

Chapter 10. Additional Duties Allowed Under Assistance with Self-Administration of Medication

As of July 1, 2015; 429.256 FS was amended to include additional duties that can be performed by unlicensed staff as part of assistance with self-administration of medication to include the following:

1. Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
 2. Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
 3. Using a glucometer to perform blood-glucose level checks.
 4. Assisting with putting on and taking off anti-embolism stockings.
 5. Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
 6. Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
 7. Assisting with measuring vital signs.
 8. Assisting with colostomy bags.
- 429.52 FS requires that "Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional

hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training." Any staff who previously received the 4 hours of training on assisting with self-administration of medication must complete the additional 2-hours of training related to the additional duties prior to performing the duties above.

HOW TO ASSIST RESIDENTS WITH INSULIN PENS

Insulin pens are pen-shaped injector devices for insulin injection (delivery) that are intended for use by a single person. The insulin pen has an insulin reservoir, or an insulin cartridge, that usually contains enough insulin for an individual to self-administer several doses (injections) of insulin before the reservoir or cartridge is empty. The needle is changed before each insulin injection. Insulin pens are designed to be safe for a single person to use a single pen multiple times, with a new needle for each injection. Unlike vials of insulin, insulin pens do not require constant refrigeration. Insulin pens only require refrigeration until their first use. Typically, insulin pens stay good for use for 28 days after initial use depending on the type of insulin they contain, unless the expiration date printed on the pen has passed. When the pen is empty or has been stored at room temperature for more than 28 days, the pen must be discarded. Only prefilled insulin pens filled by a pharmacist or manufacturer with proper dosage can be used when assisting the resident with use of the insulin pen. The health care provider will prescribe the insulin dose

specifically for the resident and glucose monitoring will routinely be ordered daily. Always double check the insulin order for the dose prescribed, the dosage is in “units” of insulin and is administered at specific times daily. Dialing a too high dose and not double checking the dosage may result in the delivery of too much insulin or too little insulin. If this occurs, monitor the blood glucose levels closely and notify the Administrator or nurse to call the health care provider immediately

Rotation of Insulin Injection Sites

Because the resident will require insulin on a regular basis for diabetes, you need to know where to inject it and how to rotate (move) the injection sites. By rotating the injection sites, injections will be easier, safer, and more comfortable for the resident. If the same injection site is used over and over again, it may develop hardened areas under the skin that keep the insulin from being used properly.

Follow these guidelines:

1. Move the site of each injection. Inject at least 1 1/2 inches away from the last injection site.
2. Try to use the same general injection area at the same time of each day (for example, use the abdomen for the injection before lunch). Note: The abdomen absorbs insulin the fastest, followed by the arms and thighs.
3. Document in the resident’s medical record which injection site the resident has used.

Assisting the resident with

Insulin pens

4. Follow the facility’s infection control policy and procedures.
5. Wash hands and obtain necessary items (prescribed unit dose medication with label (insulin pen), MOR, gloves

and alcohol wipe(s). Check expiration date of medication when getting drug.

6. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. Follow the specific dosage instructions exactly as written by the health care provider.
7. Follow the facility policy for identifying the resident. Address resident by name and ensure resident privacy. Assist the resident to a comfortable location.
8. Explain the procedure. Read the medication label to the resident and confirm understanding. Wash hands again. Put on gloves.
9. Never inject cold insulin. If using a new pen, wait until the pen warms up to room temperature before the resident injects the insulin.
10. Take the pen cap off, open a new needle and attach the needle to the top of the pen.

11. Pens require manual “priming” before injecting the insulin. Prime the pen by dialing 2 units, holding the pen with needle pointing upright, tap the reservoir gently to remove any air bubbles. Press the button at the bottom of the pen as far as it will go in, until you see a drop of insulin.
12. Dial the prescribed dose using the dial or dosage knob at the base of the pen. Check the pen’s manufacturer instructions if you accidentally dial the incorrect amount of insulin, since each pen mechanism works differently to correct the inaccurate dose.
13. Instruct the resident to provide access/ lift clothing to allow for easy access to planned injection site. Ask the resident about the prior injection sites, rotate injection sites. Do not allow the

resident to inject near joints, groin area, navel, and the middle of abdomen or near scars.

14. Using an alcohol wipe, clean the injection site thoroughly. Allow alcohol to dry prior to injection of insulin.

15. Hand the insulin pen to the resident for self-injection. Observe the resident for proper insertion of the needle into the skin, at a 90-degree angle. Observe the resident to hold the pen to the skin and inject the insulin by pressing the push button all the way in. Most manufacturers recommend that the needle be left in the skin for at least 10 seconds after injecting the insulin, this allows for the full dose of insulin to be administered. Instruct the resident to release the button and quickly remove the needle from the skin.

