

# Home Health Aide

D I G E S T™

## Pre-/Post-Test Understanding Medications (Nov/Dec 2003 issue)

All questions in this quiz are based on articles in the Nov/Dec 2003 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

**1.** (True/False) Common over-the-counter medications, such as aspirin and common antacids, have been proven safe and effective over many years of use. A client can safely use them without worrying about bad side effects or interactions.

- a. True.
- b. False.

**2.** Over-medication can occur when:

- a. The client has poor liver or kidney function.
- b. The prescription was written incorrectly by the doctor.
- c. The prescription was misread by the pharmacist.
- d. All of the above.
- e. b & c.

**3.** (True/False) Because the use of alternative medicines is widespread, it has been shown that workers in natural food stores are a reliable source of advice on these treatments.

- a. True.
- b. False.

**4.** Techniques that may help a client to remember to take medicine include:

- a. Having the client take the drugs at the same time each day.
- b. Marking a calendar after taking a day's dosage.
- c. Using a dispenser box designed to hold each day's medications.
- d. All of the above.
- e. a & c.

**5.** A medication notebook should include the following products the client uses:

- a. Vitamins and supplements.
- b. Hair care and cosmetic products.
- c. Over-the-counter drugs.
- d. a & b.
- e. a & c.

**6.** Signs of failure to take medicine are usually invisible for the following condition(s):

- a. High blood pressure.
- b. Diabetes.
- c. High cholesterol.
- d. All the above.
- e. a & c.

**7.** Common signs of a bad drug reaction include:

- a. Constipation.
- b. Confusion.
- c. Urinary incontinence.
- d. All of the above.
- e. b & c.

**8.** Most problems due to medication errors are caused by:

- a. Patient carelessness.
- b. Communication lapses at shift changes.
- c. Stealing of drugs by care givers.
- d. Errors made in prescribing a drug.
- e. None of the above.

**9.** Medication management systems are available that will:

- a. Signal the client when medicine should be taken.
- b. Dispense the exact amount of pill needed.
- c. Telephone a care giver when the client fails to take the medicine.
- d. Remind the client of special instructions for taking the medicine.
- e. All of the above.
- f. a, c & d.

**10.** (True/False) Because medical abbreviations are very precise, using them can prevent medication mistakes.

- a. True.
- b. False.

I began reading *Home Health Aide Digest* at \_\_\_\_\_ am/pm.  
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# MEDICATION MANAGEMENT

by Rosina Stamati, RPh, MPA, and Maria Wurlpel, RPh, MS

**M**anaging medications wisely is one of the keys to preventing medication problems. Successful medication management is the result of using the right drug for the proper length of time without causing or enhancing unwanted side effects.

## Remembering to take medicine

Consistent medication management requires becoming a creature of habit. Encourage your client to try to set a routine to take medications at the same time each day. Some ways your client can remind himself include marking on the calendar after he takes his medication (this works best with medications taken only once a day), or hanging a reminder on the refrigerator or in other conspicuous spots in the house. Using a box designed to hold medication that can be filled once a day or once a week can help the client remember whether he has taken the medication already or whether he's forgotten to take it. (Also see "Machines That Help" in this issue.)

## Information at the fingertips

The label on the prescription bottle can tell your client how much, how often, and for how long to take that medication. It will also tell whether it is important to take the medication on an empty stomach, after a meal, with juice, or other special instructions.

The client or care giver should also read the patient information sheet provided with the medication. This tells the brand and generic names of the medication, what the medication is used for, the best time to take it, and common side effects. The patient information sheet also offers information as to what to do about a missed dose, which may vary from drug to drug. If there is any doubt, the client or care giver should contact the

pharmacist or doctor for additional guidance.

## Therapeutic equivalents

If the client has trouble with one drug (stomach upset or allergic reaction, for example), there may be another drug that can take its place. While the two drugs may not contain the same chemical, they may have the same helpful effect in the body. In addition, they often have many of the same side effects. If the client is having any trouble with the current medication, he should talk with his physician.

The client should be sure to inform all health care providers about allergies or medications that have caused problems in the past. If you notice that a client is having any problems with medication, discuss the problems with your supervisor.

## Medication notebook

One good way in which your client can keep track of her medications is to keep all medical records in a dedicated notebook. Suggest this to your supervisor if you think it would be a helpful practice for your client. The notebook should include:

- All medications being taken, including name, strength, directions for use, and prescriber's name.
- Dosage levels.
- What the drug is used for and how long it should be taken.
- How it makes the client feel.
- All information on refills.
- Prescriber contact information.
- Names and contact information for primary physician, other specialists, nurse practitioner, podiatrist, dentist, and pharmacist.

- Emergency information (for quick access).
- Any nutritional supplements, vitamins, over-the-counter drugs, herbal products, and/or aromatherapy agents used regularly.
- Any allergies to medications or foods. (Some medications contain additives necessary for manufacturing, such as cornstarch or lactose, that are not listed on the label.)

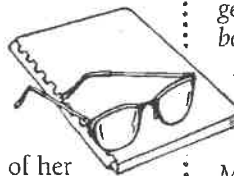
*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

This article was used and adapted by permission of the authors and The Jewish Home and Hospital Lifecare System ([www.jewishhome.org](http://www.jewishhome.org)).

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Maria Wurlpel, RPh, MS, is the director of pharmacy at Sarah Neuman Center for Healthcare and Rehabilitation, Westchester Division of The Jewish Home. She has 10 years experience as a pharmacist in long-term care. She is treasurer of the New York Directors of Pharmacy for Longterm Care and a member of the American Society of Consultant Pharmacists and New York Society of Health Systems Pharmacists.



