PHASE 2

Student Manual 2022
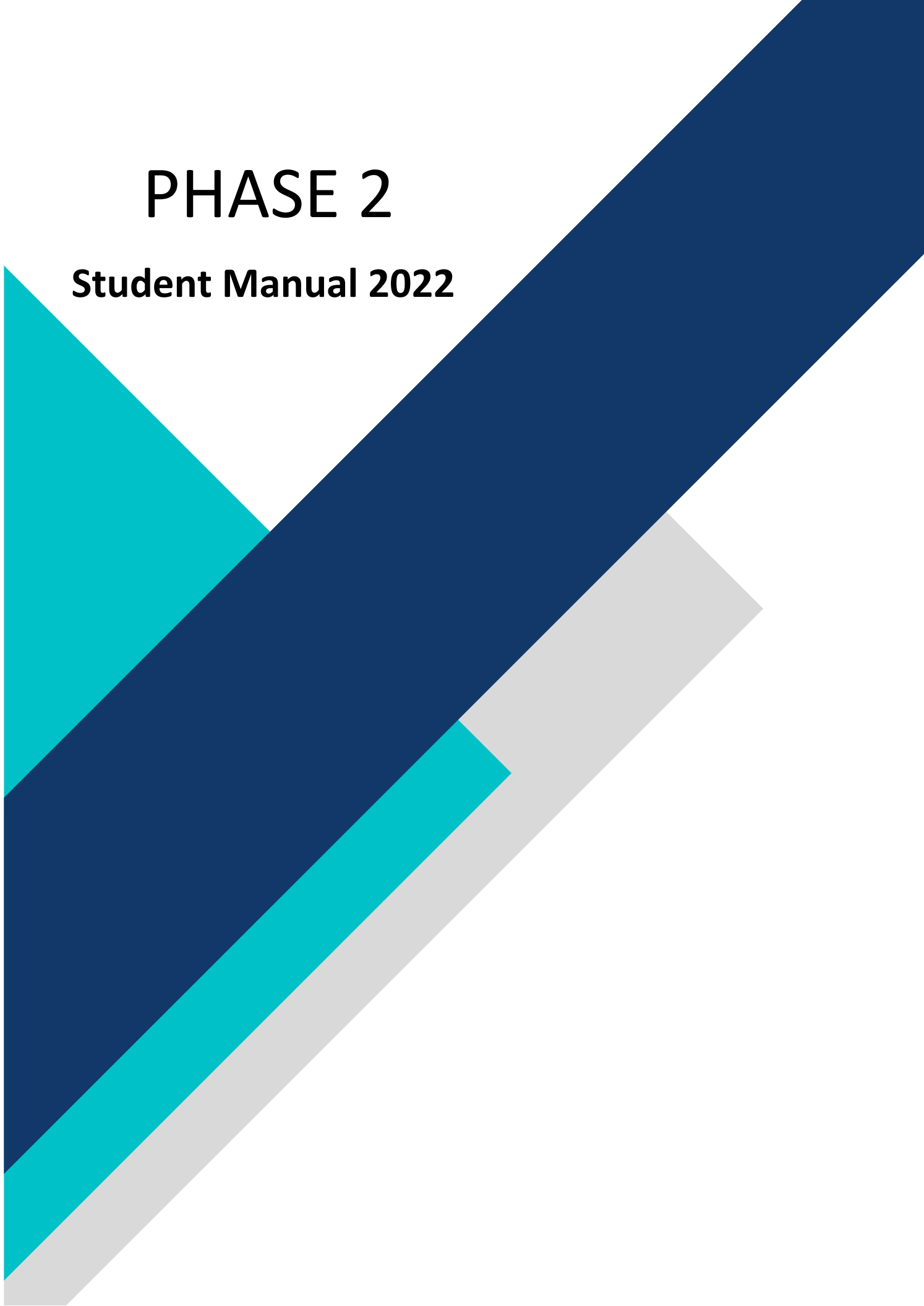
This course consists of classroom instruction, practice preparing medications and a Practicum. The primary objective is to learn how to administer medications in compliance with the state statutes that govern DDS so that the individuals we care for can receive medications in the safest and most effective way possible.

To participate in a DDS medication administration course, you must:

- Be currently working for DDS or an agency licensed or funded by DDS
- Have a high school diploma or GED
- Have any medication related conviction reviewed by the DDS Med Admin Program
- Never have had a medication administration certification revoked

Because individual states and state agencies have their own regulations and curriculum for medication certification, DDS cannot honor Phase 2 certification from any other source.

What to Expect

You must attend 100% of the class. Participants cannot arrive late or leave early. If you are late or absent, you will be required to start the course process from the beginning.

Cell phones must be turned off or set to vibrate mode. Texting during class is prohibited.

Disruptive, rude, or disrespectful behavior is reason for expulsion. Be considerate of others.

Inclement Weather

Inclement weather may require a class cancellation. Notice of class or test cancellation will be posted two hours prior to the start of the class or test. Please call 860-616-2045 Ext 5 for this information.

****

I have read and understand the class policies

Student Name (print): _____   Student Signature: _____

Date: _____   Agency: _____

Welcome to the Department of Developmental Services Phase 2 Medication Administration Course for Non-Licensed Employees

Course Objectives:

➢ The Phase 2 curriculum will cover the DDS specific procedures for medication administration, and important information about the populations we support. Students will also be required to successfully complete a medication pass and pour with the instructor.