16. Do not allow the resident to rub the injection site. Bleeding may or may not occur after the injection. If there is bleeding, apply light pressure with the alcohol wipe. Cover the injection site with a bandage if necessary.

17. After the insulin injection, remove the needle from the tip of the insulin pen and reattach the protective cap. Dispose of the used needle immediately in a hard sided red biohazard waste container. Never attempt to recap the used needle. Return the insulin pen to a safe secure location.

18. Remove and dispose of soiled gloves and wash hands after glove use.

19. Record assistance with self-administration on the MOR. Document any refusal or other reason the medication was not administered as ordered. Immediately notify the Administrator or nurse if the prescribed dose is not administered.

HOW TO ASSIST WITH NEBULIZERS

A **nebulizer** is a drug delivery device used to administer medication in the form of a mist inhaled into the lungs. Nebulizers are commonly used for the treatment of asthma, COPD and other respiratory diseases. A nebulizer machine is a device comparable to an inhaler, but is more suited for disabled individuals, elderly patients, or those with illnesses who find using their hands and taking deep inhalations to be strenuous. Nebulizers create an aerosol that releases medication directly into the lungs without needing specialized breathing techniques. Many medications are available for inhalation treatments which are delivered directly into the resident's airway. A nebulizer delivery system consists of a nebulizer (a small plastic jar/cup with a screw top lid) and a source for compressed air. The air flow to the nebulizer changes the medication from a solution into a fine mist. This mist is inhaled through a facial mask or mouth piece that attaches to the nebulizer by a tube. Full face masks cover the nose and mouth and are easier to use as it does not require hands to hold it in place while the mouth pieces do. With the mouth piece or facial mask in place, simply breath as you normally would until the vapor has completely dissipated

How to Assist with Self-Administration of medication via a Nebulizer:

1. Place the air compressor unit on a surface, where it can safely reach its power source and be easily turned on / off.
2. Wash hands and obtain necessary items (prescribed unit dose medication

- with label, MOR, gloves. Check expiration date of medication when getting drug.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
 4. Follow facility policy for identifying the resident. Address resident by name and ensure resident privacy.
 5. Explain the procedure. Read the medication label to the resident and confirm understanding. Ask the resident to sit up upright when possible. Wash hands again. Put on gloves.
 6. Always use a clean nebulizer delivery system for each use.
 7. Open the prescribed, unit dose pre-filled vial/container of medication solution and pour the solution into the nebulizer jar and tighten the lid.
 8. Connect the air tubing from the air compressor unit to the nebulizer jar. Make sure all connections are tight and secure.
 9. Attach the face mask/ mouthpiece to the nebulizer unit.
 10. Turn the air compressor on and observe the nebulizer for misting.
 11. Hand the nebulizer mask to the resident and assist the resident to place on their face, making sure that the nose and mouth are covered. The mask may be secured to the resident's head with the elastic band. If a mouthpiece is being used, instruct the resident to place the mouthpiece between the teeth and close lips around mouth piece.
 12. The resident's head should remain upright, and maintain the nebulizer jar upright, this will allow for proper administration of the medication
 13. Instruct the resident to take slow normal breaths throughout the treatment.

- This will allow the medication to settle in the resident's airways.
14. Instruct the resident to occasionally tap the outside of the nebulizer jar, this helps with the utilization of all medication.
 15. Inform the resident to continue with the treatment until an onset of sputtering sound or inconsistent nebulization coming from the nebulizer. The jar will have just a little medication left inside.
 16. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
 17. Remove and dispose of gloves.
 18. Wash hands thoroughly.
 19. Monitor for side effects or adverse effects. If dizziness or jitteriness occurs, stop the treatment and have the resident rest for about 5 minutes. Continue the treatment, and instruct the resident to breathe more slowly. If dizziness or jitteriness continues to be a problem, inform the health care provider/doctor and obtain further instruction.
 20. Care and Cleaning of the Nebulizer Unit after each use
 21. Always follow the nebulizer manufacturer's instruction for cleaning the nebulizer unit. After each treatment, rinse the nebulizer cup thoroughly with warm water, shake off excess water, and let air dry. You do not need to clean the compressor tubing. Always allow the nebulizer equipment to completely dry before storing in a plastic, zippered bag. Check the air compressor's filter as directed. Replace or clean according to the directions from manufacturer.
- ## **ASSISTING RESIDENTS WITH GLUCOMETERS**
- A blood glucose meter is a small, portable machine that is used to measure

how much glucose (a type of sugar) is in the blood (also known as the blood glucose level). People with diabetes often use a blood glucose meter to help them manage their condition.

