



ANMF ACTR Learning Activity Previews:

- Medication Management - Residential and Home Aged Care ([Link](#))
- Type 2 Diabetes - Residential and Home Aged care ([Link](#))
- Elder Abuse - Residential and Home Aged Care ([Link](#))

Medication Management - Residential and Home Aged Care Preview

<p>Description</p>	<p>This learning activity provides an annual aged care medication management refresher for experienced nurses and a valuable introduction for new graduates.</p> <p>It comprises of four sections with an extensive list of references for recommended reading. At the end of the learning activity there is a scenario based assessment to complete.</p>
<p>Content</p>	<p>Section 1 - Medication Management: Overview, Quality Use of Medicines, Residential Aged Care, Community Aged Care.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none">• Describe the components of medication management• Outline the features of Quality Use of Medicines• Apply the principles of medication management in residential aged care• Apply the principles of medication management in community aged care. <p>Section 2 - Medication Challenges: Overview, Pharmacokinetics, Pharmacodynamics, Adverse Drug Reactions.</p> <p>Learning Outcomes:</p> <ul style="list-style-type: none">• Discuss the medication challenges that face older people• Explain pharmacokinetics and the implications for older people• Explain pharmacodynamics and implications for older people• Apply the information on adverse drug reactions to your client/ resident care



Medication Management - Residential and Home Aged Care Preview

Content continued	<p>Section 3 - Responsibilities, Ethics and Decision Making: Overview, Nurses' Legal and Professional Responsibilities, Medical Ethics and Medication Management, Informed Consent, Decision Making.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none">• Describe your legal and professional responsibilities with regard to medication management• Apply the information on medical ethics to your client/resident care• Summarise the principles of informed consent• Apply the information on informed consent to your client/resident care• Explain decision making and the factors that influence it• Apply the information on decision making to your client/resident care. <p>Section 4 - Drug Calculations: Overview, Drug doses - Tablets and Solutions, Drug Calculations - Intravenous Fluids</p> <p>Learning outcomes:</p> <ul style="list-style-type: none">• Demonstrate competency in your ability to calculate drug doses - tablets• Demonstrate competency in your ability to calculate drug doses - solutions• Demonstrate competency in your ability to calculate drug doses - intravenous solution
CPD hours	4 CPD hours have been allocated to this learning activity
Example screen shot	Medication incidents (Link)

This is one of 60 online learning activities that you will have access to with an annual ANMF ACTR subscription. Cost \$110 ANMF members \$132 non-members.



Example screen shot

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font size help?

- Introduction
- Medication Management
- Medication Challenges
 - Overview
 - Pharmacokinetics
 - Pharmacodynamics
 - Adverse Drug Reactions
 - References and web resources
- Responsibilities, Ethics and Decision Making
- Drug Calculations
- Assessment 1

Overview... continued

Medication incidents:

The following medication incidents were found in a study conducted at a number of Victorian nursing homes: over prescribing, duplication, inappropriate duration of treatment and unnecessary prescribing. [34]

Other issues that increase the risk for medication incidents have been reported in a number of Australian based studies. Home visits and regular medication reviews may be the way to mitigate the risk to older people in both the community and residential setting.

Medication incidents that have been reported include:

- Medications kept in unsuitable places. For example in bathrooms where the humidity and changes in temperature could affect the integrity of the medication
- Medications removed from their original packaging and placed in alternative containers. Reasons given for this high risk practice were; not being able to open the top on the original container, needing to halve tablets in blister packs
- Hoarding medications is also a common practice amongst community dwelling older people. This included extra supplies of medications that were being currently taken and medications that were no longer taken or that had expired. Eye drops and eye ointments are examples of medications that have a short use by period once opened that may be kept and reused when well past their expiry date
- Lack of information and comprehension about potential adverse reactions
- Special instructions were often misunderstood
- Multiple types or brands of medications is also a concern in the community and potentially a concern in aged care facilities if staff are not adequately educated and supervised when administrating medications
- Surveys also show that older people share their medications with others. This included; OTC's, prescribed medications that they had run out of and taking the same medication that has been prescribed for someone else and taking a prescription medication that had been prescribed for another person
- Self administration limitations include inability to read medication labels, problems with opening the top on the original container, child proof caps, foil packaging, needing to halve tablets in blister packs, problems with opening multi-compartment boxes.

