

MEDICATION ASSISTANCE AND ADMINISTRATION POLICY

Individuals receiving services require varying degrees of assistance and support with compliance to their medication and/or treatment orders.

The Coordinated Service and Support Plan (CSSP) or addendum will identify if the individual requires assistance or administration of medications and/or treatments.

SELF MEDICATION ADMINISTRATION

If the person is capable of directing their own care, and is completely independent in self medication administration, the provider will not be assigned the responsibility.

MEDICATION ASSISTANCE

Medication assistance allows the person to self administer their medications or treatments when they are capable of directing their own care (or when their legal representative is present and able to direct the person's care).

Medication assistance includes the following tasks:

1. bringing to the person and opening a container of previously set up medications, emptying the container into the person's hand, or opening and giving the medications in the original container to the person;
2. bringing to the person liquids or food to accompany the medication; or
3. providing reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

MEDICATION ADMINISTRATION

When medication administration is assigned in the CSSP or addendum, the provider assumes the responsibility to assure that medications / treatments are administered safely, in accordance with procedures, and in compliance with the prescriber's orders.

Medication administration includes the following tasks:

1. checking the person's medication record;
2. preparing medication as necessary;
3. administering the medication or treatment to the person;
4. documenting the administration of the medication or treatment or the reason for not administering the medication or treatment; and
5. reporting to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
6. reporting adverse reactions to the prescriber or a nurse immediately.

PARTICIPATION IN MEDICATION ADMINISTRATION

All people receiving medication should be encouraged to be active participants in the process of receiving their medication or treatment. It is recommended that an assessment of the individual's skills and abilities is made to determine how the provider can facilitate the individual's active participation in receiving their medication or treatment. A formalized program for self administration could be developed if the person has the necessary skills and abilities.

MEDICATION SETUP

Medication setup refers to a technique of arranging medications. This technique can be used for any or all of the following:

- medication assistance,
- medication administration,
- later administration of medications,
- when medication administration will occur outside of the residence (pass medications).

REQUIREMENTS FOR MEDICATION ADMINISTRATION PROCEDURES

To insure safe, consistent, and accurate provision of healthcare, it is necessary that the provider has standardized policies and procedures for medication and treatment administration.

1. Medication administration procedures must be established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor. These procedures are found in the Medication Administration Procedures and General Medication Procedures sections of this manual.
2. When an individual's healthcare needs change, procedures for medication administration or treatments will be adapted as needed.
3. It is recommended that the provider and nurse review these policies and procedures annually to evaluate continued adequacy and appropriateness to meet the specific needs of the individuals.
4. The nurse's signature on the front page of this manual indicates review and approval of the written procedures to assure safe medication handling and administration.
5. Medication administration procedures must include those procedures necessary to implement medications and treatment orders. They include:
 - assignment of medication responsibilities in the CSSP or addendum,
 - authorization to administer medications / treatments,
 - medication administration procedures and treatments procedures,
 - staff training requirements for medication administration / treatment,
 - documentation procedures,
 - notification procedures, and
 - review of systems to insure safe medication handling and administration with a correction plan if indicated.

REQUIREMENTS FOR MEDICAL TREATMENT PROCEDURES

Medical treatments are prescribed by a health care provider, require skills to perform, and may or may not include the use of medical equipment.

1. Medical treatments may be performed by the following:
 - Licensed Practical Nurses;
 - Registered Nurses;
 - Unlicensed staff under the supervision of a Registered Nurse.
2. Staff may perform a medical treatment only when it has been determined that the procedure may be performed safely by unlicensed staff.
3. It is the responsibility of the RN and the prescribing health care provider to determine which medical treatments can safely be performed by unlicensed staff.
4. All prescribed medical treatments will be evaluated by an RN to determine if the procedure may safely be performed by unlicensed staff. Criteria used for this evaluation includes:
 - invasiveness,
 - risk factors if treatment is performed incorrectly,
 - general difficulty and over-all risks,
 - amount of training required,
 - presence of behaviors which have potential to compromise safety,
 - requirements for a skilled nursing assessment prior to each treatment
5. If the registered nurse determines a medical treatment cannot safely be completed by staff, the nurse will notify the provider and the prescribing health care provider.