➢ Phase 2 will include DDS standards of practice; please be aware your agency may have additional policies that you may need to review prior to your Onsite Practicum (pass and pour) at your work location.
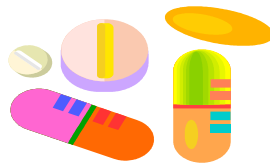
The **Phase 2 curriculum** will cover:

➢ **DDS** Nursing Delegation- Registered Nurse allows employee to work under their own license

➢ Medication Administration Responsibilities

➢ Proper steps for safe medication administration

➢ DDS Medication Administration Record (MAR/Kardex) Transcription

➢ Required documentation

➢ Medication Error Incident Report 255m

➢ Leave of Absence procedure and documentation

➢ Discussion of what a "dose" is

➢ Psychotropic Medications

➢ Special Considerations of the DD/ID Population- information included in manual (not covered in class)

What Is Nursing Delegation?

- The delegating nurse, licensed in the State of Connecticut, allows the certified non-licensed employee to work under the RN's license.

- The Delegating nurse is the RN at your facility or group home that does your pass and pour.

- Care delegated is within the scope of practice of the delegating RN. The RN cannot delegate a task that they themselves cannot perform.

- The task is delegated <u>only</u> at the sites designated by the delegating RN.

- Employees must be delegated at each site they work at, by the delegating RN.

- The delegating RN maintains the responsibility to verify that employees have adequate skills for the task which consists of:

  - Successfully passing the Phase 1 and Phase 2 courses indicating **baseline competency**
  - Successfully completing an on-site practicum (pass and pour) prior to administering medications independently
  - Completing a pass and pour with the certified non- licensed employee on a yearly basis (annual pass and pour).
  - Completing the recertification process successfully every 2 years (exam and pass and pour)

A copy of the DDS Medication Administration Certification card provides proof of qualification and must be on-hand whenever performing medication administration responsibilities.

Medication Administration Responsibilities

Controlled Medication Count- *Review from Phase 1*

- Completed by two authorized persons when possible

- Performed at the beginning of the shift

- Performed at the end of the shift

- During medication administration

- Any time keys are exchanged between med certified non-licensed employees

- When medication is obtained from the pharmacy

New Information:

- When counting or administering Controlled Medications the Rx# on the label must be compared with the RX# on the Receipt and Disposition.

*Remember if a current medication certification card, is not on-hand, the medication delivery from the pharmacy **cannot** be accepted. (Non-med certified employees are prohibited from accepting delivery of medications.)*

When Administering PRN Medication

Remember to:

- Call the RN **before** administering a PRN (as needed) medication
- Document on both the front and back of the MAR
- Document the effect of the administered medication at the appropriate time

Medication Administration Responsibilities

- Know the **therapeutic effect, interactions,** and the **side effects** of each medication you are giving. If unknown, look up medications in a drug reference book, call the pharmacist, or ask the nurse, Drugs.com or microdexsolutions.com are also reliable resources. Observe for the response of medications given.

- Be aware of any potential food-drug or drug-drug interactions when administering medications.

- Remember, non-med certified employees **cannot** handle medications which includes, but is not limited to, accepting or transporting medications from the pharmacy, day program and family.

- Be aware of any *allergies.*

- **Never give a medication without knowing what it is for!**

- **Check** the MAR to be sure medication has not already been administered and signed off by another licensed or certified non-licensed employee.

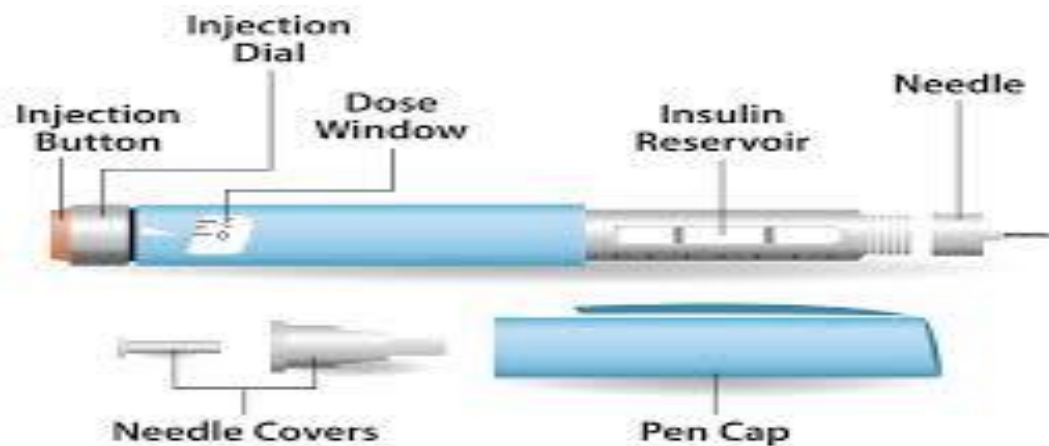- There must be an authorized prescriber's order to **crush medications.**

Medication Administration Responsibilities

Certified non-licensed employees may *NEVER* give insulin injections

Certified non-licensed employees **may only** independently **VERIFY** the dose of a medication drawn up by **an individual authorized to self-administer**, **as per the authorized prescriber's orders** and the agency policy, if they are visually impaired.

