

# **Medication Administration: Getting it right!**



## **Standard Medication Administration Training Course Transcript**

### **Lesson 4: Communication and the Health Care Practitioner Visit**

## Transcript

### Title Slide

(no narration)

### Welcome

**Slide 1** – This is Lesson 4 of the Commonwealth of Pennsylvania Medication Administration Training Course, “Communication and the Health Care Practitioner Visit”

### Lesson Objectives

Slide 2 – By the end of this lesson you will be able to:

- List what information is important to bring to a visit with a health care practitioner
- Identify different reasons for visits to the health care practitioner
- List what information is important to bring back from a visit to the health care practitioner
- Define what a prescription is
- Describe the categories of medications.

**Slide 3** – In the last lesson, you learned how to report and document your observations. The next step in the Medication Cycle is **communication and the health care practitioner visit**. Let’s look at how to use the observed and reported information to communicate with the health care practitioner.

**Slide 4** – This lesson will look at both the information you need to **take with you** on a medical visit, but also what information you need to bring **back** from that visit. Even if you do not accompany the individual to the health care practitioner’s appointment, this lesson contains important information that medication administrators will need to understand as part of safe medication administration.

### Visiting with Health Care Practitioner

**Slide 5** – The visit with the health care practitioner provides a chance to communicate information about the individual’s health. This includes how well the medication is working; whether you are seeing any side effects; and if there are any new complaints. It also includes getting information from the health care practitioner about the next steps in health management for the individual.

### What to Bring

**Slide 6** – To communicate well and get the most out of the visit, you will need to prepare. Well organized information will help the health care practitioner determine what to do next. It will also help you better understand the next steps in the individual’s care.

Many observations about the individual will be recorded in the individual’s record. However, the entire individual’s record is unlikely to be helpful for the health care practitioner. Instead, the health care practitioner is interested in a summary of the information that correctly reflects how things are going in general.

### What to Bring – Graphs

**Slide 7** – For some medical conditions such as heart failure, where individuals might be treated with a medication that requires the measurement of a heart rate prior to giving the medication, bringing a graph showing all of the heart rates on it might be helpful. Examples of the types of measures that can be shown using charts or graphs include blood sugar and insulin dose, seizure frequency, weight measurements, and blood pressure.

### What to Bring – Side Effects

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**Slide 8** – The health care practitioner needs to know about side effects and new symptoms. These will not be in a flow chart or graph. Instead, the information will be listed in the individual’s record. Plan to share what side effects, what reactions to medications as well as what, if any, new symptoms have been observed. This is a more effective plan than reviewing the individual’s entire record. Summarize the information, providing the main points that are listed in those records.

### What to Bring – Example

**Slide 9** – Consider what to bring in the following example:

Jessica was recently diagnosed with depression. Her symptoms of depression include loss of appetite with weight loss, difficulty concentrating and finishing tasks, and sadness. Her health care practitioner ordered fluoxetine and she started to take it the day after her initial visit. She has been taking the medication for several weeks and is now going back to the health care practitioner to see how the medication is working.

**Slide 10** – For the health care practitioner to determine whether her depression is being adequately treated, get the most important information to share with the health care practitioner. By reviewing the records of observations, you can see the following patterns.

When Jessica first started taking the medication, she was observed to be sleepier than usual during the day. This stopped after the first week and now she is fine; however, you have noticed little or no effect or improvement on her symptoms of depression. She has not gained any weight and is not eating well. She continues to feel sad and doesn’t have much interest in participating in activities that she used to like.

**Slide 11** – What should you bring with you to the next healthcare practitioner visit? You could provide a chart of Jessica’s weight measurements and a list of side effects you or other staff have observed and recorded. You can also discuss new symptoms if any. The health care practitioner uses this information to determine next steps in Jessica’s treatment.

### Be Prepared to Answer

**Slide 12** – In addition, you need to be ready to answer questions that the health care practitioner may have for you. These might include questions such as:

- Are there any other new symptoms or new health concerns?
- Is the individual taking their medication regularly?
- Have there been any other new medications prescribed by another health care practitioner?
- Has anything else changed?

### Support the Individual at Visit

**Slide 13** – You have an additional role in participating in the health care practitioner visit. This role is to help the individual you are supporting to participate in the visit as much as they can. Individuals have different abilities to answer questions based on their language abilities, developmental level or impact of neurologic conditions like stroke or dementia. Some individuals are independent and go to the visit unaccompanied or with a family member.

Others may need more help to share their thoughts, and some may need you to share most of the information with the health care practitioner. Whether or not the individual can participate in the visit, the information from staff observations is important to communicate to the health care practitioner. Therefore, bring your summary of the information with you to the visit or share with the person going with the individual on the visit.