# Helping a Client

## Avoid Medication Errors

by Suzanne P. Campbell, MS, QRC, CRC

**M**edical errors happen when some part of the medical plan is wrong, is not followed, or does not work out. The problem is a serious one. According to the Department of Health, medical errors lead to more American deaths than motor vehicle accidents, breast cancer, or AIDS.

Errors involving drugs cause as many as 98,000 deaths each year, say researchers at Harvard University. Many of these mistakes are due to the wrong medication treatment.

### Avoidable errors

In general, the elderly use more medications than young people. Each year nearly 2 million elderly Americans have adverse drug reactions outside of the hospital. Research shows that nearly 27 percent of those could have been avoided.

In a yearlong New England study by the Meyers Primary Care Institute, "We found that adverse drug events are common and often preventable in older people," said Dr. David Gurwitz, one of the study's authors. Of the adverse drug reactions found in the study, four out of 10 were considered to be serious, life-threatening, or fatal—but preventable. This information stresses how vital it is for HHAs to be alert and watchful when caring for clients.

Drugs most often involved in preventable problems include:

- ◆ Heart drugs.
- ◆ Some blood pressure drugs.
- ◆ Antibiotics.
- ◆ Painkillers.
- ◆ Blood thinners.

Nearly 60 percent of the time, Gurwitz pointed out, the adverse events were not due to patient error. Rather, they

were due to errors in prescribing. These involved such errors as prescribing too high a dose or prescribing a drug that interacts badly with another drug the patient is taking.

A recent study at Duke University, done in a hospital cardiology ward, showed that pharmacists can help to prevent medication errors. During the five-year study, pharmacists followed doctors on their rounds in the ward. During the study, the druggists intervened in 15,000 cases. They found, in 4,700 of the cases, that patients would have received the wrong drug or the wrong dosage. Errors in the use of cardiovascular drugs were found in 40 percent of these cases. Reasons for the errors included:

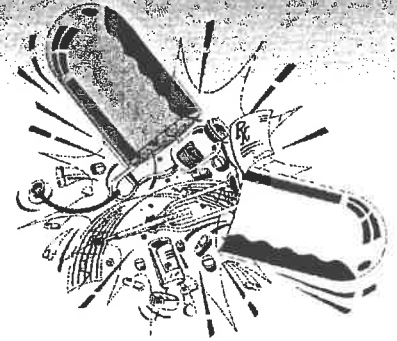
- Lack of knowledge about what drugs the patient was taking before coming to the hospital.
- Shift changes of medical staff, and also a patient's switching from outpatient to inpatient.

The researchers advise:

- Being sure that precise information on the patient's medications is given to health care providers at the point of care.
- Giving more focused education and more backup to interns during their first months of training.
- As an immediate fix, having pharmacists go with doctors on rounds.

### Tips to help prevent medication errors

The best step any patient or care giver can take is to be more involved in the health care process by taking part in every medical decision. HHAs might find it useful to pass along helpful ideas to their clients if the supervising nurse approves.



From a government Patient Fact Sheet, following are measures that can help prevent errors related to taking medication:

- Make sure the doctor knows about everything the patient is taking, including prescriptions, over-the-counter drugs, dietary supplements, and herbs.
- At least once a year, the client should bring all medications and supplements to a doctor's appointment for review.
- Be sure that the doctor is aware of all allergies and any adverse reactions.
- The client or care giver should be certain that the doctor's prescription is easy to read. If you can't read it, maybe the pharmacist can't either.
- The client should get information about any medication from the doctor and pharmacist: What is it for? How is it to be taken? How long should it be taken? What are the possible side effects? What should be done if there are side effects? Can the medication be taken with other medicines and supplements already being used? What food, drink, or activities should be avoided while taking this medication?
- The client should ask for written information about side effects. A study found that written information can help a patient spot side effects and then inform the doctor or pharmacist.

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## Helping a Client Avoid Medication Errors

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- When picking up the medication, the client or care giver should ask the pharmacist to check to be sure this is the drug the doctor ordered.
- If the directions on the label are unclear, the client should ask questions until he is sure he understands.
- In the case of liquid medications, the client should ask the pharmacist how best to measure them. Research shows that many people don't know the right way to measure liquid medicines. For example, many household teaspoons do not hold a true teaspoon of liquid. Special devices, such as marked syringes, help to measure the correct dose.

### Sources

*Journal of the American Medical Association*, March 5, 2003, reported by UPI.

*Archives of Internal Medicine*, 2003, 163:1461-1466.

Agency for Healthcare Research and Quality (AHRQ), Rockville, MD; Publication No. 00-P038; February 2000.

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# Health Food Stores

## ARE NOT PHARMACIES

People with serious or terminal illnesses are understandably anxious to find a cure. Some look to alternative medicines, easily available at the local health food store. This may be especially true of women with breast cancer, as women tend to be the greatest users of natural health products. And if one hears that her best friend's cousin's hairdresser beat her cancer by taking an alternative medicine bought at a natural foods store, why not try it?

It may be a very bad idea. Several reasons:

- ✓ The alternative medicine may interact with the patient's prescription medicine or chemotherapy, making the prescribed treatment less effective.
- ✓ A patient may even decide to suspend regular treatment and just take the alternative medicine instead.
- ✓ The patient may use large doses of the alternative medicine or use several at the same time, which has real potential to harm her.
- ✓ Relying on the store employee's advice can be foolish and possibly dangerous.

