

SUBJECT: **Medication Administration**

NO: **C-131**

REVISION DATE: December 22, 2017

EFFECTIVE DATE: June 30, 2017

INTENDED USER(S): Arizona Training Program at Coolidge

Purpose:

- 1.0 To provide ATPC staff consistent policy, safeguarding the administration of all medications and controlled substances, documentation of physicians orders, and communication of information with the physician.

Policy:

- 2.0 Prior to dispensing any medications or controlled substances, all ATPC employees shall receive instruction in the proper procedures to be used in the preparation, administration, storing, and recording of medications. They will also receive instructions in the common usage of specific medications, the desired results, the common side effects, and the proper procedure to be followed in the event of a medication error.

Procedure:

- 3.0 Preparation of Medications
 - 3.1 Select member medication. The medication label must be checked against Medication Administration Record (MAR) for accuracy.
 - 3.2 Check the unit dose for expiration date.
 - 3.3 Select drug and compare to medication record.
 - 3.4 Make sure the container is properly labeled. Never use medications from an unlabeled or non-legible bottle.
 - 3.5 From stock medications or over the counter (OTC) medications initials may identify the individual or individuals who take that medication.
 - 3.6 Read the label three (3) times.
 - 3.6.1 as selected
 - 3.6.2 during set-up
 - 3.6.3 When returning it to storage
 - 3.7 Medication prepared for administration but not used should be discarded with proper documentation.
 - 3.8 Medications should be prepared precisely according to the physician's orders. If necessary, the physician should be contacted for full and final clarification.
 - 3.9 Medications prescribed for one member may not be given to another member.
- 4.0 Administration of Medications

- 4.1 Medications should be prepared and given as near the specified time as possible. Medications can be given one (1) hour before or one (1) hour after the scheduled time.
 - 4.2 The member for whom the medication is intended must be positively identified.
 - 4.3 All medication must be given by the person that prepared the dose.
 - 4.4 No member will be left alone while taking medication. Personnel will ensure that the medication is taken and in the quantities prescribed.
 - 4.5 No medications will be left in the member's room, any exceptions will be documented on the member's planning document.
 - 4.6 Nurse and other personnel shall carefully observe members after administration in order to be on the alert for any adverse reactions.
 - 4.7 Do not administer crushed medications with a tongue depressor. Use a spoon.
 - 4.8 Non-prescription items, i.e.: items that can be purchased without a prescription may be administered by staff based on the physician's order. Such items may include, but are not limited to, ointments for diaper rash, heat rash, and dry skin.
- 5.0 Procedure for Administering Medications
- 5.1 Avoid distractions while pouring medications. Remember the five (5) steps for accuracy
 - 5.1.1 Right Member
 - 5.1.1.1 Right Medication
 - 5.1.1.2 Right Dose
 - 5.1.1.3 Right Time
 - 5.1.1.4 Right Route
 - 5.1.2 Wash hands prior to starting. Avoid handling medications with bare hands.
 - 5.1.3 Obtain medication from packet, then read and check label three times.
 - 5.1.3.1 as Selected
 - 5.1.3.2 during Set Up
 - 5.1.3.3 When Returning To Storage
 - 5.1.4 If in any doubt about medication, dosage, or time given, check doctor's order before giving; do not rely on medication book. Only valid dosages are those on a signed doctor's order sheet.
 - 5.1.5 Initial the medication after it is poured or taken out of the bubble pack, whichever the case may be. Circle in red pen if not given, and chart on the reverse side of the medication sheet why it was not given. Medication records should include: member's name, date, name of drug, dosage, time given, D/C date if applicable, and allergies. Allergies are circled in red.

