuals with Down Syndrome. In Alzheimer's disease, bunches of

thread-like tangles and sticky plaques show up in the brain and cause nerve cells to die. There are some promising research studies being done that are working on diagnosing Alzheimer's earlier, creating a vaccine, repairing the brain, and medications to slow the progression of the disease.

Scientists are finding that we actually can grow new brain cells...but you have to exercise your brain for this to happen. One of the ways to stave off dementia in all of its forms, is to **USE YOUR BRAIN!** Doing cognitive activities (thinking, problem solving, processing ideas) actually lowers your risk of getting Alzheimer's disease. Who would ever think that doing a crossword puzzle would protect you from dementia? The recommended activities must stimulate your thinking like reading a book or magazine, writing a letter, doing a puzzle or other word games, figuring out Sudoku puzzles, playing board games, even playing musical instruments or dancing will work. So the old adage that if you don't use it, you lose it...is true. Your brain must be exercised to stay fit and healthy. Stay engaged, converse, read, do things. This works for our consumers also. Activities that involve thinking, talking, singing, playing, knowing rules, interacting, keeping score, being creative, making holiday decorations....it all helps. ;)

Reordering Non-Cycle Fill

Pharmacy Alternatives™ works hard to try to keep things as simple as possible for you by putting every possible medication that can be included in the Cycle Fill delivery. This way, most of the consumers' medications come to you automatically each month prior to the start of the new month....ready to go! You still need to check when these arrive to insure you have everything your consumers need and call the Pharmacy immediately if there are any discrepancies so these can be taken care of before the medications are actually needed.

There are those medications, however, that **ARE NOT** included in the monthly Cycle Fill medications and this is because they 'run out' at varying times throughout the month, cannot be divided, or are a limited dose of a few days. These include meds like eye drops, ear drops, birth control pills, creams and ointments, and glucose testing supplies. These need to be **REORDERED SEVERAL DAYS PRIOR** to running out of the medication. Each operation or

facility should have an operational procedure for checking all meds and items that 'run out' within the month and for **REORDERING** these items in plenty of time so there is not a gap in getting the medication or supplies. A system that has worked for many areas, is to list out all of those items that need to be checked weekly (this can be done by the Nurse or QMRP or other Supervisor). Appoint one person who is responsible for checking all listed and new items every Wednesday and **FAXING REORDERS** to the Pharmacy by noon. This will insure that you get a delivery before the weekend and have all the items needed for med passes through the following Wednesday. Those pesky weekend calls because staff ran out of medication will end. ;)



REDUCING MEDICATION ERRORS

The 6 Rights of Safe Medication Administration:

- **Right Person**—know the person you are giving meds to. Only give medications that are prescribed and labeled for that person.
- **Right Medication**—read the label and compare it 3x to the order or medication administration record (MAR)
- **Right Dose**—compare 3x as above. Sometimes the physician will ONLY change the dose, so be aware of potential changes.
- **Right Time**—compare label 3x as above, for time of day and number of times a day to be given
- **Right Route**—is this an oral medication? Is it a topical that you rub on the skin? Or is it drops that go in the eyes? Read carefully.
- **Right Documentation**—this is the often-forgotten important step in safe med administration. Documenting carefully what you have given is imperative. Make sure you document under the correct date and for the correct medication and time given.

These 6 'Rights' seem very logical and simple to follow. And they are....until other extraneous factors get in the way. This is when med errors occur.

The Institute of Medicine (IOM) reports that medical errors are the 8th leading cause of death among Americans. They also estimate that about 50% of adverse reactions to medicines result from med errors.¹ It appears that the seemingly simple and logical process of giving medications is teeming with opportunities to make mistakes, and some of these mistakes can be dangerous to your health. According to *The Consultant Pharmacist* in Aug. 2007², mistakes happen because of:

- **Environmental Factors**—noise, being interrupted, being short-staffed at med pass time
- **Staff Competency**—have they had adequate training

- **Patient/Consumer Education**—if they know what their meds look like, when they are supposed to get them, and why they take them, this can be very helpful. They will catch differences or changes very quickly.
- **Quality Processes**—an organizational process for evaluating patterns in med errors. An open, non-punitive approach is best. Remember, an increase in errors is a system or organizational problem, not an individual problem.
- **Multidisciplinary Prevention**—med errors are usually the result of several interfacing factors. When looking at med errors, a holistic approach that includes errors made by the physician in ordering, made by the pharmacy in labeling or packaging, and in the direct care staff and nurse in med administration...are all important features of correcting systems problems in an organization. It is important to respond to potential situations before they occur. If you are observing a pattern that does not follow your system for med administration, address it immediately...before med errors occur. Med errors are going to occur. Your role is to insure that you have done everything possible to insure consumer safety in med administration to minimize the negative outcomes.