Glucometers should be restricted to a single resident and not shared with other residents. There are many types of glucometers available, therefore it is very important to read and follow the manufacturer's recommendations for use, cleaning, and storage.

How to use a glucometer to perform blood glucose testing:

1. Follow facility's infection control policy and procedure.
2. Wash hands with soap and water.
3. Assemble supplies-gloves, alcohol swabs, cotton ball or gauze, glucometer and test strips
4. Verify glucometer is calibrated following manufacturer's guidelines for the resident's glucometer. This may involve performing a test calibration to verify test strips and glucometer will produce an accurate blood glucose value.
5. Follow the facility policy for identifying the resident. Address the resident by name. Explain procedure to resident and ensure resident privacy.
6. Apply gloves.
7. Clean resident's finger with an alcohol swab.
8. Using a lancet device, prick resident's finger and apply a small drop of blood to the test strip.
9. Discard lancet in a red biohazardous sharps container and never reuse lancets.
10. Provide the resident with a cotton ball or gauze pad to blot prick site.
11. Insert test strip into glucometer and the meter will count down to the blood glucose value that will be displayed on the glucometer.
12. Removed the test strip and discard.

13. Remove gloves and wash hands.
14. Document the blood glucose reading on the Medication Observation Record or other provider specific document.
15. Alert the administrator or facility nurse if the blood glucose value falls outside the resident's specific blood glucose levels per the health care practitioner's order.
16. Clean the glucometer per manufacturer's recommendation and store in a clean dry area.

Application and Removal of Anti-embolism Hosiery

Anti- embolism stockings are used to promote normal function of the circulatory system and prevent complications from pooling blood in the resident's legs. It is important to realize that you will be putting the stockings on residents who have other physical concerns such as a more restricted range of movement, a disability or pain when the stockings are applied incorrectly.

How to apply and remove anti-embolism stockings

1. Follow the facility's infection control policy and procedures.
2. Gather your supplies and check the order for time and duration for the anti-embolism stockings use.
3. Wash your hands; apply gloves if any impaired skin.
4. Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident.
5. Assist the resident in lying down on his/her back or in comfortable sitting position

6. Make sure the resident's feet are dry. You may apply talcum powder if they are not dry.
7. Gather the fabric of the stocking into your hand and place it on the resident's foot. Slowly roll the stocking upwards until the upper edge reaches just below the resident's knee.
8. Place the heels and toes in the correct position. Examine the stocking to make sure there are no wrinkles in the fabric. Take caution when adjusting the stocking; avoid pinching the resident's skin.
9. Assist the resident to a more comfortable position if he/she wishes to move.
10. Remove and dispose of your gloves if used. Wash your hands.
11. Inform the Administrator or facility nurse of any resident complaints of discomfort, numbness, tingling or loss of feeling in the extremity.
12. Removal of the stockings as orders specify by gently sliding the hosiery down the resident's leg and off the foot. Be careful not to pull or snatch the hosiery as that may result in skin abrasions and bruising.
13. Document the application and removal of the stockings on the MOR as per the health care provider written order.

Assisting Residents with Oxygen Nasal Cannulas

The nasal cannula (NC) is a device used to deliver supplemental oxygen or airflow to a resident in need of respiratory help. This device consists of a lightweight tube which on one end splits into two prongs which are placed in the nostrils and from which a mixture of air and oxygen flows. The other end of the tube is connected to an oxygen

supply such as a portable oxygen generator or concentrator. The cannula is generally attached to the resident by way of the tube hooking around the resident's ears or by elastic head band. The most widely used form of adult nasal cannula carries 1–5 liters of oxygen per minute.

How to Assist Residents with the Application of a Nasal Cannula

1. Follow facility's policy and procedure for infection control
2. Verify resident's order for oxygen therapy
3. Follow the facility policy for identifying the resident and address the resident by name
4. Explain the procedure to the resident and ensure nasal cannula tubing is connected to oxygen source
5. If the oxygen source is currently off, turn on the machine and note if the liters of oxygen match the resident's order. If the amount of oxygen per liter and the resident's orders do not match, turn off the machine and contact the administrator or facility nurse. If the liters of oxygen and the resident's orders match you may proceed with step 6
6. Gently insert nasal prongs into resident's nares and loop tubing behind the ears. Ensure oxygen tubing is not too tight over resident's ear or under the resident's chin
7. Advise the resident to be careful when rising or changing position while nasal cannula is in place
8. Nasal cannula's should be cleaned and stored per manufacture's recommendation.