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**Slide 14** – There are a number of ways that you can help the individual be prepared to communicate with the health care practitioner. Review the information about symptoms and medication effects with the individual prior to the visit and practice answering questions to help the individual feel more comfortable sharing information with the health care practitioner. Encourage the individual to tell the health care practitioner about what has been happening; let them answer questions first and allow them to share the charts and graphs with the health care practitioner to help successfully engage them in the visit. In addition, if the health care practitioner directs questions to you, you can redirect those questions to the individual you are accompanying.

**Slide 15** – Take a moment to respond to the question on the slide.

Joanne has a heart condition and high blood pressure. She takes three medications to treat her high blood pressure. The staff measures her blood pressure twice a week. You are going with Joanne to a routine, follow-up visit with her health care practitioner. Indicate the items below that you should take for Joanne's visit.

- a) Information about any physical or behavioral changes that have occurred
- b) The name of the pharmacy she gets her medications from
- c) Names of the old medications she used to take
- d) Her temperature record from the previous year
- e) The graph with her blood pressure data
- f) Information about a recent emergency room visit for a fall
- g) New medication prescribed by other health care practitioners
- h) Copies of all of the notes that have information about her blood pressure

**Slide 16** – Of the items listed, a, b, e, f, and g are the items that you should bring to Joanne's health care practitioner visit.

- a- Information about any physical or behavioral changes that have occurred
- b-The name of the pharmacy where she gets her medication
- e-The graph with her blood pressure data
- f-Information about a recent emergency room visit for a fall
- g-New medication prescribed by other practitioners

### Types of Visits

**Slide 17** – While much of the information that you bring to the health care practitioner will be relevant to various types of visits, there may be some information that is relevant to only specific types of visits. Health care practitioner visits generally fit into three categories: initial visits to a new health care practitioner, specialty consultations, and follow-up visits. Depending on the type of visit, you may need to bring slightly different information.

**Slide 18** – If you are taking an individual to an initial visit you will need to bring more information with you about the individual than you need to bring for a follow-up visit. At the initial visit, the individual is new to the health care practitioner. You will need to share as much of the individual's medical history as you can but in an organized fashion. Since some health care practitioners are using electronic health or medical records, this could be helpful with sharing medical history between practitioners, including when seeing a new health care practitioner. As electronic health records are more widely used, coordination of care will improve, including tracking all current medications and doses.

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**Slide 19** – Summary lists of medical information are often more helpful to the health care practitioner than stacks of medical records, although health care practitioners may want to look at some of the actual records if you have them.

**Slide 20** – The pieces of medical information that are important for a visit with a new health care practitioner include:

- Past medical history including information about:
  - Hospitalizations with dates and reasons
  - Surgeries with dates and reasons
  - Chronic medical conditions, including any information about how well these are controlled, and what other health care practitioners are involved in the treatment of each.

Preventive and health improvement activities, including disease screens like mammography and immunizations for disease prevention.

**Slide 21** – Additional types of medical information that are important for a visit with a new health care practitioner include:

- Allergies to food, medication, or environmental agents like pollen or bees
- Current medications with dosage information
- An updated family history.

For subsequent visits, you may only need to provide updates to this information.

**Slide 22** – For any other type of visit, you should bring the current information about the reason for the visit. A routine follow-up visit includes any changes noticed since the medication was prescribed. For a specialty consultation information that you should bring includes a history of symptoms and an update on how the medication is working.

For subsequent visits, you may only need to provide updates to this information.

**Slide 23** – Follow up contact with the health care practitioner may not occur in person. It may occur by phone, fax, email, or other media. Whether or not the contact occurs in person, it is important to remember that the same principles about providing information apply here, including organizing the information. Note: Unlicensed staff, even those that administer medication, must obtain written instructions from the health care practitioner, even for contact that does not occur in person.

### What to Bring Back

**Slide 24** – We have discussed what to bring to the health care practitioner visit. It is also important to discuss what to bring back from the health care practitioner visit. The health care visit is a dialogue or exchange of information about the individual's health. During the visit, the individual, you and the health care practitioner will work together to get a common understanding of what is happening. The health care practitioner will use this information to form the next step in the plan for the individual's treatment. Medical treatment decisions vary, depending on the individual's condition and the symptoms that are present. That is one reason it is important to include as much information as possible about reactions to medications, new symptoms, etc., remembering to keep the information well organized. The possible outcomes of a visit include a new medication, a change in the dose of a current medication, the addition of another therapy, a new diagnosis with a new treatment, or no change if things are going well.