MEDICATION ADMINISTRATION AND TREATMENT AUTHORIZATION

If administration of medications / treatments is assigned in the CSSP or addendum, the provider will obtain written authorization from the individual or the individual's legal representative.

1. This authorization will be updated as needed and will remain in effect unless it is withdrawn in writing and it may be withdrawn at any time.
2. If the authorization is declined, the medication / treatment must not be administered.
3. Refusal for authorization must be reported to the prescriber without delay.
4. If the person or legal representative refuses to authorize the administration of a psychotropic medication:
 - a report must be made to the prescriber as expediently as possible,
 - any directives or orders given by the prescriber must be followed,
 - a court order must be obtained to override the refusal when warranted,
 - refusal to authorize administration of a specific psychotropic medication does not constitute an emergency and is not grounds for termination.

ADMINISTRATION OF INJECTABLE MEDICATIONS

Injectable medications may be administered according to a prescriber's order and written instructions when one of the following conditions has been met:

1. a registered nurse or licensed practical nurse will administer the subcutaneous or intramuscular injection; or
2. a supervising registered nurse with a prescriber's order has delegated the administration of subcutaneous injectable medication to an unlicensed staff member and has provided the necessary training; or
3. unlicensed staff may administer injections if there is a written agreement contained in the individual's record which includes the following:
 - signatures of the license holder, the individual's prescriber, and the individual or the individual's legal representative;
 - specific instructions for the injections that may be given, including when and how they are given; and
 - a statement that the physician will retain responsibility for the direct service staff giving the injections.
4. only licensed health professionals are allowed to administer psychotropic medications by injection.

REQUIREMENTS FOR MEDICATION ADMINISTRATION / MEDICATION SET UP TRAINING

All staff who have the responsibility of medication administration or medication set up must be at least 18 years of age and receive medication training through an accredited Minnesota post-secondary educational institution or from a formalized curriculum developed by a registered nurse.

Medication training must:

- include medication administration procedures, information on medications, monitoring side effects of medication, use of a drug reference manual, and other relevant topics.
- be taught by a registered nurse.
- include an observed skill assessment by a nurse to ensure that staff demonstrate ability to administer medications consistent with policies and procedures.

Documentation of medication training and observed skill assessment will be located in the employee's file. Documentation will include:

- the determination of competency for each route the staff will use to administer medications;
- the date of the training and demonstrated skill;
- the signature of the nurse observing the skill.

REQUIREMENTS FOR TRAINING TO PERFORM MEDICAL TREATMENTS

1. It is the responsibility of the RN to assure that staff are adequately trained to perform the prescribed medical treatment.
2. The training must be done by a qualified source: this may include an RN, an LPN under the supervision of an RN, or a manufacturer's representative.
3. Written procedures for all medical treatments will be approved by the RN.
4. Training must include a demonstrated skill component.
5. All training will be documented in the facility record.

ROUTES OF MEDICATION ADMINISTRATION

Formalized staff medication administration training generally includes these routes:

- oral
- eye
- ear
- topical

These routes of administration will require specialized training:

- nebulizer
- inhaled
- nasal spray
- vaginal
- rectal
- gastrostomy
- subcutaneous injections
- transdermal
- buccal
- sublingual

SUPERVISION OF STAFF IN MEDICATION ADMINISTRATION AND PERFORMANCE OF MEDICAL PROCEDURES

1. It is the responsibility of the RN to provide on-going supervision and monitoring of the performance of medication administration and medical treatments.
2. This supervision may include:
 - direct observation of the staff member administering medication or performing a medical treatment
 - monitoring of medication administration / treatment error reports
 - periodic review of the procedures.
3. If at any time the RN has determined that medication administration or medical treatments are not being performed safely, the RN may do one of the following:
 - re-train the staff member
 - require additional training
 - provide more frequent direct supervision
 - determine the staff member cannot adequately perform the delegated medical treatment or medication administration and inform the provider.