Assisting Residents with Continuous Positive Airway Pressure (CPAP) Machines

Continuous positive airway pressure (CPAP) therapy is a common treatment for obstructive sleep apnea. It includes a small machine that supplies a constant and steady air pressure, a hose, and a mask or nose piece. The mask, connected to a pump, provides a positive flow of air into the nasal passages in order to keep the airway open.

How to Assist Residents with a CPAP Machine:

1. Follow facility's policy and procedure for infection control
2. Follow the facility's policy and procedure for the identifying the resident and address the resident by name
3. Set up CPAP machine:
 - a. Place the CPAP machine on a level surface near resident's bed
 - b. Keep the machine at least 12 inches away from anything that may block the vents (drapes, bedspreads, etc.)
 - c. Position the machine lower than the level of the bed so any accumulation of water will drain back toward the machine and not toward the resident
 - d. Plug the machine into a grounded outlet, if available.
 - e. Fill the humidifier with water (distilled water is recommended) to the maximum fill line
 - f. Attach one end of the tubing to the humidifier and attach the other end to the mask
4. Assist the resident to clean their face to remove dirt or creams
5. Position the mask on the resident's face and fasten the headgear
6. The mask should fit snug enough to prevent leaks but not too tight that causes pain

7. Turn on the unit and encourage the resident to relax and breathe normally through their nose. If oxygen is prescribed with the CPAP therapy, ensure the proper placement of the oxygen adaptor and oxygen tubing. **Always turn on the CPAP unit first, then turn on the oxygen and turn off the oxygen first before turning off the CPAP unit.**

Assisting with Obtaining Vital Signs

Vital signs are measurements of the body's most basic functions. Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured in a medical setting, at home, at the site of a medical emergency, or elsewhere. As with all resident contact procedures, follow your facility's infection control policy and procedure. The four main vital signs routinely monitored by medical professionals and healthcare providers include the following:

1. Body Temperature
2. Pulse Rate
3. Respiration Rate (rate of breathing)
4. Blood pressure

Body Temperature

Body temperature can vary depending on the gender, recent activity, food and fluid consumption, time of the day, and, in women, the stage of the menstrual cycle. Due to the causes of these symptoms they can have an effect on the normal body temperature that may cause it to be a little off or odd. Normal body temperature, according to the American Medical Association, can range from 97.8° F (or Fahrenheit, equivalent to 36.5° C, or Celsius) to 99° F (37.2° C).

How to take a temperature using a Tympanic Thermometer

1. Place tympanic thermometer cover on ear
2. Ask the resident to turn his head so ear is in front of you, put new probe cover on
3. Pull back on the ear (gentle, firm) to straighten the ear canal and insert probe gently into ear canal directed toward nose
4. Start the thermometer
5. Wait until you hear a beep or flashing light and remove
6. Read the temperature and record accurately
7. Follow manufacturer's recommendation for cleaning and storage

How to take a temperature using an Oral/Axillary Thermometer

1. Ask the resident if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.
2. Place a sheath on the probe
3. Correct placement for obtaining oral reading or axillary reading
4. If necessary, hold the probe in place for oral
5. Leave the probe in place until the instrument beeps
6. Remove the probe sheath from the probe and dispose of properly
7. Replace the probe
8. Read the temperature and record accurately
9. Follow manufacturer's recommendation for cleaning and storage

Pulse Rate

Taking a pulse rate is checking the number of times the heart beats per minute. When checking a pulse it also checks the heart rhythm and the strength of the pulse. For example, the strength or weakness of the pulse indicates overall heart-health. The normal pulse for healthy adults ranges from 60 to 100 beats per minute.

How to measure the radial heart rate

1. Relax the resident's arm on the table. The resident's palm should be facing the ceiling and the fingers should be relaxing as well
2. Use the first and second fingertips, and place it on the resident's wrist or where the forearm meets the upper arm press firmly but gentle on the arteries until one can feel a pulse. (As the picture shown below)
3. Keep hand on the pulse and begin counting the pulse. Count the second hand on whatever the number that was start from. Count pulse for 60 seconds (or for 15 seconds and multiply by four to calculate beats per minute)
4. Note: When counting, concentrate on the beats. Try not to watch the clock continuously, so it does not become confusing
5. Document the results when done. If one is unsure about the result ask someone to watch the clock while one counts the beats

Respiration Rate (rate of breathing)

Respiration is the number of breaths a person takes per minute. While counting the number of times a person's chest rises. When taking respiration, it is important that one pays close attention to the chest. A normal respiration would be 12- 16 breaths per minute for a resting adult.