Here is an example of an insulin-dispensing pen

Certified non-licensed employees may **NEVER** administer medication by injections. The **only exception** is if the individual has a prescriber's order for an **auto-injectable medication, such as an Epi-Pen.**

Medication Administration Responsibilities

Review of the 5-Rights:

- ➢ **1.** **_Right_** *Individual (person/consumer)*

- ➢ **2.** **_Right_** *Time*

- ➢ **3.** **_Right_** *Drug*

- ➢ **4.** **_Right_** *Dose*

- ➢ **5.** **_Right_** *Route (site)*

New Information:

What is the Rule of 3?

- ➢ **_Comparing_** *the* **_5-Rights_** *on the medication* **_label_** **_against the MAR_** **_three times prior_** *to administering the medication for accuracy.*

The Medication Administration Process

Medication Administration Checklist

1. Wash your hands

2. Allow no distractions

3. Count control medications (compare Rx# on label to Rx# on Receipt & Disposition)

4. Check communication log (for changes)

5. Check MAR (for changes)

6. Check for current signed orders, compare to the MAR once

7. Gather equipment

8. The Rule of 3

Comparing the 5-Rights on the MAR to the Medication 3 times PRIOR to administering

- ✓ **Check Dot (compare when removing med from cabinet)**

- ✓ **Check Pop (compare prior to pouring med)**

- ✓ **Check Sign (compare prior to signing and administering med)**

 9. Lock the med cabinet

10. Check Photo/ Identify the correct person

11. Check that the person has swallowed their medication

12. Double check documentation (MAR, Controlled drug Sheet, Sign MAR to identify yourself)

The Medication Administration Process

When working with an Electronic Medical Record (eMAR) the rule of three shall be as follows:

- ✓ **Check Dot (dot back of the blister pack)**
- ✓ **Check Pop (as usual)**
- ✓ **Check Sign (the eMAR)**

This Photo by Unknown Author is licensed under CC BY-SA-NC

"I hear and I forget. I see and I remember.

I do and I understand". (Source unknown)

Rules of Transcription

- *All new prescriber's orders require RN notification and approval prior to transcribing the order.*

- *Make sure the prescriber's order gets to the pharmacy according to your agency's policies and procedures.*

- *The reason for the medication use and its side effects must be known.*

- *Medication must be transcribed from the prescriber's order, **NOT** the pharmacy label.*

- *Remember to consider the time the pharmacy will be delivering the medication. This will determine what time the first dose of medication will be given, as per the nurse's direction.*

- *Orders transcribed onto the MAR need to be checked by another certified non-licensed employee or licensed nurse before medication is administered. Both sets of initials verifying accurate transcription must be documented on the MAR.*

- *Changes to medication dosages, or frequency of administration shall be treated as new orders.*

- *Be sure to check that the medication is in the correct consistency.*

Steps for Transcribing an Authorized Prescriber's Order to the MAR/Kardex

1. Notify the nurse of the new order, prior to transcribing the order.

2. Write in the order date in indicated location.

3. Copy the authorized prescriber's order exactly in indicated location.

4. The nurse shall determine the times to give the medication if the prescriber has not written them in the order.

5. Fill in appropriate times on the MAR.

6. With the nurse's approval, determine what time the first dose will be given according to when the medication will be delivered.

7. Place an arrow (or bracket) before the day the medication will be started.

8. Count out the doses and draw a corresponding line(bracket) at the end of the course of medication.

9. Write in the medication stop or expiration date.

10. Write initials in the date column block that the transcription has been completed.

11. Another non-licensed med certified employee or licensed nurse must check the transcription to verify accuracy, and must also initial in the date column. Depending on what kind of MAR the agency uses (paper MAR/Electronic Medical Record EMR), there may not be a date column. If not, check with the delegating nurse as to where initials shall be documented.

12. Start the medication per the nurse's direction.

13. When a medication has been discontinued, write "D/C" and the date in remaining blocks of the month. Then use a highlighter to yellow out according to your agencies policy. Do not yellow out over other employee's initials.

Linda Cruz
Amoxicillin 500 mg PO BID
8:00 am & 8:00 PM x 10 days
Tamika Young MD 6/4/2022
Medication arrives at the home at 7:00 pm

Sam Wright
Neurontin 100mg PO TID
8am, 3pm & 8Pm x30 days
Yolanda Johnson APRN 7/7/22
Medication arrives at the home at 4:00 pm

Transcription Practice

Kellie Miller

Ibuprofen 600mg PO Q6hrs

PRN menses pain X 30 days.

Yolanda Johnson APRN 8/7/2022

Medication arrives in the home at 2pm

Kellie asks for her first dose at noon on 8/8/22

Transcribe the above order on the following page (blank MAR)

MEDICATION RECORD

NAME OF RESIDENT:

ALLERGIC TO:

MONTH
YR.