- 5.1.6 Crush medications for those unable to swallow whole pills, if approved by pharmacist for that particular drug.
- 5.1.7 Check identification of each individual prior to administering medications. If uncertain, ask a responsible person. Each member's picture should be maintained in the medication book.
- 5.1.8 Remain with member until medication has been swallowed.
- 5.1.9 When all medications have been given, clean area and medication cart.
- 5.1.10 Clean bottles after pouring medications.
- 5.1.11 Another staff member may administer medications you set up as long as you are present until medications are administered.
- 5.1.12 If an individual refuses medications from a tech/nurse, a second tech/nurse can offer the medication after properly identifying each medication by comparing with the bubble pack.
 - 5.1.12.1 The second person would then place their initials directly above or below the first person's initials or circle the first person's initials in red pen and provide explanation on back.
- 5.1.13 If an individual is going on an outing and has to take medications while gone, the staff person assigned to be the tech that day may set up the medications ahead of time.
 - 5.1.13.1 The tech will circle his/her initials in red on the front of the MAR and then explain on the back of the MAR that the medications set up for "x" time (ex: all 12 pm and 1 pm meds) were pre-poured for the outing.
 - 5.1.13.2 The tech who will be administering the medications on the outing will, prior to leaving, go through the MAR and the pre-poured medications to properly identify each medication and ensure that they are the correct medications.
 - 5.1.13.3 Upon return, the tech who administered the medications on the outing will document on the back of the MAR that they did, indeed, administer the medications.

6.0 Rules

- 6.1 Give medications only upon written or verbal orders from a physician or legally authorized person.
- 6.2 Do not give any medication you have not personally set up.
- 6.3 Never leave unlocked medications unattended.
- 6.4 Report and record all medication errors and drug reactions in the individual's record and initiate a Client Incident Report.
- 6.5 Document the effectiveness of PRN medications on the back of the MAR.

7.0 Types of Orders

- 7.1 Written physician's orders on medical referrals, scripts, or physician order forms.

- 7.2 Telephone orders. The order is written on the telephone order forms. The original order is then sent or faxed to the physician within 24 hours for his signature. Telephone orders may only be taken by RNs or LPNs. The signed physician's order will go into the chart.
 - 7.3 All orders must be noted in the member's chart.
 - 7.4 The RN will modify the member's MARs in the member's residence to ensure medication updates are communicated and medication is provided correctly;
 - 7.5 All physicians' orders are valid for ninety days in the ICFs and one year in the SOGHs, unless otherwise specified.
 - 7.6 A copy of the current physician's orders must be maintained in the member's home available for immediate reference by any staff member responsible for administration of medications.
- 8.0 Medication Records
- 8.1 The Medication Administration Records (MAR) shall be checked against the physician's orders monthly by two qualified Hab Techs or nurses.
 - 8.2 Medication records shall carry the following essential information:
 - 8.2.1 Member's name
 - 8.2.2 Name and strength of drug
 - 8.2.3 Route of administration
 - 8.2.4 Time and frequency of administration
 - 8.2.5 Specific direction or precaution
 - 8.2.6 Initials of person administering medication
 - 8.2.7 Stop date of order if applicable
 - 8.2.8 Physician's name
 - 8.3 Missing doses from the packets should be immediately reported to pharmacy. All medication that has been delivered by pharmacy should be checked for accuracy at time of delivery or as soon as possible. (i.e.: right member, right drug, right route, and correct amount) Notify pharmacy within 24 hours for any errors found.
- 9.0 Personnel
- 9.1 It shall be the responsibility of the Habilitation Supervisors/Nurses to ensure that all medical technician personnel are trained and certified in proper handling, storage, and administration of medications.
 - 9.2 All employees who have been hired as habilitation technicians shall attend and pass the medication administration class as a part of their initial training, and before they are allowed to pass medications.
 - 9.3 After passing the medication administration class, and before passing medications independently, each employee will work with an experienced and

certified medication administration Hab Tech in order to become familiar with the individuals and their special needs.

- 9.4 Each employee is observed three (3) times performing a complete medication administration prior to performing a complete medication administration on their own.
- 9.5 Each Hab Tech will be given a written test annually to ensure they are knowledgeable about any changes in policies and/or procedures regarding the administration of medications.
 - 9.5.1 Each certified medication administration employee is required to attend an annual refresher course which includes a medication pass demonstration observed by a registered nurse staff member.
- 10.0 Discontinued Drugs
 - 10.1 All medications, regardless of source of compensation, shall be considered property of the member and handled as follows:
 - 10.1.1 Discontinued or expired, non-controlled medications can be disposed of by the nurse or a med tech with a witness.
 - 10.1.1.1 Controlled drugs in SOGHs and ICFs shall be destroyed as follows:
 - 10.1.1.1.1 Controlled drugs may only be destroyed by a pharmacist or by a nurse with a witness. Therefore, you must lock the controlled drugs in the narcotic box and notify nursing that you have a drug to be destroyed. You must continue to count the controlled drug until it has been destroyed.
 - 10.2 Record of destruction of controlled drugs shall include:
 - 10.2.1 Name of member
 - 10.2.2 RX#
 - 10.2.3 Drug name/strength
 - 10.2.4 Quantity
 - 10.2.5 Reason for destruction
 - 10.2.6 Person's name that is destroying drug and witness name.
- 11.0 Proper Storage of Medications
 - 11.1 The following procedure is to be followed by all personnel and provides specific information on policy decisions related to drug storage.
 - 11.2 Areas for medication storage should be functional and should provide:
 - 11.2.1 Adequate space so that medications can be placed and arranged without crowding.
 - 11.2.2 Adequate lighting so that labels can be plainly read.
 - 11.2.3 Separate double locked areas within medicine cabinet/cart for schedule II controlled drugs.
 - 11.2.4 Refrigeration for drugs requiring it.
 - 11.2.5 Separate storage for "external use" drugs.

