

**Medication Side Effects/Adverse Reactions**

**Participant’s Name:**

**Date plan Begins:**

**Date Plan Expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is taking multiple medications and may even frequently change dose, medication, doctors, etc., and, as a result, is at increased risk for adverse medication reactions due to side effects, interactions, allergic reactions, and medication errors.

**Desired Outcome:**       will avoid       triggers and take medications as prescribed. Staff will respond as trained if any adverse medication reactions are exhibited.

**History:** In addition to taking multiple medications,       may not recognize or be able to communicate if there is a change of condition or adverse reaction. Any individual may develop any medication side effect, interaction, or allergic reaction to any medication they are taking regardless of when they started it or how long they have been taking it.

**Supports and interventions:**

* Staff will follow Paladin Medication Administration policy when administering medications.
* Staff will administer medications according to each participant’s prescribed needs. For example crushed, with food, in applesauce, etc.
* Staff will be trained and monitor for any known or unknown medication side effects, interactions, and allergic reactions according to each individual’s history and risk plans.
* Staff will monitor for the symptoms listed below and for any other change of condition.

**Monitor for Adverse Reactions:**

**Common symptoms of a mild reaction include:**

* Constipation
* Itching/Skin rash/Hives
* Drowsiness
* Dry mouth
* Headache
* Insomnia
* Bruising
* Swelling
* Confusion

**Symptoms of a moderate or severe reaction include:**

* Bleeding
* Difficulty breathing
* Unconsciousness
* Nausea/Vomiting/Abdominal cramps/ Diarrhea
* Abnormal heartbeat
* Seizure
* Fainting
* Chest discomfort or tightness
* Difficulty breathing
* Difficulty swallowing
* Dizziness or light-headedness
* Fear or feeling of apprehension or anxiety
* Flushing or redness of the face
* Heart palpitations
* Low blood pressure
* Swelling of the face, eyes, or tongue
* Weakness
* Wheezing
* Cyanosis- bluish or purplish discoloration of the skin or mucous membranes
* **Anaphylaxis**

**Notify:**

* **CALL 911 if exhibiting swelling of the lips, tongue or throat, chest tightness, ingests and/or is exposed to a trigger known to cause a severe reaction, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any medication side effects, adverse reactions, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any medication side effects, adverse reactions, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Medication Side Effects/Adverse Reaction** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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