IDENTIFICATION OF NURSES

INITIALS AND SIGNATURES

ORIGINAL DATE ORDERED

RENEWAL DATE

DRUG • DOSE • MODE • INTERVAL

EXPIRATION DATE

HOUR

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HR.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WEIGHT																															
TEMPERATURE																															
PULSE																															
RESPIRATION																															
BLOOD PRESSURE																															

PRNS/REFUSALS AND HOLDS OF SCHEDULED MEDS

DATE	TIME	MEDICATION	SITE NON ORAL	REASON	EFFECT None	Fair	Good	See N.N.	Nurse Init.
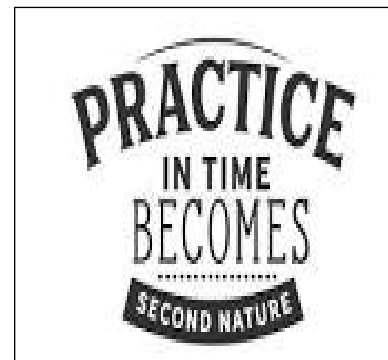
**"I hear and I forget. I see and I remember. I do and I understand".
(Source unknown)**

Documentation per DDS Guidelines

- Documentation by certified non-licensed employees shall be completed in the running notes, communication log, T- Log, or other areas specified by the delegating nurse.
- Any changes noted from the individual's "baseline" (what is considered normal for that individual) should be reported to the nurse.
- Documentation may also include data noted by the employee which can be *Objective* or *Subjective* in nature.

Objective Data Examples:

- *Vital signs*
- *Wound measurements*
- *Physical Descriptions ("They are holding their head and squeezing their eyes shut.")*

Subjective Documentation Examples:

- *Individual said, "I have pain in my stomach".*
- *Individual stated, "I am sad and depressed".*
- *Why doesn't subjective documentation include "Linda looked upset and anxious"?*

Remember: An individual's record is a legal document. You must always chart with the court in mind!

Objective vs Subjective Ways of Charting

EASY WAYS TO REMEMBER OBJECTIVE AND SUBJECTIVE

	OBJECTIVE	SUBJECTIVE
INFORMATION	• Observable: able to be seen • Heard or touched • Smelled, Tasted, Factual • Able to be counted • Able to be described • Able to be imitated • The same from multiple reporters as close to truth as we can get helpful in decision making	• Opinion , Judgment, Assumption • Belief, Rumor, Suspicion • Varies: person-to-person • Varies: day-to-day • Able to take on a life of its own • Not the truth • Sometimes Completely false • Destructive in decision making
LANGUAGE	• I saw… • I counted… • I observed… • This is what s/he did. • This is what I/we did • S/he said… • The sound s/he made sounded like this… • S/he stood in this place • S/he made an action that looked like this	• S/He did not want to… • S/He does not like… • S/He thought…. • S/He feels… • S/He thinks…. • S/He needs… • S/He was just trying to get out of or avoid… • S/He was just trying to control me…

Documentation Charting Guidelines

If an individual refuses a medication-it is <u>NOT</u> a med error. A DDS 255m Incident Report is not required, however a DDS 255 Incident Report shall be completed.

If a Med error occurs:

- Notify the nurse immediately and monitor the individual closely for any adverse effects.
- Complete the DDS 255m form within 24 hours (the employee who discovers the med error shall fill out the 255m).
- Some agencies may utilize an online charting system.
- General Event Reports (GER) may be created online in your agency with these online systems.

The following page shows a DDS 255 m Incident Report

Medication Incident Report – 255m

1 - Client Name*:_____ **DDS#** _____

Med Error(s) **Initial incident**   Date:_____/_____/_____   Time: _____:_____ ☐ **A**m ☐ **P**m

Med Error(s) **Corrected**   Date:_____/_____/_____   Time: _____:_____ ☐ **A**m ☐ **P**m

Responsible **Provider**:_____   Date of this **Report**:_____/_____/_____

Responsible **Program***:_____ ☐ **R**es, ☐ **D**ay, ☐ **O**ther, Rdid#_____

If **not** directly at responsible program*: ☐ **COM**munity, ☐ **F**am **H**ome **V**isit, ☐ **REC**reation/leisure**,** ☐ **VEH**icle, ☐ **OTH**er:_____

Service Group: ☐ **I**ntellectual **D**isability, ☐**A**utism **S**pectrum **D**isorder, ☐ **OBRA**

2 - Unusual:	Medication Error Type* (check one only)		
☐ **M**ed **C**harting **E**rror	☐ **M**ed **T**ranscription Wrong **D**ose	☐ **M**ed **T**ranscription Wrong **T**ime	☐ **M**ed **W**rong **M**edication
☐ **M**ed **OM**ission	☐ **M**ed **T**ranscription Wrong **M**ed	☐ **M**ed **W**rong **C**lient	☐ **M**ed **W**rong **R**oute
☐ **M**ed **O**rder **E**xpired	☐ **M**ed **T**ranscription **O**mission	☐ **M**ed **W**rong **D**ose	☐ **M**ed **W**rong **T**ime
☐ **M**ed **T**ranscription Wrong **C**lient	☐ **M**ed **T**ranscription Wrong **R**oute	☐ **M**ed **OT**her Error**:**_____	

3a – Errors Medication/Treatment*	Dose* Time*	Error Description*	Start Date* Last Date*	Total Errors
	☐ **A**m ☐ **P**m			
	☐ **A**m ☐ **P**m			
	☐ **A**m ☐ **P**m			
	☐ **A**m ☐ **P**m			

3b - Reason/Explanation for error:

Copies attached: ☐ Medication Administration Record(s), ☐ Physician Order(s), ☐ Other:_____

	Original Date	Original Time		Rescheduled Date	Rescheduled Time

If Dose **Rescheduled** :   ____/____/____   _____:_____ ☐ **A**m ☐ **P**m   ____/____/_____   _____:_____ ☐ **A**m ☐ **P**m

Medical **Treatment** Required (due to Med Error)?:   ☐ **Y**es ☐ **N**o (if yes, a client incident report #255 must also be completed)

Nurse/Medical **Notified**, Name:_____ date: ____/____/____ time:_____:_____ ☐ **A**m ☐ **P**m

☐ Name of the **PERSON RESPONSIBLE** for the **ERROR** written on the bottom of the **PINK COPY ONLY**

Leave of Absence (LOA) Medications- Single dose and Multiple doses

What is a Dose of Medication?