How to measure respiratory rate

1. Tell the resident to sit up straight and relax and breathe
2. As the resident is breathing gently place hands on their upper chest and middle back, then look at the chest as it rises
3. When the chest rises then begin to count to a full minute. Once the counting is finished then record how many times

the chest rises and that will be the answer

4. Record respiratory rate accurately

Blood Pressure

Blood pressure is measured with a blood pressure cuff and stethoscope. Each heart beat pumps the blood in the arteries, the highest blood pressure as the heart contracts. If one does not have an electronic blood pressure monitoring, then they are not able to take their blood pressure without this particular equipment.

How to Measure Blood Pressure Using a Manual Blood Pressure Monitor

1. Sit the resident in a comfortable chair, with his or her back supported with legs uncrossed. **No movement should be allowed).**
2. Place the resident's arm on a table or hard surface. Make sure the arm is being relaxed and patient is comfortable.
3. Wrap the cuff carefully around the resident's upper part of the arm.
4. Place the stethoscope in the care giver ear. Then place the Diaphragm underneath the cuff on the artery.
5. Care giver should pump the cuff to make sure that it works. Also turn the knob to make sure there is no air in the cuff.
6. The Care giver should begin pumping the cuff until the measurement says 180. Slowly unleash the turning knob and listen to the heart beat.
7. The first heart beat should be measured, and the least beat should be measured and that will indicate the systolic pressure and diastolic pressure.
8. Record accurately
9. Follow manufacturer's recommendation for cleaning and storage

How to Measure Blood Pressure Using an Automatic Blood Pressure Monitor

Automatic monitors, also called electronic or digital monitors, are battery operated monitors that use a microphone to detect blood pulsing in the artery

1. The cuff, which is wrapped around the resident's upper arm, automatically inflates and deflates when you press the start button
2. As with manual blood pressure cuffs, ensure the cuff size is appropriate and correctly placed
3. Record results on digital display
4. Follow manufacturer's recommendations for cleaning and storage

Assisting with Colostomy Bags

When the colon or rectum is damaged from illness, injury or infection part of it may need to be removed and then reattached to the abdomen. A colostomy allows stool to leave the body through a stoma or opening made in the wall of the abdomen. An ostomy pouch is a heavy-duty plastic bag that the resident wears outside of the body to collect stool.

Using an ostomy pouch is the best way to handle bowel movements after certain kinds of surgery on the colon or small intestine. The stool may be liquid or solid. The ostomy may be used for a short time or long term. The ostomy bag attaches directly to the skin on the resident's belly. It will be hidden under clothing. The pouch is odor free and does not allow gas or stool to leak out when applied correctly. The best time to change the pouch is in the morning, before eating or drinking. The stoma can

be functional at any time, but will be more functional after eating/ drinking. Empty the pouch when it is 1/3 full with stool/ gas, it is more difficult to empty when fuller and more noticeable.

How to assist with colostomy bags:

1. Follow the facility's infection control policy and procedures.
2. Gather all supplies needed before changing the colostomy bag- a new pouch, a pouch clip and gloves.
3. Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident.
4. When possible, the bathroom is the best place to change or empty the resident's pouch.
5. Wash your hands with soap and water and apply gloves.
6. Remove the colostomy pouch from the ring seal around the stoma site. Use caution, not to pull at the stoma site and disrupt the ring seal/adhesive wafer.
7. Empty the contents of the pouch into the toilet. Do not discard the pouch clip. Rinse out the pouch with mild soap and water, and empty the rinse water into the toilet. Rinsing out the pouch, helps to lubricate and freshen the pouch and therefore reducing odor.
8. Reattach/ snap the pouch to the ring seal/ wafer. Examine the pouch placement making sure it is correctly secured.
9. Remove and dispose of your soiled gloves.
10. Wash your hands with soap and water.
11. Notify the Administrator or facility nurse if you observe any of the following issues: leaking from around the pouch system, change in size or appearance of the stoma, observe any

skin rashes, irritations or rawness around the stoma site, bleeding from the stoma or any complaint of pain.