NOTIFICATION REQUIREMENTS FOR REPORTING CONCERNS ABOUT MEDICATIONS OR TREATMENTS

1. A prescriber or nurse must be notified of any concerns about the medication or treatment, including:
 - side effects,
 - effectiveness,
 - a pattern of the person refusing to take medication / treatment as prescribed,
 - all medication or treatment errors, and
 - suspected adverse reactions.

2. Identified adverse reactions will be immediately reported to the prescriber.

MEDICATION AND TREATMENT ORDERS

Written prescriber's orders will be obtained for all medications and medical treatments to be administered. Medications and treatments may be ordered by a physician, dentist, or other health professional licensed to prescribe.

Written prescriber's orders will be located in the individuals' record and documented on one of the following:

- *Medical Referral form*
- *Physician Admission Order form*
- *Standing Orders for Over-the-counter Medications*
- *Dental Referral form*
- *Physical Examination form*
- *Mental Health Referral form*
- Faxed prescriber's order
- Written prescription
- A current prescription label can serve as the written order

REQUIREMENTS FOR MEDICATION / TREATMENT DOCUMENTATION

Each individual receiving medication administration will have a medication record which contains the following information:

- 1. the information on the prescription label, which includes the person's name, the name of the medication, dose, frequency, route, and other information to insure effectiveness, the specific times the medication or treatment is to be administered;**

This information is located on the medication administration record. This information will also be documented on *Medication / Treatment Summary* when this form is used.

- 2. the consequences if the medication or treatment is not taken or administered as directed;**

When medications are not administered as ordered, the potential consequences may be a worsening of the condition the medication was prescribed to treat. This information may be found in one of the following locations:

- on the *Medication / Treatment Summary* form;
- on the monthly medication record when the reason the medication was prescribed is specified;
- on the medication reference information which identifies the purpose / indication of the medication.

Since the consequences of not performing a treatment as prescribed are so varied, the consequences will be individualized to the person and procedure and will be included in the staff training. All training and competency is documented in the employee records.

- 3. information on risks and possible side effects that are reasonable to expect, and contraindications for use;**

Drug reference information is available on site to all staff administering medications. This information may be located in a drug reference manual, on information supplied by the pharmacy, or on a recognized drug reference website.

- 4. adverse reactions that must be reported to the prescriber;**

Adverse reactions that must be reported to the prescriber are located in the drug reference information.

- 5. monitoring and documentation of side effects;**

Staff will report any observation of suspected side effects to the nurse and document information in the progress notes. The nurse will assess for side effects on an ongoing basis and refer to the prescriber as indicated.

- 6. instructions indicating when the prescriber or a nurse must be notified if the medication or treatment is not taken as prescribed;**

The nurse consultant will be notified when the medication or treatment is not taken as prescribed at the time of occurrence, unless specified differently by the prescriber on referral forms and/or the *Physical Examination* form.

7. record of when the medication or treatment is administered or not administered or the reason for not administering the medication;

This information is located on the medication administration record and/or in the progress notes. The information may also be located on the *Medication/Treatment Discrepancy* form.

8. notation of when medication or treatment is started, changed, or discontinued;

This information is located on the medication administration record. This information will also be documented on *Medication / Treatment Summary* when this form is used.

9. documentation and communication of any reports made to the individual's prescriber and/or legal representative whenever there are any adverse medication reactions, or the individual does not take medication(s) / treatment(s) as prescribed by error or refusal, or there are issues with an individual's self medication;

Notations of reports made to the individual's prescriber will be documented in the progress notes and/or on a *Medical Referral* form or *Mental Health Referral* form. Reports to the case manager or legal representative will be documented in the progress notes, or on a *Medication / Treatment Discrepancy* form, or on the *Medication Record Review* form.