- 11.2.6 Locations where personnel will not be interrupted while preparing and administering medications.
- 11.3 Medications for members are kept and stored in their original container and transferring between containers is forbidden.
- 11.4 Drug cabinets/carts should be examined weekly or more often by a Habilitation Supervisor. Drugs that appear to have deteriorated or exceeded their expiration date should be disposed of according to policy.
 - 11.4.1 Cabinets and carts are audited by nursing staff on a monthly basis. Nursing staff complete a cabinet/cart audit tool.
- 11.5 Medications stored in a refrigerator containing things other than drugs must be kept in a separate locked compartment so proper security is maintained.
- 11.6 Improperly packaged drugs are to be returned to the pharmacy for correction.
 - 11.7 Labels should be clean and legible. Do not alter labels in any way.
 - 11.8 Check all medication labels to determine if refrigeration is necessary.
- 12.0 Labeling and Packaging
 - 12.1 All packages shall conform to current federal and state packaging, labeling and safety laws.
 - 12.2 All pharmacy labels shall be firmly affixed to package, shall conform to federal and state regulations and shall contain:
 - 12.2.1 Member's name
 - 12.2.2 Physician's name
 - 12.2.3 Quantity, name, and strength of the drug
 - 12.2.4 Directions for use
 - 12.2.5 Any accessory labels or caution statements
 - 12.3 Route of administrations must be indicated on label of all medications.
 - 12.4 Drugs in forms intended for dilution or reconstitution should carry directions for doing so. Whenever possible, dilutions should be done by the pharmacy.
 - 12.5 Containers presenting difficulty in labeling should be labeled with no less than the name of the medication, strength of drug, and name of member and should be placed in larger container or plastic bag bearing a label with the necessary information.
 - 12.6 Medication for which changes in frequency or times of administration have been ordered should be returned to pharmacy for relabeling. If pharmacy will

not re-label, place a sticker on med package that indicates the order has changed and refer to MAR and/or physician's order for clarification.

13.0 Reordering Medications

13.1 The Director of Nursing shall designate persons in charge of reordering medications.

13.2 The nurses designated to reorder medication shall reorder medications when meds are at a seven day supply level to ensure medications are not depleted before a new supply can be delivered.

13.2.1 Staff in each residence assist with reordering medication following the seven (7) day rule. They remove the reorder label and fax it to the pharmacy and notify nursing staff who monitor the order once faxed.

13.3 Any Nurse that finds a medication at a three (3) day supply level shall reorder the medication from pharmacy.

14.0 Filling New Prescriptions

14.1 New prescriptions may be filled in the following ways:

14.1.1 Physician may call it into the pharmacy and fax a copy of the order to the facility.

14.1.2 Telephone orders received by a nurse may be called or faxed into the pharmacy (procedure shall then be followed for noting and getting physician's signature on the telephone order).

14.1.3 Original prescriptions may be taken or faxed to the pharmacy to be filled (a copy of the prescription shall be placed in the member's file).

14.1.4 Med techs working in SOGHs or ICFs may not take telephone orders. They should request that the doctor phone the order into the pharmacy and fax a copy of the order to the facility.

15.0 Medication Errors, Adverse Drug Reactions, and Missed Medications

15.1 Medication errors and adverse drug reactions shall be reported to the prescriber and nurse. The prescriber or nurse will advise what further action is to be taken dependent on if med error is a significant or non-significant med error. A significant med error is one which causes the member significant discomfort or jeopardizes their health and safety and is to be reported to the prescriber/PCP per their direction. Documentation of the date and time of physician notification for significant med errors is to be included in the CIR. A Client Incident Report (CIR) must be completed for both significant and non-significant med errors.