A dose is the amount of medication to be administered at one specific time. It makes no difference how many pills the individual receives at that time, just the time of the day that the individual takes the medication.

*An individual takes 5 Medications to be given at 8am that is the **8 am dose.***
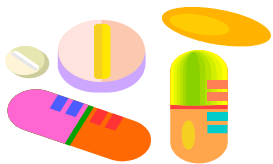
*He also has 1 Medication to be given at Noon that is the **noon dose**.*

*There are 3 Medications to be given at 4pm that is the **4 pm dose.***

*There are 5 Medications to be given at 8pm that is the **8 pm dose**.*
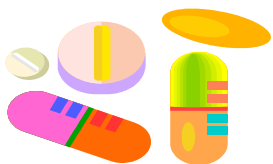
Single Dose LOA Medications

Recreational Trips

- The certified non-licensed employee who prepackages the medication must be the one to administer.

- Only one dose of medication may be prepackaged.

- Prepackaged medications must be labeled with the 5-Rights.

- Security of the medications must be maintained

Multiple Dose LOA

Travel: Family Vacations, Conferences, Camp *(medications must be sent with the individual).*

- Send residential supply of medication.

- Pharmacy may prepare a separate blister pack with sufficient notice

- *LOA/Transfer of Responsibility form* shall be completed and signed by the responsible parties.

Day Program LOA Medications

Day Program:

- Review policy and procedure with the delegating RN for your agency.

- A single dose of medication can be prepared by the residential certified non-licensed employee and transferred to the day program certified non-licensed employee (example- an antibiotic medication prescribed for short term use).

- Employees that are not certified **shall not** transport or accept medications.

- LOA/Transfer of responsibility form shall be completed and signed by the responsible parties (example of form is on the following page).

Department of Developmental Services

Transfer of Responsibility for Security & Administration of Medication

Consumer's Name: _____

Medication, Dose, and Special Instructions*	Prescription #	Amount of medication released	Amount of medication returned

Attach additional sheets as necessary

* Indicate if medications must be altered to meet consistency requirements

My signature indicates that I have reviewed the above information with the responsible person to whom I am releasing the medication and it is correct.

_____ _____ _____

Signature of Person Releasing Medication   **Date of release of medication**   **Time of Release**

My signature indicates that I have received the medications for the identified consumer, in the amount listed above, that I understand the administration requirements, and that I assume full responsibility for:

☐ **the secured transfer of medication from one site to another**

☐ **the security and the administration of the medication during the time the person is in my care**

_____

Signature of Person Receiving Medications

Return of Medications

My signature indicates that I am returning the above medication(s) in the amount identified

_____

Signature of person returning medication(s)

My signature indicates that I have received the medication(s) in the amount identified

_____ _____ _____

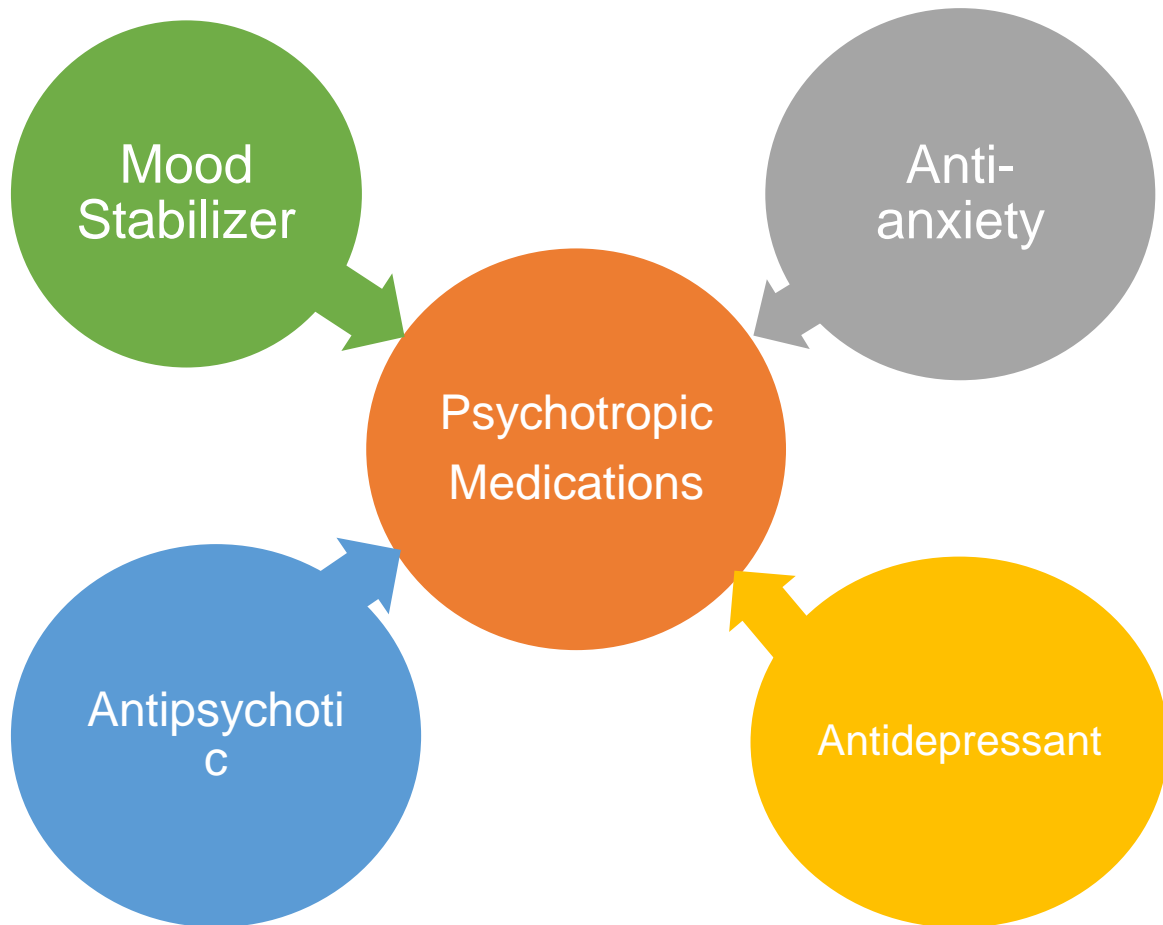Signature of Person receiving medication(s)   Date of medication return   Time of Return