10. verification and monitoring of effectiveness of systems to insure safe medication handling and administration.

The nurse consultant will continually monitor medication administration systems to assure safe medication handling and administration. If the nurse determines there are concerns with medication administration, the nurse will complete a review of medication administration systems and determine a correction plan.

REVIEW OF MEDICATION TREATMENT / ADMINISTRATION RECORDS

Medication and treatment records require continuous monitoring by everyone involved to assure accuracy and compliance. Policies and procedures are written to assure action is taken, the nurse is notified, and a direction is determined to correct discrepancies promptly. The documentation of medication reviews may occur in one of the following ways:

1. Ongoing monitoring of medication records by the nurse consultant:
 - Referrals are reviewed by the nurse consultant for all completed health care appointments at the nurse's next visit to the site. The nurse's signature on the referral form indicates it was reviewed for new orders.
 - Medication administration records are reviewed on a monthly basis by the nurse consultant to ensure completeness. The nurse's signature on the medication administration record indicates this review.
 - The nurse is notified of all medication / treatment discrepancies and refusals.
 - *Medication/Treatment Discrepancy* forms are completed by staff as they occur, and are reviewed by a nurse, who determines a plan of correction as necessary.

2. A review occurs on a quarterly basis (or more frequently if requested by the person or the person's legal representative and specified in the CSSP or addendum). This review will:
 - determine if all medication / treatment orders are current and accurate,
 - identify medication or treatment errors, and
 - specify a plan to correct patterns of medication administration / treatment errors when patterns are identified,
 - the review can be documented on a *Medication Record Review* form or on the *Health Status Summary* form.

The procedure for the review is located in the General Medication Procedures section of the manual.

REPORTS OF MEDICATION AND TREATMENT ISSUES

The legal representative and case manager must be notified of the following as they occur or as identified in the individual's CSSP or addendum:

- medication or treatment issues,
- reports made to the prescriber regarding adverse reactions,
- reports made to the prescriber of medications or treatments not performed due to error or refusal, and
- concerns about the person's self administration of medications or treatments.

This notification may occur by phone call, fax, or in a written report, whichever is most appropriate depending on the circumstances and as directed in the CSSP or addendum. Documentation of this notification will be in the person's record. It may occur in a variety of formats including, but not limited to:

- progress notes,
- *Medication / Treatment Discrepancy* form
- Individual's *Medication Record Review* form.

STAFF RESPONSIBILITIES FOR MEDICATION ADMINISTRATION

1. Administer medications only when you have received training in medication administration and completed a demonstration of your skill.
2. Follow prescriber's orders and established procedures when administering medications.
3. Know the purpose of the medication, consequences of not taking as directed, adverse reactions, side effects and specific instructions for administering.
4. Be familiar with the condition of the individual (for example: allergies, ability to swallow, etc.).
5. If you believe the person is having side effects of medication, call the nurse or prescriber before administering the medication.
6. Follow warning label(s) on the medication container.
7. Give medications to one person at a time.
8. Give medication directly to the individual, not via another person.
9. Do not use one individual's medication supply for someone else.
10. Do not leave medications unattended.
11. Follow criteria listed on the medication administration record for giving PRN medication and chart the reason for giving PRN medication and the outcome of giving the medication in the progress notes.
12. Do not return unused medications to original container. Put them in an envelope marked "to be destroyed" in the medication cabinet.
13. Chart medications immediately after they are given.
14. Keep medication containers tightly closed. Report any changes in color, odor, consistency or suspected tampering to the pharmacist. Do not administer this medication.
15. Make sure all medications are stored safely.
16. Notify the nurse of all new medication orders.
17. Notify the nurse or prescriber and your supervisor of all medication omissions, errors, and refusals.