**Slide 25** – For the individual to receive the best care, make sure that you bring detailed and clear instructions from the health care practitioner back to your agency or entity and share with staff according to the agency policy. Some agencies or entities use standard forms to document medical history and medical visits. A standard form can help document instructions in a clear manner, or you can

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take notes of the conversation to document the instructions. Be sure to ask any questions before leaving the office. It is sometimes helpful to review the instructions with the health care practitioner. It helps assure that you and the individual have a clear understanding of the instructions.

\*Instructions from the health care practitioner should be in writing.

**Slide 26** – As we stated previously, as a part of the instructions from the health care practitioner, you might also leave the visit with a new medication or a change in the existing medication. You need information to know what medication the health care practitioner has ordered and the instructions for administering the medication so that you can make sure that the individual receives the right medication. This information is provided in a prescription. The prescription is the written communication between the health care practitioner and the pharmacist telling the pharmacist what medication to prepare for whom. Typically, the language that the health care practitioner uses on the prescription is not the same as the instructions that the pharmacist puts on the label on the medication. The pharmacist generates a pharmacy label from the prescription. The label is placed on the medication bottle that is used to provide directions in the administration of medication.

**Slide 27** – The form that the health care practitioner uses to request the medication from the pharmacist for an individual varies. In the past, this form or order for medication was a paper prescription or occasionally a prescription phoned into the pharmacy. Now there are many other ways that medication prescriptions are issued. Many health care practitioners use electronic physician order entry that sends the order directly to the pharmacy. Sometimes they use a fax system to order the medication. Many times, you will no longer receive a paper prescription with the name of the medication and the instructions on it. Whether the prescription is on paper or sent electronically, you must know what the medication is and how to administer it. It is important to review these details with the health care practitioner before you leave. If you encounter an abbreviation used by a health care practitioner, make sure that you understand the meaning or ask the pharmacist.

**Slide 28** – As a reminder, the pharmacist generates a pharmacy label from the prescription provided by the health care practitioner. The pharmacy labels contain more than just the name of the medication, the individual the medication is for, and the instructions for taking the medication. The pharmacy label gives information that you will need to safely administer the medication to someone. This information is referred to as the “5 Rights.” We will learn more about the “5 Rights” in a later lesson. The pharmacy label also contains information such the health care practitioner that is prescribing the medication and whether the prescription can be refilled.

**Slide 29** – The “5 Rights” are listed on the prescription and transferred to the pharmacy label. They are:

- Right Individual: The individual’s name
- Right Medication: The name of the medication
- Right Dose: The dose of the medication, which is the amount of medication to be administered.
- Right Time: When the medication should be administered. This could be the time of day or how often.

Right Route: The way or route that the medication will be administered, such as will it be taken by mouth or applied on the skin.

### Categories of Medication

**Slide 30** – Medications can be used in a number of different ways for many purposes. Medications are put into different groups depending on a number of characteristics. One way to group them is that some medications require a prescription to obtain while others, called over-the-counter or OTC medications,

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do not.

Another way to group them is by what they treat or how they work. For example, there are many types of medications that are used to treat high blood pressure. These are called antihypertensive medications.

There are also many medications used to treat high blood sugar. These are referred to diabetic medications.

Another way in which medications are categorized are as Brand name or Generic name.

### Categories of Medication – Prescription vs. OTC

**Slide 31** – We will discuss prescription vs over the counter (OTC) and then brand-name vs generic.

Think about the difference between prescription and over-the-counter or OTC medications. Prescription medications must be ordered by a health care practitioner. There will be written instructions on the prescription that goes to the pharmacist for each medication. These medications must be filled by a licensed pharmacist. An example of prescription medication is atorvastatin (Lipitor), used to treat high cholesterol. As another example, the medication propranolol, (Inderal) used to treat high blood pressure also requires a prescription. Most antibiotics are only available by prescription as well.

Over-the-counter or OTC medications are those that can be purchased without a prescription. They might also be called non-prescription medications. Your agency policies may require you to obtain instructions for OTC medication use from the health care provider. Common pain medications such as acetaminophen and ibuprofen can be purchased without a prescription, as can some allergy medications such as loratadine (Claritin). There are drugs that were previously available only by prescription that can now be bought over-the-counter. It is important to know that sometimes over-the-counter medications are available in different strengths than the strengths available by prescription.