Psychotropic Medications

Used to control or modify behavior and have potential for severe side effects and adverse effects

There are four types of Psychotropic Medications

1- **Antianxiety**   3 - **Antidepressants**

2- **Mood stabilizers**   4 - **Antipsychotics**

Antipsychotic Medications (also known as Neuroleptics or   major tranquilizers)

Antipsychotics treat *Psychosis* which is a psychiatric disorder characterized by:

- Deterioration in personality
- Loss of contact with reality
- Hallucinations and/or delusions
- Individual loses the ability to function, communicate with others, or meet ordinary demands of life.

Schizophrenia is an example of a psychiatric disorder characterized by:

- Thought disturbances
- Delusions (a condition in which the individual cannot tell what is real from what is imagined) and hallucinations (the individual may see, hear, feel, taste or smell something that isn't there).

Some examples of antipsychotic medications*:*

quetiapine *(Seroquel)*
ziprasidone *(Geodon)*
risperidone *(Risperdal)*
olanzapine *(Zyprexa)*

Antipsychotic Side Effects

Early Side Effects

Typically, would occur 5 to 60 days after starting the medication.

- Early onset side effects may include symptoms such as restlessness, tremors, shuffling gait, rigidity, and sedation.

- Any symptoms that are outside of the individual's baseline should be reported to the nurse promptly.

- Early reporting of side effects due to antipsychotic medications may prevent long term complications from developing.

Late Onset Adverse Effects

Generally, will occur after 3 – 6 months of regular medication use.

Tardive Dyskinesia (TD)- abnormal, involuntary movements of the lips, tongue, and jaw. Blinking, frowning, twitching, jerking movements of the arms and legs may also be seen.

- May be irreversible even after the medication is stopped.
- Occurs more frequently in older people.
- Early recognition is essential to the individual's well-being.
- Only sure way to avoid TD is not to use the drug.

Two examples of FDA-approved medicines that may be used to treat TD are:

Ingrezza (valbenazine)

Austedo (deutetrabenazine)

Antipsychotic Side Effects

Photosensitivity is a common side effect of antipsychotic medications. A condition in which the skin becomes sensitive to sunlight.

Make sure your individuals are protected from sunburn by:

- using sunscreen
- wearing a hat
- wearing sunglasses

Remember that other medications such as certain antibiotics and anticonvulsants can also cause photosensitivity.

Antipsychotic Adverse Effects

Neuroleptic Malignant Syndrome (NMS)

Onset may occur from first day to months after starting the medication, but typically will happen within 30 days.

Symptoms are muscle rigidity and Parkinsonian-like symptoms, and FEVER

FEVER=

F (fever)
E (encephalopathy)
V (vital signs unstable)
E (elevated enzymes)
R (muscle rigidity)

This requires emergency care! Has a 10-20% mortality rate.

Antidepressant Medications

Antidepressant medications are used to treat symptoms of depression and help to balance certain chemicals in the brain. Individual symptoms of depression can vary, and one antidepressant may relieve symptoms better than another. There are several different classes of antidepressants all of which work slightly differently, so side effects may vary.

Antidepressants may also be used to treat diagnoses such as Depression, Anxiety, Panic Disorder, and PTSD.

Examples of Antidepressant Medications.

Lexapro   Prozac   Paxil   Zoloft   Cymbalta   Wellbutrin   Amitriptyline

Antidepressant Monoamine Oxidase Inhibitors (MAOI)- Special Considerations

MAOIs may be prescribed when other antidepressant medications have not worked.   They can have serious side effects (hypertensive blood pressure crisis) if a strict diet is not followed. Ex. **Parnate, Nardil**

Eating certain aged, cured or pickled foods can cause sudden severe hypertension in people taking MAOIs. A strict diet must be followed if taking an MAOI.