In a Canadian study, eight information-gatherers visited 34 natural food stores

and asked employees what they recommended for a patient with breast cancer. They asked about product safety, effectiveness, potential drug interactions, and cost.

Thirty-three different products were recommended, none of which had any supporting evidence of effectiveness. Two-thirds of the employees did not ask whether the patient was taking any prescription medications. Only three mentioned possible negative effects from a product. Eight noted the possibility of possible drug interactions. One employee actually suggested the patient discontinue taking Tamoxifen, and two suggested that the natural products could lead to cure. Fewer than half suggested the patient see a health-care professional; of those, most recommended a naturopath and one suggested a nutritionist.

You as an HHA can help your client by being aware of any natural and alternative medications she may be using. It is very important that the client's physician be aware of her use of the products. If you believe your client is adding alternative medicines to her prescribed medication, notify your supervisor.

(Source: *Breast Cancer Research*, 2003)

While bathing a client, I noticed that she seemed quite uncomfortable. "Are you having pain?" I asked. She responded, "Yes."

So I offered, "Would you like the nurse to give you something for pain?" Without hesitating, she answered, "No. I already have enough pain."

Thanks to Marlene Estill, an HHA with Arbor Hospice and Home Care, Allen Park, MI.

Have a humorous work experience you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your story (along with your name, address, phone number, and name of your agency) to:

Humor  
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## WATCHING for Bad Drug Reactions in Older Adults

by Suzanne P. Campbell, MS, QRC, CRC

More than 12 percent of the U.S. population is now over age 65. According to Dr. Darryl Chutka, an internist at the Mayo Clinic in Rochester, MN, these older adults have more adverse side effects from medication than other age groups. Sometimes, he says, these side effects result in hospital visits that could have been avoided.

Dr. Chutka gives the following possible reasons for the reactions:

- ◆ Seniors tend to take more medications than younger adults.
- ◆ Age-related bodily changes may lead to some drugs staying in the system longer and becoming too concentrated.
- ◆ Some drugs may become less effective in older people, thus requiring a higher dosage.

### Common signs of a bad drug reaction

- Confusion.
- Urinary incontinence.
- Excessive drowsiness.
- Constipation.
- Dizziness or falls.
- Depression.

If a client shows any of these signs, contact your supervisor immediately and describe what you have seen.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

# MACHINES THAT HELP

## Personal medication management systems

by Suzanne P. Campbell, MS, QRC, CRC

There are several products on the market that may help clients and their care givers make sure drugs are taken at the right time and in the right dosage.

- Interactive Medical Developments of Webster City, IA, offers the MD.2, a dispensing system with an 18-hour battery backup. It can be loaded for 10 to 30 days, depending on the frequency of doses; six per day is the maximum. The patient's information is sent to Medical Developments via phone, fax, or the Internet. Once the unit is loaded with the medications and dosage information, the machine alerts the patient when doses are due.

These alerts go on for 60 to 90 minutes. They include an adjustable-level voice message followed by text, a flashing red light, and finally a loud beeping noise. When the client responds by pushing a big red button, the pills are delivered in a reusable medication cup. The unit can be programmed to give messages such as "take with food" at the same time the medications are delivered. If no one pushes the button, the medication is locked away. Then the unit phones up to four different care givers and alerts them that the patient has not taken the medication. The company also offers a unit that speaks Spanish. For further information, contact

the company toll free at 877-563-2632 or visit its Web site at [www.imd2.com](http://www.imd2.com).

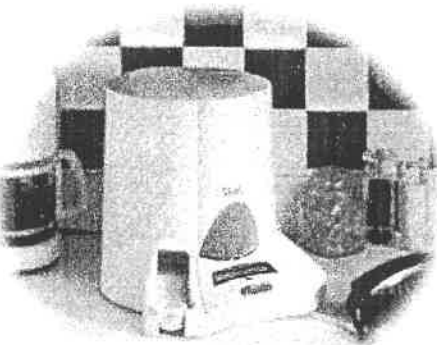
- e-pill Medication Reminders offers several types of medication reminders, pill organizers, automatic pill dispensers, multi-alarms, and medical watches. Reach the company online at [www.epill.com](http://www.epill.com).
- On-Time Rx has a system that works with a Palm handheld computer. The program allows people with handheld computers to set reminders for taking medications. Times, dosing, memory triggers, etc., can be programmed. Contact the company toll-free at 888-383-8688 or on the Internet at [www.ontimerx.com](http://www.ontimerx.com).
- Verbprompt offers a verbal prompting system via the telephone, cell phone, or email. It gives prompts about medications and other medically necessary tasks. The company can be reached by telephone at 800-423-3717 or via the Internet at [www.verbprompt.com](http://www.verbprompt.com).

### Additional resources

The National Council on Aging (NCOA) offers a free and confidential tool with which seniors can explore low-cost drug options. *BenefitsCheckUpRx* is an Internet tool that screens older adults for eligibility. If they qualify, they receive a list of over 240 cost-saving prescription drug programs. Access the program at [www.benefitscheckuprx.org](http://www.benefitscheckuprx.org).

The MD.2 from Interactive Medical Developments reminds a person when to take medicine, and then dispenses the exact amount of pills. It even phones for help if the user doesn't respond to the machine's messages.

Photo courtesy of Interactive Medical Developments.