STAFF RESPONSIBILITIES IN PERFORMING MEDICAL TREATMENTS

1. Perform medical treatments and use medical equipment only when you have received training by a nurse or a manufacturer's representative and completed a demonstration of your skill.
2. Follow prescriber's orders and established procedures when you perform medical treatments.
3. Know the purpose of the treatment and consequences if it is omitted or not performed correctly.
4. Be familiar with the condition of the individual (for example: allergies, ability to swallow, communication skills, etc.).
5. Call the nurse or prescriber before performing the treatment if you believe the person is experiencing problems related to the treatment.
6. Follow all manufacturers' warning labels on the medical equipment.
7. Follow criteria for any treatments ordered PRN (as needed) and chart the reason for the treatment and the outcome in the progress note.
8. Do not use one individual's medical equipment for someone else.
9. Follow procedural criteria for cleaning, storage, repair, and/or disposal of medical equipment.
10. Chart medical treatments immediately after they are performed.
11. Notify the nurse of all new medical treatment orders.
12. Notify the nurse or prescriber and your supervisor of all medical treatment omissions, errors, refusals, or problems.

RESPONSIBILITIES FOR MEDICATION AND TREATMENT POLICIES AND PROCEDURES

<u>Title of Person Responsible</u>	<u>Responsibility</u>
_____	Ensure the authorization is obtained if assigned in the CSSP / addendum for administration of medications or treatments.
_____	Ensure prescriber orders are obtained for all administered medications or treatments.
_____	Determine specific times for medication / treatments to be administered.
_____	Obtain prescription refills from the pharmacy.
_____	Check all new prescribers orders to make sure they correlate with the prescription label and the Medication Administration Record (MAR).
_____	Obtain or generate the MAR.
_____	Review the MAR for accuracy at the beginning of the month.
_____	Check the MAR for completeness / errors at the end of the month.
_____	Check medication storage area for sanitation and security on a monthly basis.
_____	Transcribe prescriber orders onto the <i>Medication/Treatment Summary</i> form.
_____	Ensure information on medication side effects and adverse reactions is available.
_____	Ensure staff who are responsible for medication administration have received training.
_____	Notify the prescriber of concerns about medications / treatments.
_____	Report medication and treatment issues to the case manager and legal representative.
_____	Complete a medication record review for each person, including all medication / treatment discrepancies, developing and implementing a correction plan at least quarterly.
_____	Destroy outdated, discontinued or contaminated medication.
_____	Ensure staff complete medication error reports per procedure.
_____	Other _____

OBSERVED SKILL ASSESSMENT

Name of staff member _____

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

Route	Date	Nurse Signature
Oral	_____	_____
Skin/topical	_____	_____
Ear drops	_____	_____
Eye drops	_____	_____
Buccal	_____	_____
Sublingual	_____	_____
Transdermal	_____	_____
Rectal	_____	_____
Vaginal	_____	_____
Inhaler	_____	_____
Nasal Spray	_____	_____
Gastrostomy	_____	_____
Subcutaneous Injection	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

File in staff member's personnel file.

EMPLOYEE TRAINING FOR HEALTH / MEDICAL PROCEDURE

EMPLOYEE _____ DATE _____

LENGTH OF TRAINING _____

TYPE OF PROCEDURE _____

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if the procedure is not performed correctly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring prescriber notification. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Information about contacting nurse or health care provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other _____. |

The staff member has successfully demonstrated their skill in performing this procedure.

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or health care provider of problems or questions.

Staff Signature

Nurse Signature

**AGREEMENT FOR SUBCUTANEOUS INJECTIONS PERFORMED BY
UNLICENSED STAFF WITHOUT NURSING SUPERVISION**

Name

Date of Birth

Phone

Address

Trained, unlicensed staff employed by _____ are
authorized to give injections according to the following information:

Client Name: _____

Medication: _____

Frequency: _____

How administered: _____

I, _____, retain responsibility for authorizing
(prescriber name)
unlicensed staff to administer the identified injection(s).