Program Review Committee- PRC

➢ *Reviews* <u>*all data*</u> *on individual to ensure:*

- *That the individual is not being overly medicated*
- *Medications are being used appropriately*

➢ Committee composed of:

- *Facilitator*
- *Psychiatrist*
- *Psychologist*
- *Human Rights Advocate*
- *Others as need indicates*

Review of what the DDS Certified Non-Licensed Employee must remember

- Passing medications is one of your most important jobs, respect the job you're performing.

- The individual's well-being is primary, always err on the side of caution.

- Never leave the medication cabinet unlocked. Each time you leave the area, LOCK UP THE CABINET!

- If the individual cannot take their medication at the time it was poured, place medication in an envelope labeled with the 5-Rights and secure in a locked cabinet with initials on the envelope identifying who packaged the medication(s) (make sure not to go over the one-hour window).

- If a medication was not given in the hour window, notify the nurse, circle your initials on the MAR, explain on the back of the MAR, destroy medication if instructed by the nurse.

- Medications for individuals who self-administer shall be stored in a manner that makes them inaccessible to others. The delegating nurse shall specify the plan for proper administration and storage. Refer to your agency policy on self-administration of medications.

What's Next???

After the completion of the Phase 2 class and successful completion of the practicum with the class instructor the employee will need to do the following:

- **Notify the Delegating RN that they have completed their Phase 1 and 2 training and have obtained their card.**

- **Successfully complete an onsite practicum with the delegating nurse prior to obtaining approval to administer medications at the residential site.**

- **Thereafter, an annual pass and pour with the delegating nurse is required to maintain certification.**

- **The recertification process must be completed every 2 years and consists of a pass and pour and exam.**

Thank you for participating in this Phase 2 Course and for helping us take good care of our DD/ID Population!

Understanding Our Populations

Special considerations for Individuals with Developmental/Intellectual Disabilities

When observing medication effects for individuals with Developmental Disabilities remember:

☐ *Individuals may have neurological abnormalities that affect the functioning of the brain, spinal cord, and nervous system.*

☐ *These abnormalities may impact intelligence and learning and may also cause problems such as behavioral disorders, speech or language difficulties, seizures, and movement disorders.*

☐ *Individuals are more likely than the general population to have behavioral disorders.*

☐ *Many medications, including anti-cholinergic, steroids, and some cardiac medications have behavioral side effects including insomnia, nightmares, sedation, agitation, irritability, restlessness, and psychosis which may be mistaken as a neurological issue associated with their disability.*

These side effects may be mistaken as behaviors rather than a neurological issue.

Medication Therapy and the Elderly

- Individuals may experience a change in their ability to metabolize medications as they age.

- These changes may alter the medication dosage individuals need to take, or change their reactions, causing some common adverse reactions.

- Age-related changes may alter the therapeutic effects and side effects of a medication.

- All medications, including over-the-counter (OTC) meds, must be included in the individual's medication list.

- Due to loss of teeth or dentures, elderly individuals may be prone to dysphagia and some meds may need to be altered so they can be safely swallowed.

- It is important to know that individuals with Down Syndrome may have mental and physical aging up to twenty years beyond their chronological (actual) age. Therefore, the precautions for medication administration to elderly individuals shall be considered.

<u>Dysphagia</u> (definition): *difficulty swallowing or the inability to swallow*

- May be **caused by** any condition that weakens or damages the muscles used for swallowing.
- Dysphagia is a key concern in individuals with DD/ID.
- Individuals with **neuromotor problems** have many risk factors which increase their chances of accidental aspiration.
- Individuals may have **problems with** their jaw, tongue, and/or facial muscles, and experience difficulty tolerating certain medications consistencies.
- All medications, including liquids, must be administered in accordance with the individual's prescribed dietary consistency unless there is an authorized prescriber's order to do otherwise.

REMEMBER- **Many DDS individuals have multisystem diagnoses and are often on** *multiple* **medications, which when given together can increase the potential for side effects on an already compromised body system!**
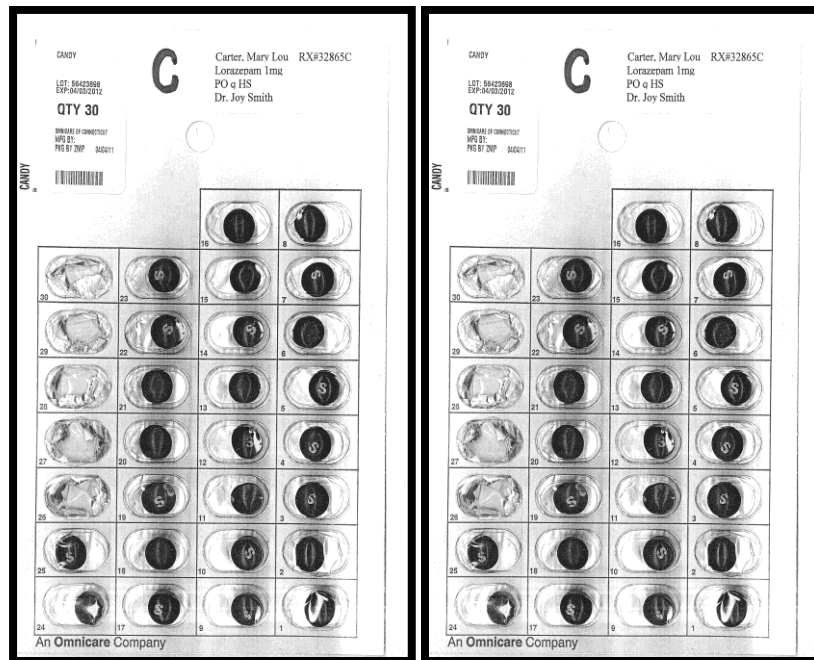
Disorders/syndromes often found in individuals with Developmental Disabilities