## Books and publications

- ▶ *Drug Interactions: What You Should Know*
- ▶ *Making Your Medications Work Better* (from the FDA and American Pharmaceutical Association)
- ▶ *My Medicines* (from the FDA's Office of Women's Health and the National Association of Chain Drug Stores)

The above three publications are available from the Federal Consumer Information Center. Call 888-878-3256, M-F 9 a.m. to 8 p.m. EST. You can also visit the Information Center's Web site at [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov); type the publication titles into the "Search" box.

- ▶ The U.S. Food and Drug Administration (FDA) Consumer Affairs Office has information about the safe use of medicines. Contact the FDA at 5600 Fishers Lane, HFE 88, Rockville, MD 20857 or call 888-463-6332 and select voice mail option. Web site is [www.fda.gov](http://www.fda.gov).
- ▶ The Elder-Health Program provides free information about medication for older adults. Contact the Peter Lamy Center for Drug Therapy and Aging, University of Maryland School of Pharmacy, 515 W. Lombard Street, First Floor, Baltimore, MD 21201 or call toll-free 877-706-2434. Web site is [www.pharmacy.umaryland.edu/lamy/eldereducation.html](http://www.pharmacy.umaryland.edu/lamy/eldereducation.html).

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### The Author

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# Dangerous Abbreviations

Drugs can be dangerous if taken too often, not often enough, or in doses too large or too small. Such mistakes can occur when people misread a drug order. The Institute for Safe Medications has produced a list of medical abbreviations that can be confusing and therefore dangerous. Here are items from that list that may be important for an HHA to keep in mind.

Abbreviation/Dose	Intended Meaning Expression	Misinterpretation	Correction
Apothecary symbols	dram minim	Misunderstood or misread (symbol for dram misread for "3" and minim misread as "ml.")	Use the metric system
o.d. or OD	once daily	Misinterpreted as "right eye" (OD—oculus dexter) and administration of oral medications in the eye	Use "daily"
TIW or tiw	three times a week	Mistaken as "three times a day"	Don't use this abbreviation
per os	orally	The "os" can be mistaken for "left eye"	Use "PO," "by mouth," or "orally"
q.d. or QD	every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily" or "every day"
qn	nightly or at bedtime	Misinterpreted as "qh" (every hour)	Use "nightly"
qhs	nightly at bedtime	Misread as every hour	Use "nightly"
q6PM, etc.	every evening at 6 PM	Misread as every six hours	Use "6 PM nightly"
q.o.d. or QOD	every other day	Misinterpreted as "q.d." (daily) or "q.i.d." (four times daily) if the "o" is poorly written	Use "every other day"
U or u	unit	Read as a zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44")	"Unit" has no acceptable abbreviation. Use "unit"
cc	cubic centimeters	Misread as "U" (units)	Use "ml"
x3d	for three days	Mistaken for "three doses"	Use "for three days"
BT	bedtime	Mistaken as "BID" (twice daily)	Use "hs"
ss	sliding scale (insulin) or 1/2 (apothecary)	Mistaken for "55"	Spell out "sliding scale." Use "one-half" or "1/2"
> and <	greater than and less than	Mistakenly used opposite of intended	Use "greater than" or "less than"
Zero after decimal point (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit

Source: Institute for Safe Medication Practices ([www.ismp.org](http://www.ismp.org)). Used with permission.

# Home Care for the Holidays

by Suzanne P. Campbell, MS, QRC, CRC

## Helping a client's family cope with the holidays

A holiday can be a bittersweet time, especially when a medically or psychologically fragile family member is unable to enjoy it in the same way as in the past. The National Institute on Aging offers suggestions that may be helpful to your client's family or care giver:

- ❖ Maintain as many family traditions as possible.
- ❖ Be realistic about expectations.
- ❖ Schedule visits with friends and family when the patient is feeling at his best.
- ❖ Avoid crowds, changes in routine, and strange surroundings, especially with patients who have dementia.
- ❖ Schedule respites when other people can take over care-giving duties so that the care giver can do things that are important to him or her.
- ❖ Try to find a balance between rest and activity.

## Holiday gift ideas

Family members may ask you to suggest gifts for your client. The best gifts may be those that help your client feel more independent. The following items often are available at drugstores and through adaptive equipment catalogs such as Bergeron Health Care (800-371-2778) or Sammons Preston (800-323-5547). Some suggestions:

- ♥ A plastic holder for playing cards.
- ♥ A lap desk with a beanbag beneath it to keep it from slipping.
- ♥ A book holder or page weight to make reading easier.
- ♥ An adapter that enables the person to turn on an appliance, such as a lamp, by clapping.

- ♥ A hand-held showerhead with adjustable water pressure.
- ♥ A dressing stick, which can be used to push off shoes and socks without bending.
- ♥ A reaching tool that helps the person pick up items from the floors, a counter, or a high surface.
- ♥ A long shoehorn.
- ♥ Kitchen gadgets with handles adapted for easier gripping.
- ♥ "Jar poppers" that make opening a jar easier.
- ♥ Pens and pencils with rubberized, easy-grip handles.
- ♥ Adapted clothing. One source is the catalog from Comfort Clothing (888-640-0814).
- ♥ An electric shaver designed for easy gripping. (Rubber bands wrapped around a shaver can assist in gripping also.)
- ♥ A mitten-like fabric device that helps with putting on stockings.
- ♥ Several sets of elastic shoelaces that allow the person to put on shoes without tying them each time.
- ♥ A handrail installed by the tub or next to the toilet.
- ♥ A calendar with family birthdays and anniversaries already written in.
- ♥ A selection of greeting cards for various occasions — with postage stamps for mailing them.