¹ The Institute of Medicine, (1999). When is a medical product too risky, *FDA Consumer*, Sept-Oct.

² Grissinger, M., (2007). How to prevent medication errors in long-term care: part 2, *The Consultant Pharmacist*, 22 (8), 646-658.



TBI

TBI=TRAUMATIC BRAIN INJURY.

Some of the consumers we support have had head injuries in the past (also called acquired brain injury or traumatic brain injury). These injuries may have been mild, moderate, or severe in nature. Disabilities that result from TBI depend upon how severe the injury was, what parts of the brain were effected, and the age and health of the person who was injured. Disabilities can occur from TBIs causing problems with memory, thinking, talking, understanding what is going on, and in the senses of sight, taste, hearing, smell, and touch. Mental health can be effected and may result in the person having personality changes, mood swings, aggression, depression, and anxiety. More severe cases can even result in coma. ¹ These problems that effect life-functioning can be short or long-term in nature. Rehabilitation is often necessary. The leading causes of TBI are falls (28%), motor vehicle crashes (20%), being struck or striking against something (19%), and assaults (11%). ² Males are 1 1/2 times more likely as females to have a TBI. ¹ African Americans have the highest death rate from TBI. ¹ How can you help as a Direct Support Professional working with an individual who has had a TBI? Know the causes. Know what functional changes the individual has had, be observant, be patient, and request the services he or she needs repeatedly until they are acquired.

Information cited is from National Institute of Neurological Disorders and Stroke @ <http://www.ninds.nih.gov/disorders/tbi/> and

The Centers for Disease Control and CDC @ <http://www.cdc.gov>

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All articles to be considered for submission to this newsletter should go to Georgia Swank at the above email address. We welcome your comments and ideas!

This clinical newsletter is but one of the Value Added Services we provide to our customers.

**Interested in talking
with someone about
making Pharmacy Alternatives
your pharmacy?**

**Call or email us any time and
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to your organization
and discuss our services.**

**We would love to be
your pharmacy!
(and you will love us!)**

MEDICAL RECORDS ORGANIZATION

Having an organized and concise Medication Administration Record (MAR) is a key element to doing your part to provide safer supports for your consumers. If the MARs for all the consumers you support are set up in an established format with all the info needed for medical personnel to provide good care being readily available and up-to-date...you will decrease med errors and increase quality of care across the board. Remember: You are NOT the only ones who will be reading and needing this information. These MARs may be used by EMS paramedics, by ER physicians and nurses, and will be referred to by family physicians, direct support professionals and by you. The MAR should contain "the story", medically, of that person.

To get started, review the diagnosis list for accuracy. Is everything listed there truly a diagnosis? Or, do you have some symptoms listed that are included in other diagnoses? Are there duplicates? Are there abbreviations for medical

terms that non-medical staff are not going to understand? Check the Date of Birth, Primary Physician, and Allergies for accuracy also. These are things that have been found to be inaccurate for months, even years...because people skip over them quickly.

Next, review the list of medications. SLOWLY! Is every aspect of the order in place...the route, the dose, the time, etc.? Are there PRN meds that have never been used? Are there duplicate orders or discontinued orders still on the MAR? Get rid of them.

Finally, to create your Physician Orders format, start with categories that are generally applicable to most individuals. Some suggestions are to have categories such as: Immunizations, Dietary, Code Status, Adaptive Equipment, Activity, Laboratory/Diagnostics, Surgical/Other Medical History, and General Ancillary Orders (the catch-all section).

Now, group your orders under each heading that makes sense for the order. Think about what is important for a caregiver to know. What would YOU want to know to provide support for that individual? Is he nonverbal? Is she incontinent of bowel or bladder? Can he only ambulate with a walker? Is she nonverbal? These things are often not found on a diagnosis list but are vital to know if providing support. Add them. Historical data can be very important to add under the History section, such as "Resection of the colon 9/07 due to colon cancer". A nursing plan of care follows from this info. This is a need-to-know item. Think about what is necessary information to include to provide good care and support. Get organized, be concise, be complete, and you and the consumers will reap the rewards of your efforts.