

Medication Management Module

University of Illinois at Chicago



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Purpose

- To understand the importance of medication management and monitoring.
- To become familiar with the acronyms used to identify the frequency of medication.
- To educate MFP participants on how they can take their medication safely.
- To become aware of additional community resources available for MFP participants.



Introduction

- 4 out of 5 U.S. adults use prescription, over-the-counter medications, dietary, and/or herbal supplements.
- 1/3 of all U.S. adults take more than 5 medications a day.
- Incorrect use of medications has led to 9 million hospitalizations and 18 million ER visits in 1 year.



(Institute for Safe Medical Practices [ISMP], n.d.)

Personal Medication Record

- Name of medicine and dosage
- Frequency of medication taken
- Reason
- for taking medication
- Special instructions on how to take medication
- Lab work and/or home monitoring associated with medication
- Identify allergies
- Prescribing physicians



Medication Schedule



- Daily = every morning or every evening
- Twice a day (BID) = every 12 hours
- Three times a day (TID) = every 8 hours
- As needed (PRN) = take as directed by your physician

Special Instructions

- Do not crush, chew or break capsules/tablets.
- Do not share your medication with anyone else.
- Take medication as directed.
- Follow special instructions on how to take your medication on the pill bottle (e.g., take with food).

- Call your physician or pharmacist when you:
 - Miss a dose
 - Experience side effects
 - General questions



Medication Safety

- Store medication in a dry area and out of direct sunlight.
- Store medication at room temperature, unless directed to refrigerate medication.
- Ask pharmacy to color-code your pill bottles.
- Ask pharmacy to make labels in large print.
- Keep medication out of reach of small children.



Polypharmacy

- Fill all medication at one pharmacy.
- Allow pharmacy to fill weekly pillbox.



Drug-Food Interactions

- Read all labels on pill bottle.
- Do not mix pills with food unless otherwise indicated.
- Take medication with a full glass of water (8 oz).
- Do not take your pills with a hot beverage and/or alcohol.
- Do not take vitamins at the same time as your prescription medication.



(American Academy of Family Physicians, 2008)

PRN Medication

- Take as directed by your physician.
- Only use medication for its original purpose.
- Do not share your medication.
- Questions? Call physician or pharmacist.
- National Drug Abuse Hotline: 1-800-662-4357.



PRN Pain Medication

- No drinking alcohol or driving.
- Maximum dose of Tylenol = 4,000 mg in 24 hrs.
- Compare active ingredients in over-the-counter medications.
- Side effects include drowsiness, confusion, hallucinations, mild nausea, constipation, blurred vision and dry mouth



Drug Allergies

- Allergic reaction to a medication.
- Symptoms range from mild (hives, itching, wheezing, swelling) or severe (anaphylaxis).
- Mild reaction, call your physician immediately.
- Severe reaction, call 911.
- Report all drug allergies to your physician(s) and pharmacist.



Home Monitoring

- Blood Pressure
- Heart Rate
- Weight
- Blood Sugar



- Keep a log of these findings. Take log with you to your doctors' appointments.

Completing the MFP Medication Chart (Form G)

- At the nursing home facility:
 - Review participant's nursing home medication list with nursing home staff
 - Verify the purpose of each medication
 - Complete Form G with the participant
- Emphasize the importance of taking the Medication Chart (Form G) to each medical appointment for adding new medications or updating current ones.



Medication Management Case Study

- An MFP transition coordinator is preparing Betty Brownback for transition to the community.
- Betty is a 76 year-old female who has been living in the nursing facility for 7 months.
- **Past Medical History**: hypothyroidism, chronic pain related to osteoarthritis, frequent urinary tract infections, insomnia, a fall within the past year and elevated liver function tests.
- **Reason for admission to nursing facility**: Traumatic fall in the home that resulted in a hospitalization leading to extensive physical therapy. Betty was independent with ADLs prior to admission.



Case Study – Medication Sheet

- Betty had to be taken off some of her pain medication for osteoarthritis related to elevated liver function tests.
- Betty will be discharged on the following medications:
 - Levothyroxine (Synthroid) 150 mcg po daily
 - Nitrofurantoin (Macrobid) 50 mg po 3 times a week
 - Rantidine (Zantac) 150 mg po 1 tab BID
 - Tramadol (Ultram) 50 mg po 2-3 tabs daily
 - Prednisone 1 mg po daily
 - Multivitamin 1 tab po daily
 - Ambien 5 mg po 1 tab prn

What risks have you identified upon transitioning Betty to the community?



Answer: Uncontrolled pain management, high risk for falls and risk of infection.

Case Study – Betty's History

○ **Social History:**

- Betty is a widow. Her husband passed away 3 years ago.
- Betty's supportive daughter, Nancy, lives 5 minutes away from Betty's new apartment.
- Betty will be discharged home alone to a one-bedroom apartment on the 1st floor.

What is your plan of care for Betty? How are you addressing the identified risks?



Betty's Plan of Care*

- Install PERS (Personal Equipment Response System).
- Arrange for physical therapy in the home.
- Betty's friend, Ruby, will take Betty to church services and social events within the community.
- Nancy will take Betty to all her doctor's appointments, grocery shopping and to the pharmacy.
- Personal assistant twice a week to assist with cleaning around the house.
- Make bathroom handicap accessible.
- Purchase of a walker upon discharge.



* Abbreviated plan of care for case study purposes.

How will you monitor Betty's medications?

- Purchase a medication box.
- Schedule a home health nurse to visit Betty the first week. (*Home health nurse will educate Betty on her medication.*)
- Schedule an appointment with Betty's primary care physician at least one week after transition.
- Coordinate physician and home health nurse visits with Nancy.
- Place the telephone numbers for the pharmacy, her doctor's office and home health agency on the 24-hour back-up plan.
- Educate Nancy about the 24-hour back-up plan.



Three Weeks After Transition

- Betty begins to complain of increased back pain and right knee pain.
- She states, "The pain has been slowing getting worse. It has begun to effect my sleep. I cannot get comfortable. "

What action would you take at this time?



Revised Plan of Care

- Notify physician of Betty's current state of health.
- Notify Betty's daughter, Nancy.
- Alert Nancy to monitor for side effects to Betty's pain and hypnotic medication.
- Provide Nancy with educational resources on Betty's medication.

Side effects of pain and hypnotic medication include, dizziness, lightheadness, drowsiness, headache and weakness.



Preventing Critical Incidents

- By identifying risks early and revising Betty's plan of care, you have prevented what could have been a medication-related critical incident (e.g., fall in the home).
- Congratulations!
- Follow-Up: Betty's physician adjusted her pain medication and Nancy was able to monitor for any side effects.



References

- American Academy of Family Physicians. (2008). Food-drug interactions. Retrieved December 17, 2008, from <http://familydoctor.org/online/famdocen/home/seniors/-seniors-meds/121.html>
- Institute for Safe Medical Practices. (n.d.). *America's medicine cabinet: Using medicines safely*. Retrieved December 13, 2008, from <http://www.ismp.org/tools/-ISMP-Med-Cabinet-10.pdf>.