## Packing medications for travel

Many people travel during the holiday season, so your client may be going away with a family member. It is important to take special measures with medications on a trip. The American Diabetes Association offers the following advice, useful to anyone who travels with prescription drugs:

- \* Keep medications in their original containers.
- \* Pack them in carry-on, not checked, luggage.
- \* Avoid exposing medications and supplies to extreme temperature and weather conditions.
- \* Pack enough medicine to last a few extra days in case of unforeseen delays.

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While it may seem common sense to take medications as the doctor or pharmacist recommends, often a client may not do so. Reasons for this include:

- Wanting to save money on prescriptions. (According to a recent study by the Kaiser Family Foundation and the Commonwealth Fund, up to 25 percent of patients might be skipping medications because of cost.)
- Feeling that he does not need the medicine.
- Not wanting to take a pill for various reasons.

As an HHA, you can spot signs that may reveal that the client is not taking medications as prescribed. This article will help you to:

- Watch for clues that the client may not be taking medications properly.
- Explain to the client why it is important to take medications regularly.
- Offer your supervisor possible solutions when the client doesn't want to take medications.

Regardless of the reason for not complying, it is very important that the client follow medication guidelines.

Below are some common medications clients may be taking, along with symptoms the HHA may notice if the medication is not being taken correctly. Notify your supervisor if you suspect your client is skipping doses.

### Blood pressure drugs

Drugs used to control blood pressure are very important as high blood pressure can result in strokes, heart attacks, or other serious complications. Skipping doses or taking half of a pill can cause a client's blood pressure to increase. Because it can't be seen, high blood pressure can be caught only by measuring it with a blood pressure cuff. This can be done at home or in the doctor's office.

### Diabetes drugs

Clients with diabetes must be careful about what foods they eat, and should take their diabetes medications regularly. These drugs help to control

# When a Client AVOIDS Taking Medicine

by Joy Morton, PharmD

the level of sugar in the blood, which in turn affects the function of many other organs in the body. By not taking these drugs on schedule, a client's blood-sugar level will rise and you may see symptoms such as sleepiness, increased appetite or increased thirst, blurred vision, or headaches.

### Cholesterol medications

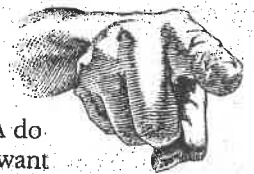
Like high blood pressure, high cholesterol usually does not present symptoms. And, like high blood pressure, high cholesterol can cause serious problems such as heart attack and stroke. Cholesterol levels are checked in the doctor's office. If a client often skips doses of medications, high levels of cholesterol can be detected.

### Stomach medications

Heartburn or an upset stomach often affects how a person feels. Stomach medications are among the more high-priced drugs and might be the first pills a person chooses to skip when trying to save money. However, the doctor often prescribes these medications to prevent a more serious issue (for example, bleeding in the stomach). A client might be skipping doses if you notice:

- More frequent heartburn.
- Blood in the stool.

### How you can help



What can an HHA do if a client doesn't want to take a medication?

Besides trying to save money or believing they are "not sick enough" to take their medications, some clients don't like the taste of some pills or simply cannot swallow them. There are several ways you can address these issues:

*If the pills are bitter or leave a bad aftertaste:* Offer some root beer or pretzels right after your client takes the medicine. These foods can immediately squelch that bitter taste. Chocolate or other candy just after taking a pill also is an option, but don't use this in too large amounts or too often.

*If the pills are too large or can't be swallowed:* Medications often are available in different forms (liquid, capsules, powder) and a client may find one form easier to take than another. Potassium pills are notoriously large and difficult to swallow. Often these can be dissolved in water (check with the pharmacist first). Some are available in a powder form to be mixed in liquid. Some capsules can even be opened and sprinkled into applesauce or other foods. Just make sure the client or nurse checks with the pharmacist before doing this.

Remember, you the HHA provide a critical set of eyes that can notice problems of underuse, overuse, interactions/reactions, or stealing of medications. Watch for symptoms. Check the amounts of medication in the containers from day to day to see that they are being used. Report any medication issues to your supervisor.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

### The Author

Joy Morton received her doctor of pharmacy degree from Creighton University in Omaha, NE. She has worked in both hospital and retail settings, and is currently employed by Coram Healthcare in Mendota Heights, MN.





# Home Health Aide

D I G E S T

## The Joy of Being Needed



### Spirit Profile: Candice Dutton

Candice "Candy" Dutton wanted out of long-term care. Her boss had responded to the aides' request for a raise by telling them, "You're not worth another penny." And, in case they had thoughts of going into home care, the boss warned them, "Home health aides (HHAs) are a dime a dozen."

Candy's response was unflinching: "I felt, if I'm not appreciated, I need to go someplace where I will be." Candy recalled that the local Interim HealthCare office had invited aides interested in employment to come to a breakfast. So,

after finishing her third-shift stint, Candy took that offer. And she liked what she saw and heard.

"The interviewer [Patsy Schmidt, RN, home care supervisor] was very nice and upbeat about how much HHAs mean to people," Candy recalls. "So, I put in an application. And they kept their word."

#### An HHA in demand

For almost 13 years, Candy has been serving the needs of people from the office of Interim HealthCare of Dayton (OH). And those people have received stellar care. Working 45 to 50 hours a week, Candy leaves a lasting impression. According to her supervisor, some clients like Candy's work so much that they request her services.