### Categories of Medication – Herbal and Holistic Compounds

**Slide 32** – Some substances such as herbal and holistic compounds are available over-the-counter without a prescription and also have significant drug activity in the body. These are treated like foods and therefore less strict rules apply. Substances such as St. John's Wort and echinacea have chemical or pharmacologic activity in the body but do not have the same well-researched information about dosing and side effects as prescription medications do. They also do not have to comply with the standards related to the amount of active compound that is required in each pill as a medication would. It is important to remember that these substances can interact with other prescribed medications an individual takes. Talk with the individual's health care practitioner before using these herbal or holistic compounds. In fact, make sure that the health care practitioner is aware of any substances an individual takes.

### Categories of Medication – Controlled Substances

**Slide 33** – Certain medications called controlled or countable substances have specific rules and regulations which govern them. Controlled substances or medications must be counted to make sure your agency is keeping track of them. This is very important because these drugs have a high potential for abuse. Agencies will have a policy for tracking and accounting for controlled substances to ensure that no medications are missing. Make certain that you are familiar with the policy as controlled substances must be accounted for at all times.

Examples of these medications include stimulants such as methylphenidate, used to treat attention disorders, and pain medication such as oxycodone. If you do not know if a medication should be counted, then talk with your pharmacist.

### Categories of Medication – Brand vs. Generic

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**Slide 34** – The other important category of medication to understand is brand name versus generic. Medications are chemicals and they each have a chemical name. The chemical name is the same regardless of the company that makes the drug. The chemical name is also referred to as the generic name. The brand name is that name given to the drug by the company that makes it. For example, the antibiotic with the chemical name, amoxicillin, has multiple makers. Each company calls its product by a different name, but they are all the same chemical. Each of these products must have similar therapeutic or healing activity. What can differ among these products are the color, shape, and inactive ingredients used to make them.

**Slide 35** – A brand name often refers to the name given to the first version of the drug. All new drugs are protected under patent for a period of time from other companies developing that same drug. The name that most people are familiar with is the brand name and not the chemical name. For example, people are more familiar with the name Prozac than with the name fluoxetine. People may be more familiar with the name Tylenol than acetaminophen. When the drug patent expires, then other companies can make their own version of the drug. These are referred to as generics. Generic versions of a drug should be as effective as the brand. In addition, the generic versions tend to be less expensive than the brand. Prescription drug plans may not pay for the brand name version of a particular medication without medical justification.

**Slide 36** – Health care practitioners may order a specific brand. If they do not, then the pharmacist may fill the prescription with a generic version. Therefore, the name of the medication that the health care practitioner uses and the name on the pharmacy label may not match; however, they may be the same drug with one being a generic version. If you have questions about any discrepancies, then you need to verify that you received the right medication. There are many ways to do this including reading the information included with the drug, talking to the pharmacist, or looking it up in a drug reference.

**Slide 37** – You must be sure that you have the right medication before it is administered. If there is ever any doubt, contact the pharmacist or the health care practitioner for clarification.

**Slides 38** – Take a moment to respond to some questions about this concept. Click [check] Robert is taking generic ranitidine for Gastroesophageal Reflux Disease (GERD). The medication does not seem to be working as he has continued to have symptoms.

**Choose the statement that is false about generic versus brand name medications.**

- Generic medication is identical to brand name medication
- Generic medications work in a similar manner to brand name medications.
- Generic medication must be tested to show that it works like the brand name.
- Generic medication is often less expensive than brand name medication.

**Slides 39** – The statement that is false is a) Generic medication is identical to brand name medication. Generic medication **is not** identical to brand name medication. Generic medication may be a different color, a different shape, and may have different inactive ingredients than brand name medication.

**Slides 40** – Barry's family asks you to give him St. John's Wort because he is feeling down, and his aunt has used it with reported success. His mom hands the bottle to you to put with his other medication.

**Choose the statement that is true about St. John's Wort.**

- It is considered a supplement and as safe as prescription antidepressants.
- You should put the St. John's Wort with Barry's medication and give it to him. However, you are not required to count it after every shift.
- You should talk with Barry's health care practitioner before administering the St. John's Wort because you need a written order for it.



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d) St. John's Wort will treat Barry's depression just as well as it worked for his aunt.

**Slides 41** – In this scenario the answer is

c) You should talk with Barry's health care practitioner before administering the St. John's Wort because you need a written order for it.

### Summary

**Slide 42** – This lesson about communication and the health care practitioner visit covered key points:

- Bring complete information to the health care practitioner. This is important for good communication and for quality health care.
- There are different reasons to bring an individual to a health care practitioner visit and there may be different types of information required depending on the type of visit.
- Information from the health care practitioner visit must be brought back and shared with other staff working with the individual.
- The prescription contains information that the pharmacist needs to dispense the individual's medication.
- Medications fit into different categories.

### Next Step

**Slide 43** – Now that you have completed the lesson, it is time to take the quiz. Please click on the link below to access the quiz.