15.1.1 The significance of medication errors is a matter of professional judgment by the prescriber or registered nurse. The three general guidelines in determining significance are:

15.1.1.1 Member's condition when dose was missed or wrongly administered;

15.1.1.2 Drug category if a single medication error could alter the therapeutic blood level of the medication leading to toxicity or reoccurrence of symptoms (list of significant drug categories are in Med Process binder); and

- 15.1.1.3 Frequency of error if an error is occurring regularly and depending upon the member's condition and the drug category.
- 15.1.2 All Hab Techs and Nurses are responsible for preventing medication errors. To promote safety in the administration of medications, Hab Techs and Nurses must follow the Medication Administration policy and procedures, the orders of the prescribing practitioner and accepted standards of practice.
- 15.1.3 For acute adverse drug reactions call 911; for all other drug reactions, contact the nurse or physician for directions. Specify the acute drug reaction on both the CIR and the Medication History. Follow up with the prescriber/PCP to see if it needs to be added to allergies.
- 15.2 Medications that are missed for any reason shall be reported to the nurse if more than an hour has passed from the time the medication was due. A CIR is required if outside the one-hour timeframe.
 - 15.2.1 If a nurse or med tech fails to initial the MAR when passing meds, an investigation must occur to determine if it is a med error or a documentation error.
 - 15.2.2 The person who finds the blank square on the MAR shall circle it in red and check the bubble pack if applicable. If unable to determine if med was given, attempt to reach the person who left the blank, then write an explanation on the back of the MAR explaining if you were able to reach the person and if the medication was actually given or not.
 - 15.2.3 If the medication was given, it is a documentation error and is reported to the supervisor and nursing staff for follow-up. If the medication was not given, then a CIR is initiated to document the medication error. If you are unable to reach the person to determine if the medication was given, initiate a CIR. Explain that a blank space was left on the MAR where a medication should have been given and that you were unable to reach the previous nurse/med tech.
 - 15.2.4 Under no circumstances is anyone to come in later (after their shift) and initial the MAR.
 - 15.2.4.1 Initialing the MAR at any time after the medication administration has been completed is not allowed.
 - 15.2.4.2 Under no circumstances is anyone to document another person's initials or signature.
- 15.3 The CIR shall contain the following information
 - 15.3.1 Member's name
 - 15.3.2 How incident occurred
 - 15.3.3 Date and time of incident
 - 15.3.4 Type of error
 - 15.3.5 Member's reaction
 - 15.3.6 Summary of action taken
 - 15.3.7 Notification to the prescriber for all medication errors.
- 15.4 If a member refuses the medication, wait 15 minutes and try to administer again. If the member continues to refuse, follow the policy for missed medications.
 - 15.4.1 If a member vomits their medication, call the nurse for instructions.

15.4.2 If a member spits their medication out, call the nurse for instructions.

16.0 Communication regarding member care and Incidents

16.1 The facility shall ensure timely and accurate communication from the nurses to the physician including but not limited to falls, medications, member concerns and incidents.

16.2 The Nurse is notified of concerns of care by program and home staff;

16.3 The Nurse is responsible for the notification of falls, matters related to medication, concerns, incidents, and other medically related circumstances regarding the member to the physician.

16.4 The Nurse is responsible for documenting notifications to, and any orders received by, the physician in the member's record.

16.5 The Nurse is responsible to notify the home staff of changes in the member's treatment as ordered by the physician.

16.6 The Nurse is responsible for updating the MAR to reflect the physician's orders.

17.0 Medication Administration Monitoring

17.1 Staff will be monitored when administering medications to ensure

17.1.1 Medications are being administered properly,

17.1.2 Documentation done correctly,

17.1.3 Proper sanitation procedures followed and

17.1.4 Self-administration of medication expectations met.

17.2 In each ICF residence both the RN and Home Supervisor/designee will

17.2.1 Complete at least four (4) Medication Observation Audits monthly and

17.2.2 Submit a copy to the Unit Manager, Director of Nursing and RN Instructor for review.

17.3 In each State Operated Group both the RN and Home Supervisor or designee will

17.3.1 Complete at least one (1) Medication Observation Audit monthly and

17.3.2 Submit a copy to the Unit Manager, Director of Nursing and RN Instructor for review.