Such loving, quality care comes from a heart that thrives on sharing tenderness. For 15 years Candy was a home provider for the state of Ohio, caring for several children each day. Even now she houses a woman with severe emotional problems.

**"Anybody who's an HHA has to be enthused about helping people, or we wouldn't be in this job."**

—Candice Dutton

"I like people," says Candy, as she explains why she is an HHA. "I like helping them. People need to know that someone's there for them when their family can't be there. When I go home at night, I'm happy I've helped someone, even though I'm getting paid for it."

### Focus on

## Understanding Medications

Thanks to modern science, a drug (sometimes several) exists for almost every medical problem.

But with these wonderful medicines comes a host of problems. The user may react badly to a drug. Multiple drugs can act against each other to make the person more sick.

And then there is the human factor. A doctor may prescribe the wrong dosage. The pharmacist may misread the doctor's prescription. The patient may misunderstand the instructions, or may fail to follow them. The patient also may forget to take the medicine.

As an HHA, you can help to monitor a client's use of medicines. You also can observe any physical problems that may result from the medicines that client takes. No matter how miraculous today's drugs are, your keen eyes and ears can make sure those drugs are helping, instead of harming, the client.

She's also sure that the many other HHAs at the Interim HealthCare of Dayton office, feel the same way. She asserts, "Anybody who's an HHA has to be enthused about helping people, or we wouldn't be in this job."

continued on page 12

## Spirit Profile *continued from cover*

Each week Candy cares for five to six clients. Most are long term, and one has been in her care for 10 years. Naturally, Candy becomes emotionally connected to such clients, but she knows how to draw the line. "I'm there to provide personal care," she says. "I'm also representing a company, as well as representing myself. It's hard not to become (the client's) friend, but when a problem arises, I tell them, 'If you have a problem, you need to talk to your children or to the office.' It's quite difficult, but I'm professional enough to know that I can't get involved in their personal affairs."

However, when a client dies, Candy honors the loss of a loved one. "I go either to the funeral or the reviewal," she says, "depending on my time off. I take one rose. That's my goodbye. It's hard, but that's what I'm here for."

### Breaking the ice

Such a tender close does not always reflect the start of the relationship. Some beginnings are rocky.

If a new client seems to be hard-nosed, Candy says, "First, I tell them I'm there to help. To one man I said, 'It usually takes a week for us to get along with each other. I know you're embarrassed to have me here to help, but when you're ready I'll get things moving.'

"I started talking to him, and found out he liked cars, so we talked about cars. The next day he said, 'I'd like to have a bath.' So, I told him, 'I guess I won't give it to you—I don't feel like it.' He got to laughing, and I got his bath ready. Joking can make it a lot easier."

Meeting new people is the part of the job that Candy likes best. "I like seeing how different each person is," she says, "and learning what they have to say." Even when the client seems reluctant to talk, Candy knows how to get "inside" him or her.

"A lot of them like to talk about their past," she observes. "And if you have a good ear, they like that. If they don't want to talk, or are in a bad mood, I'll ask, 'How many brothers and sisters do you have?' If they seem unhappy with their childhood I switch to, 'How many children do you have?' And if they've told me something before, I just let them tell me again, and act surprised."

Sometimes, when a client won't talk, Candy will say, "You know, my next client lives in such-and-such area, and I don't know how to get there. Do you know how? It would really be a big help." Not only is the client eager to help, Candy notes, but the next time she visits, that client will usually ask, "Did you find the place all right?" The reason is simple, says Candy: "They need to feel needed."

### Medication watch

As an HHA, Candy keeps a close eye on each client's medication use. She takes nothing for granted. Here are her tips:

- "I make sure the client is taking the medicine. And I watch for reactions to a new drug.
- "A client who is missing doses may start slurring speech or get irritable or forgetful.
- "A client who is overdosing may start sleeping a lot."
- If a family member is stealing pills, "I may notice that the relative isn't

acting normally. Or the client may complain that the pills are gone."

- In each case, "I report the problem right away."

### Affirm the client's value

In Candy's eyes, a client is never just a stop on her route, but each is a worthwhile person. She says, "Some clients complain to me, 'What use am I? What do I have to live for?' So I tell them, 'Well, each day I come to help you, I have a job. I get paid. And you get what you need done. So, you're still contributing to this world.'

"Remember that each client is human," Candy insists. "If you were in that person's place, how would you want to be treated? Someday you will be in that position."

The address of the office that nominated Candice Dutton is:

Interim HealthCare of Dayton  
400 East 5th Street, Suite 250  
Dayton, OH 45402

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"I long to accomplish a

**great and noble task,**

but it is my chief duty to accomplish **small tasks**

as if they were great and noble."

—Helen Keller

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# Home Health Aide

D I G E S T

2122 10th Street East  
Glencoe, MN 55336

# UNDERSTANDING Medications



- ~Prescriptions
- ~Over-the-counter Drugs
- ~Nutritional Supplements
- ~Herbal Remedies

by Jean M. Wagoner, AD, RNC

People who receive in-home health services have physical, mental, or emotional conditions that prevent them from meeting their own daily needs. They often are on several different prescription medications, and they also may take nonprescription medications such as aspirin. In addition, some may take vitamins and herbal supplements, hoping to maintain or improve their health and wellness. This article will help you, as an HHA, to:

1. Learn about the history of natural, over-the-counter, and prescription remedies.
2. Understand how these products interact with each other.