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Type 2 Diabetes – Residential and Home Aged Care Preview

Description	<p>This learning activity provides up to date evidence based information to assist with the management of older people in residential aged care and at home with Type 2 diabetes. Experienced nurses will be able to add to or update their knowledge base and it will provide a valuable introduction for new graduates.</p> <p>It comprises one section with an extensive list of references for recommended and additional reading. At the end of the learning activity there is a scenario based assessment to complete.</p>
Content	<p>Section 1</p> <p>Type 2 diabetes and older people: Overview of type 2 diabetes, risk factors, symptoms and signs, complications, management, nutrition, education and support.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none">• Define Type 2 diabetes• List the risk factors for older people for Type 2 diabetes• List the symptoms of older people with Type 2 diabetes• Describe the complications and co-morbidities of Type 2 diabetes for older people• Outline the management principles for older people with Type 2 diabetes• Discuss the nutritional issues for older people with Type 2 diabetes• Explain the principles and challenges of education and support.
CPD hours	2 CPD hours have been allocated to this learning activity
Example screen shot	Management of type 2 diabetes in older people (link)

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Example screen shot

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Introduction

Diabetes in Older People

Overview

Risk Factors, Signs and Symptoms of Type 2 Diabetes

Complications of Type 2 Diabetes

Hypoglycaemia and hyperglycaemia

Management of Type 2 Diabetes in older people

Nutrition and older people with Type 2 Diabetes

Client/Resident education and support

References and web resources

Assessment

Management of Type 2 diabetes in older people – continued...

The following information relates to diabetes management. Your client/resident's diabetes care will depend on many factors including co-morbidities, goals of treatment and quality of life choices. [6,7,13,14,15]

Click the cats for more information.



Primary prevention



Detection and diagnosis



Blood glucose control



Blood pressure control



Macrovascular disease



Diabetic foot problems



Lipid abnormalities



Diabetic retinopathy



Renal function



Functional assessment

- Loss of protective sensation is a major risk factor for ulcers and amputation
- People with diabetes should be encouraged to wear properly fitted, cushioned foot wear with padded socks
- Your client/resident, carers and staff need to be educated about foot protection especially if peripheral neuropathy is present
- People with diabetes and a current foot ulcer are at high risk of amputation. Callus formation should also be treated
- Comprehensive skin, vascular and neurological foot examination should be included in your client/resident's care plan and attended to at least annually and 3-6monthly for those with high risk
- Your client/resident's feet should be checked regularly by carers/staff - signs of skin damage, pain or discomfort should be reported immediately and



Elder Abuse – Residential and Home Aged Care Preview

<p>Description</p>	<p>This learning activity provides up to date evidence based information and the mandatory reporting guidelines for elder abuse in residential and home aged care. All registered nurses must be aware of their responsibilities with regards to mandatory reporting requirements for elder abuse.</p> <p>It comprises one section with an extensive list of references for recommended and additional reading. At the end of the learning activity there is a scenario based assessment to complete.</p>
<p>Content</p>	<p>Compulsory reporting of elder abuse guidelines are included in this learning activity.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none">• Explain an overview of elder abuse• Apply the information on your responsibilities under The Aged Care Act 1997 amendments (2007) as well as your professional and ethical obligations for your nursing practice• Identify older people at risk for elder abuse• Discuss specific issues for Culturally and Linguistically Diverse (CALD) older people• Describe the classifications and features of elder abuse• Outline possible signs or indicators of elder abuse• Discuss risk factors and protective actions in regards to elder abuse in residential aged care• Discuss risk factors and protective actions in regards to elder abuse in the community• Apply the information of older people's rights to safety, choice and quality care (as they relate to elder abuse) to your nursing practice• Explain perpetrator intervention options.
<p>CPD hours</p>	<p>3.5 CPD hours have been allocated to this learning activity</p>
<p>Example screen shot</p>	<p>Types of Elder Abuse (link)</p>

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Example screen shot

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- Introduction
- Elder Abuse
 - Overview
 - Risk factors for elder abuse
 - Types and features of elder abuse
 - Possible signs of elder abuse
 - Elder abuse - residential aged care services
 - Compulsory reporting
 - Elder abuse - community
 - Policies and procedures
 - Rights to choice and safety
 - Elder abuse research
 - What About the Perpetrator?
 - References and web resources
- Assessment 1

Types of elder abuse...continued

Click on the cats for more information

Type of abuse		Characteristics of the abuse
Neglect is the failure to provide care that is seen as necessary for the person's physical health, mental health, welfare and safety.	 Click Here	Neglect includes failure to provide what are generally considered to be basic needs and rights for the older person. For example food, water, personal hygiene, clothing, shelter, medical treatment, dental care, personal safety, personal comfort. It can also include preventing the older person from getting appropriate medical or dental care and abandonment. In residential care it includes not responding to your resident's requests for assistance in a reasonable time (call bell or calling out). [1,2,7,8]
Financial abuse is the use of the older person's finances or assets illegally or in a way that is improper for the older person.	 Click Here	Financial abuse includes taking or threats of taking assets or funds from the older person without their consent, forging signatures, illegal use of guardianship or powers of attorney, coercion or deception for financial gain. It also includes the older person having to pay for unnecessary expenses or expenses that they have not consented to. [2,7,13,14,15]
Social abuse includes isolation of the older person from family and or social networks .	 Click Here	Not allowing the older person to have contact with family or friends, monitoring or restricting phone calls, the perpetrator convincing the older person of "what is best for her." The perpetrator accusing family and or friends of interfering or making false allegations against them to influence the victim. [2,7,8,31,37]