Prescriber Signature

Prescriber Name (Please print)

Date

Individual Signature

Individual Name (Please print)

Date

Legal Representative Signature

Legal Representative Name
(Please Print)

Date

Program Director Signature

Program Director Name
(Please Print)

Date

Optional

AUTHORIZATION FOR MEDICATION AND TREATMENT ADMINISTRATION AND MEDICAL EMERGENCY

Name _____ DOB _____ Organization _____

An authorization will be obtained for medication/ treatment administration when the provider has been assigned the responsibility in the CSSP or addendum. I understand this authorization includes the following medications and treatments prescribed by a health care professional:

- routinely scheduled medications
- psychotropic medication
- over-the-counter medications
- PRN (as needed) medication including psychotropic medication according to written criteria
- medical treatments

I understand that unlicensed staff will be trained in medication administration and/or treatment procedures by a health care professional in accordance with written policies and procedures.

I understand, when psychotropic medications are prescribed,

- I can request to be involved in decisions regarding psychotropic medication use.
- I can request to be notified by the provider when a new psychotropic medication is started.
- I can request written informed consent for each psychotropic medication prescribed.

I understand, when injections are prescribed:

- a registered nurse (RN) or licensed practical nurse (LPN) will administer any intramuscular injections.
- only an RN or LPN can administer prescribed psychotropic medications by injection.
- an RN may delegate and supervise the administration of subcutaneous injections by staff, or unlicensed staff may administer subcutaneous injections when there is an agreement with the physician (this requires additional authorization).

I understand this authorization will remain in effect unless it is withdrawn in writing. I can revoke or revise this authorization at any time.

I understand if I refuse to authorize medication / treatment administration, the provider will report my refusal to the prescriber(s), and the medication or treatment will not be administered.

I understand a refusal to authorize the administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. The medication will not be administered, the prescriber will be notified and any directions or orders given will be followed. A court order would be necessary to override the refusal.

I understand the provider will act in a medical emergency when the person's legal representative cannot be reached or is delayed in arriving.

I authorize the provider to act in a medical emergency.

I authorize medication/treatment administration.

Describe specific limitations or requests:

Signature _____

Date _____

MEDICATION RECORD REVIEW

Name _____ Date _____

Site _____ Frequency of Review _____ Months Reviewed _____
_____ Monthly _____
_____ Quarterly _____

Review Medication Orders

Are all medications and treatments on the monthly medication record based on a current prescription label or a prescriber's written order? Yes No

Explain _____

Have all completed health care referrals been checked for new orders? Yes No

Explain _____

Review Monthly Medication Administration records

Are new orders transcribed correctly on the monthly medication record? No new orders Yes No

Explain _____

Are all doses and treatments initialed by staff on the monthly medication record? Yes No

Explain _____

Are there problems / concerns with the monthly medication record? No Yes

Explain _____

Number of refusals _____ Details _____

Review Medication / Treatment Discrepancy Forms

Number of errors _____ Details _____

Number of omissions _____ Details _____

Are medication discrepancy forms completed for omissions and errors? Yes No

Explain _____

Were medication / treatment errors identified during this review? No Yes

Details _____

Were required notifications made to prescribers, legal representatives, case managers? Yes No

Details _____

With the review of medication / treatment discrepancy forms, does there appear to be a pattern of errors?

No Yes, Explain _____

Check medication storage and security being followed

Are procedures for medication storage being followed? Yes No

Explain _____

Signature _____ Date _____

DISCREPANCY PLAN OF CORRECTION

Specific Type of Issue

- A staff making multiple medication errors
- Health Care Provider referrals missing
- Medications not documented
- Medication / treatment discrepancy forms not completed
- Multiple refusals by the individual
- Medication storage issues
- Inaccurate transcription of new order(s)
- Difficulty with obtaining pharmacy refills
- Clarification required of prescriber's order
- Other _____

Details _____

Desired outcome _____

Correction Plan

Action	Responsible Person	Timeline
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Correction Outcome	
Outcome: _____	

Signature _____	Date _____