## A brief history of medicinal treatments, herbal supplements, and nonprescription medications

For more than 5,000 years, humans have been using plants for their medicinal benefits. At some point, people discovered ways to remove the medically active ingredients from plants and used these ingredients to create potions, pills, and capsules. Some of these were made from a single ingredient, others from a combination of plant extracts. All of these were available without a prescription. By 1997, herbal supplements were a \$3.2 billion industry and that figure was growing by 25 percent a year. Some reports indicate that 80 percent of the world's population use herbs for medicinal benefits.

## Prescription drugs

Prescription drugs evolved in the late 1800s to early 1900s because many people were incorrectly diagnosing their own ailments. With medications available for the asking at the local apothecary, some people were taking the wrong medicinal preparations or not taking them correctly. Prescriptions required that a person be seen by a medical doctor and get a written order for a medication. Then the patient needed to go to a pharmacist to have the doctor's order filled. This created the "Five Rights" of medication:

1. The right person
2. Gets the right medication
3. In the right form
4. At the right time
5. In the right amount.

## Over-medication

"Over-medication" occurs when a person gets too much of a chemical compound. This can happen with both prescription or nonprescription drugs. It also can happen with nutritional or herbal supplements and live plants that are being used for medicinal benefits. *Some people are surprised to learn that over-medication can occur even if a person takes only the amount suggested or prescribed.*

How can that happen? For one thing, the elderly and frail persons who require home health care may have reduced liver or kidney function. This means that the body's waste products are not efficiently filtered. Even a smaller than recommended amount of a

medicinal product can have a negative effect on their body systems.

Two other ways in which over-medication can occur are when incorrect orders are written on a prescription or the orders are misread by the pharmacy. You can see why it is important to have a responsible party supervising these medications for a vulnerable patient. A family member or your nurse supervisor can fulfill that role. Your supervisor may ask you, as the on-site care giver, to watch for negative reactions to medication.

## Effects of medication

- A medication's *effect* is the body's expected response from that product.
- A *side effect* is an unintended or unexpected response.
- An *interaction* can take place when two or more medicinal products are taken in the same day and mix together in the body.

Medication side effects and interactions can be either good or bad. Here is an example of a good side effect: Aspirin is a nonprescription drug that many people use. The desired effect might be the relief of headaches or body pain. Aspirin also has a side effect; even in a low dose it causes thinning of the blood. Many doctors therefore prescribe it for those who have had a stroke. It is hoped the blood-thinning effect will prevent more stroke activity.

However, when aspirin is combined with prescription drugs such as Coumadin or Warfarin, an interaction takes place. Because these prescription drugs are used to thin the blood, also taking aspirin can cause the blood to be too thin. Uncontrollable bleeding may result. This bleeding may be on the inside or outside of the body.

Another example is common antacids, such as milk of magnesia, Pepsid, Rolaids, Tagamet, Tums, and Zantac. The expected medication effect might be to reduce or eliminate stomach upset. However, the antacids that contain magnesium can have a laxative side effect; on the other hand, those with aluminum or calcium can be constipating. In addition, some antacids can interact with prescription drugs or nutritional supplements, changing their intended effect. For this reason, antacids should be approved and included on a

prescription order by the client's physician before being used. The patient should tell the physician if he regularly uses antacids.

### Examples of interactions with herbal and nutritional supplements

People often think that because herbal supplements are natural, they can do no harm. In fact, they can have powerful effects and can have negative interactions. For example, St. John's wort is a popular herbal supplement. But care must be used because it can cause a dangerous increase in blood pressure if it interacts with a host of other things, including amphetamines, narcotics, the amino acids tryptophan and tyrosine, diet pills, asthma inhalants, nasal decongestants, smoked or pickled food, salami, aged cheese, fava beans, beer, wine, caffeine, chocolate, or yogurt.

Calcium is a nutrient needed throughout life to promote healthy bones and teeth. It also helps with nerve impulse transmission. Older women diagnosed with or hoping to ward off osteoporosis (thinning of the bones) frequently take calcium supplements.

Symptoms that occur when there is not enough calcium in the body include: muscle twitching, tremors, unusual skin sensations (burning, prickling, or crawling), muscle spasms, and osteoporosis with unexplained bone fractures. However, too much calcium in the body may cause irregular heartbeat, drowsiness, indifference, general body weakness, muscle weakness, headache, lack of loss of appetite, nausea, and vomiting. Excessive intake of calcium carbonate from supplements can result in milk-alkali syndrome, which can lead to kidney damage.

### What you can do

As an HHA, the most important part of your job is to be the eyes and ears of your agency's nurse, care manager, and/or supervisor. You can do this by:

- Paying attention to information about products your client takes that are not part of the prescribed medication. Be informed about over-the-counter medications and their possible interactions.

- Including in your written reports the name of the medication or supplement, the strength and amount, and the date and time of use.

- Being aware of your agency's guidelines regarding medication assistance. The use of over-the-counter medication and nutritional supplements without the supporting order of a physician may be against your agency's policies. This can be true even for things such as aspirin, Tylenol, or vitamins which your client takes, with or without your assistance. Discuss any issues with your supervisor.