Autism Spectrum Disorder (ASD)- Refers to a group of neurodevelopmental conditions that may affect how individuals communicate, learn, behave, and socially interact. Individuals may have a repetitive and characteristic pattern of behavior or narrow interests. About 10% of individuals with ID have ASD. The term "spectrum" refers to the wide range of symptoms, skills, and levels of disability in functioning that can occur in individuals with ASD. Some children and adults with ASD are fully able to perform all activities of daily living while others require substantial support to perform basic activities. Learning and thinking can range from extremely gifted to needing a great amount of help. Many individuals with ASD find social interactions difficult. The mutual give-and-take nature of typical communication and interaction is often particularly challenging. Individuals with ASD may find it difficult to understand other people's feelings or talk about their own feelings.

Cerebral Palsy- Individuals may have some of the following characteristics: altered muscle tone, some level of intellectual disability, visual disturbances, seizure disorders, feeding problems/dysphagia, respiratory complications, cardiovascular risks.

Down syndrome- Individuals may have some of the following characteristics: Intellectual disabilities, heart defects, ophthalmic problems, hearing loss, hypothyroidism, obesity, gum disease or malocclusion, various skin conditions, partial dislocation of the upper spine, early Dementia/Alzheimer's Disease.

Disorders/syndromes often found in individuals with Developmental Disabilities

Fragile X Syndrome- Individuals may have some of the following characteristics: hyperactivity/impulsivity, ADHD, aggression/anxiety, spectrum of autistic like functioning, mild to moderate intellectual disability, orthopedic problems, dental crowding and malocclusion. Recurrent sinus infections and otitis media are also common.

Prader-Willi Syndrome- Individuals may have some of the following characteristics: cognitive deficits, behavioral problems, low muscle tone, thick viscous saliva which contributes to dental caries and speech articulation defects, temperature control problems, a high pain threshold (may scratch and pick at their skin to the point of self-injury), eye muscle problems, and obesity due to a chronic feeling of hunger/ lack of satiety.

Angelman Syndrome- Individuals may have some of the following characteristics: insomnia (inability to sleep or prematurely ended sleep interrupted by periods of wakefulness- may be caused by anxiety), epilepsy, and small head size (microcephaly). It is common for people with this syndrome to have abnormal sleep-wake patterns and to need less sleep than normal. In some cases, medication and behavior therapy may help control sleep disorders.

GLOSSARY

Acute illness – sickness that begins quickly and lasts only a short time

Akathisia – motor restlessness, inability to sit still

Anti-cholinergic medications– treat the muscle movement disorders seen with antipsychotic medications

Antipsychotic medications – treat psychotic conditions, also known as neuroleptics

Aspiration – when food or fluid is accidentally drawn into the lungs

Bronchi – the tubes in the respiratory system between the throat and the lungs

Cardiovascular medications – treat heart (cardiac) and blood pressure problems

Chronic illness – sickness or disease that is of long duration which cannot be cured and does not go away

Compliance – follow direction or a plan of care

Concentration – the number of mg per unit of medication, example: Tylenol 325mg per tablet

Dyskinesia – involuntary movement

Dysphasia – difficulty swallowing

Dystonia – impaired muscle tone

Expired Medication – medication that can no longer be guaranteed as safe and effective since either chemical breakdown or contamination may have occurred by this date

The 5-Rights – five pieces of information necessary to administer medication correctly, the five rights include: Individual, Time, Drug, Dose, Site (Route)

Gingival hyperplasia – overgrowth of the gums surrounding the teeth

Lavage – the cleaning out or irrigation of an organ (stomach pumping)

LOA – Leave of Absence

Neuroleptic – medications used to treat psychosis

Objective description – noting what was seen, heard, physically felt, or smelled

Pharmacology – the study of medications and their action on the body

Psychosis – a mental disorder causing disorganization, distortion, and decreased mental capacity

Psychotropic medications – medications used to treat psychiatric disorders, they affect the central nervous system, how the brain functions and affects emotions and behaviors

The Rule of Three – comparing the MAR and the pharmacy label three times before administering the medication

Serotonin – a chemical in the brain

Stimulants – medications that increase attention span and decrease hyperactivity

Subjective – what an individual tells you about how they feel

Tardive dyskinesia – late onset involuntary movement disorder

Time frame for medication administration – one hour before, to one hour after the identified time for medication administration= the one-hour window, (does not include PRN medications)

Tolerance – the decreasing effect of an established dose of medication due to prolonged use of that drug

Transcribe – to copy an authorized prescriber's order on to a MAR

Tremor – persistent rapid movement of body parts