- Immediately reporting to your agency supervisor any changes in a client's physical, mental, or emotional condition. Sudden, drastic changes can occur as a result of a new medication or supplement.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

### The Author

Jean M. Wagoner, AD, RNC, is president and CEO of Wil-Care Nursing Referral Agency, Inc., in Portage, MI, which she has owned and operated for 19 years. She also is a specialist in gerontology. Jean teaches classes on medical topics and currently is developing a class for families and community members who want to set up a home care program for a loved one. In 2001 she was selected as one of the National Top Ten Business Women of the American Business Women's Association. She can be reached at wilcare@iserv.net.

**"If you want to feel rich, just count all of the things you have that money can't buy."**

—Anonymous

## What You Will Learn

After studying this issue of the *Digest*, you should:

1. Understand some of the problems related to common over-the-counter medications, such as aspirin and antacids.
2. Know some techniques that may help a client remember to take medications as prescribed.
3. Recognize common signs that a patient has failed to take his medication(s).
4. Recognize common signs of a bad drug reaction.
5. Be aware of medical abbreviations that can be easily misread.

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# HEALTH CARE SAVVY

## Female Smokers at Greater Cancer Risk

We already know smoking is bad for people. But for a woman, it may be especially dangerous.

Women who smoke are more likely to develop lung cancer than male smokers, according to a new study presented at the 10th World Conference on Lung Cancer. The study revealed that women are more prone to damage from the carcinogens in tobacco smoke. Also, hormones may play a part, because estrogen in a woman's body seems to make cancer cells more likely to multiply.

Whether male or female, however, smoking dramatically increases one's chances of developing lung cancer. Bottom line: If you smoke, quit. If a client smokes, encourage that person to quit.

(Source: *Doctor's Guide*)

## New Step to Heal Foot Ulcers

Foot wounds that won't heal. This is a major problem and worry for America's 17 million diabetics, since the ulcers can lead to infections that can result in amputations. In fact, about 85 percent of amputations not related to trauma are due to diabetes.

Now, St. Louis orthopedic foot and ankle surgeon Jeffrey Johnson, MD, has found a way to help the ulcers heal and reduce their recurrence. His technique is to surgically lengthen the heel cord (the Achilles tendon).

According to Dr. Johnson, who practices at Washington University School of Medicine and Barnes-Jewish Hospital, lengthening the heel cord reduces pressure on the ball of the foot, which is what causes the ulcer in the first place. After the procedure, casts are put on the patient's feet for a time. The casting not only lets patients walk, but it's a very effective method of ulcer healing," says Dr. Johnson. "Basically, we're just putting a certain percent less pressure over the area of the ulcer, and then it heals on its own."

With the cord-lengthening procedure, studies showed that the ulcers were 80 percent less likely to come back after seven months. After two years, patients had 50 percent less recurrence.

(Source: *Ivanhoe Newswire*)

## Is There a Doctor In the House?

Doctors making house calls. A pretty old-fashioned idea, right? Well, the practice may be making a comeback.

You may have heard about programs for the wealthy who pay an extra fee to have their doctor come to them. But other physicians who care for the frail and elderly are seeing the advantage of visiting these patients in their homes.

Since these patients may be unwilling or unable to come into a doctor's office until their medical problem requires emergency attention, visiting them at home becomes a cost-saving way of treating them. The practice can help the patients shorten costly hospital stays and avoid going into nursing homes.

Home visits also allow the doctor to see problems that might otherwise go unnoticed, such as new bedsores on a patient's bare feet or extreme heat in a patient's home. Heading off potential problems benefits the patient as well as saves money.

The practice is still rare. Even more rare, but out there, are programs that bring not only specialists such as speech therapists into the patient's living room but also special equipment such as portable echocardiograms (an ultrasound device for studying the heart).

As Dr. George Taler, co-founder of one such program in Washington, D.C., points out, these programs treat the 5 percent of Medicare patients who account for over half of the government's Medicare spending. A year's worth of Medicare-paid house calls might cost \$1,600 (usually 16 calls at \$100 apiece). Just one emergency room visit costs around \$2,000. Sounds like a good deal for both the patients and the government.

(Source: *Associated Press*)

## 2003 Home Health Aide of the Year

### Lea Bechler



In recognition of her commitment to professionalism and teamwork, Lea Bechler of Community Health Services of Spencer, IA, has been chosen to receive the 2003 Stonerock Award as *Home Health Aide Digest's* Aide of the Year.

Chosen from a field of six outstanding candidates, Lea represents the best that home health care has to offer. Lea has been an HHA for almost 15 years, and has distinguished herself as a leader with a vision for mentoring the next generation of home health aides. She also has proven to be a knowledgeable, caring, and innovative aide who constantly exceeds expectations and strives to learn and grow in her profession. Nominated by her supervisor, Rhonda Salts, Lori was featured in the "Spirit Profile" of the July/August 2003 issue of the *Digest*.

Lea will receive a Stonerock Award recognition plaque and a check for \$400, compliments of the *Digest* and its sponsors: Gentiva Health Services, Interim HealthCare, and Utopia Home Care.

The other candidates for the award were Gail Beauregard of Interim HealthCare, Syracuse, NY; Theresa Espinosa of Hospice Services of Lake County, Lakeport, CA; Helen Painter of Citrus Memorial Home Health, Inverness, FL; Sheila Greenlaw of Ask For Home Care, South Thomaston, ME; and Candice Dutton of Interim HealthCare of Dayton, Dayton, OH.

The Stonerock Award was named in honor of Cindy Stonerock, who founded *Home Health Aide Digest* in 1995. Now retired, Cindy has been a strong advocate for home health aides. She and her husband Ron make their home in Southwestern Michigan.