

# 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 support plan or support plan 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 support plan or support plan addendum, the provider assumes the responsibility to ensure 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 ensure 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 review these policies and procedures annually to evaluate continued adequacy and appropriateness to meet the specific needs of the individuals.
4. Medication administration procedures must include those procedures necessary to implement medications and treatment orders. They include:
  - assignment of medication responsibilities in the support plan or support plan 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 ensure 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 that have been trained and completed a demonstrated skill.
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 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 the licensed health care provider 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 it is determined a medical treatment cannot safely be completed by staff, the supervisor will notify the case manager, legal representative and the prescribing health care provider.

## **MEDICATION ADMINISTRATION AND TREATMENT AUTHORIZATION**

If administration of medications / treatments is assigned in the support plan or support plan 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 physician'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 prescriber 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 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 supervisor to ensure 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 prescribing health care provider.
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
- inhaler
- nasal spray
- vaginal
- rectal
- gastrostomy
- subcutaneous injections
- transdermal
- buccal
- sublingual

## **EVALUATION OF STAFF IN MEDICATION ADMINISTRATION AND PERFORMANCE OF MEDICAL PROCEDURES**

1. In collaboration with the administration, it is the responsibility of the supervisor to ensure that medication administration and medical treatments provided by employed unlicensed staff are in compliance with written health care provider orders.
2. Unlicensed staff will be evaluated in their performance of medication administration and medical treatments. This evaluation 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 it is determined that medication administration or medical treatments are not being performed safely, the supervisor may do one of the following:
  - re-train the staff member
  - require additional training
  - provide more frequent direct oversight
  - 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 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 ensure 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 prescriber and document information in the progress notes.

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

The supervisor 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 ensure safe medication handling and administration.**

The supervisor will continually monitor medication administration systems to ensure safe medication handling and administration. If there are concerns with medication administration, the supervisor 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 ensure accuracy and compliance. Policies and procedures are written to ensure action is taken, the prescriber 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 site program director:
  - Referrals are reviewed by the supervisor for all completed health care appointments. The site program supervisor's signature on the referral form indicates it was reviewed for new orders.
  - Medication administration records are reviewed on a monthly basis by the site supervisor to ensure completeness. The supervisor's signature on the medication administration record indicates this review.
  - The supervisor is notified of all medication / treatment discrepancies and refusals.
  - *Medication/Treatment Discrepancy* forms are completed by staff as they occur, and are reviewed by the supervisor, 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 support plan or support plan 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 support plan or support plan 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 support plan or support plan 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 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 supervisor of all new medication orders.
17. Notify the 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 supervisor 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 supervisor of all new medical treatment orders.
12. Notify the 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 support plan /support plan 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.
_____	Obtain or generate the medication administration record.
_____	Review the medication administration record for accuracy at the beginning of the month.
_____	Check the medication administration record 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:

<b>Route</b>	<b>Date</b>	<b>Trainer Signature</b>
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 the 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 health care provider of problems or questions.

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Trainer 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 support plan or support plan 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 prescriber (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 \_\_\_\_\_

<b>Correction Outcome</b>	
Outcome: _____	
_____	
_____	
Signature _____	Date _____

# MEDICATION ADMINISTRATION PROCEDURES

## PROCEDURE FOR ADMINISTERING ORAL MEDICATIONS

1. Wash your hands.
2. Gather needed supplies.
3. Remove the person's medication(s) from the medication storage area.
4. Select the medication to be administered by checking the label against the medication administration record.
5. Compare the medication administration record with the label to make sure they correlate. If there is a discrepancy, call your supervisor before giving the medication.
6. Observe the person to see if there is anything that needs to be reported to your supervisor or doctor before giving the medication.
7. Do not touch the medications with your hands.
8. Follow the instructions listed below for each type of oral medication to be given.

### To give tablets or pills:

- Pour the correct number of pills or tablets into the lid of the medication container, pour the pills into the medication cup and put the cap back on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label with the medication administration record for the 3<sup>rd</sup> time.
- Identify the person and give the medication with a full glass of water (unless another liquid is specified).
- Watch the person swallow the medication.

### If more than one oral medication is to be given to the person:

- Select the other medication to be given by checking the label against the medication administration record.
- Pour the correct number of pills into the lid of the medication container, then into a med cup and put the cap back on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label with the medication administration record for the 3<sup>rd</sup> time.
- Repeat this procedure for each oral medication to be administered to the person.
- Identify the person and give the medication with a full glass of water or other liquid.
- Watch the person swallow the medication.

To give Lozenges:

- Select the medication to be administered by checking the label against the medication administration record.
- Check the label with the medication administration record and unwrap the lozenge (if necessary) and put it in a medication cup.
- Check the label with the medication administration record for the 3<sup>rd</sup> time.
- Identify the person and tell the person to place the lozenge on their tongue.
- Tell the person to keep the lozenge in their mouth until it is completely dissolved.
- Do not give water with lozenges or immediately after.

To give Sublingual tablets:

- Select the medication to be administered by checking the label against the medication administration record.
- Pour the correct number of tablets into the lid of the medication bottle, then pour the tablets into a medication cup and replace the lid on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label with the medication administration record for the 3<sup>rd</sup> time.
- Identify the person and tell them what you are going to do.
- Using a glove, place the tablet under the person's tongue to dissolve.
- Tell the person not to chew the tablet.
- Do not give water with sublingual medications.

To give liquid medication:

- Select the medication to be administered by checking the label against the medication administration record.
- Turn the label away from you.
- At eye level, carefully pour the correct amount of the liquid medication into a graduated plastic med cup or into a medication spoon.
- Check the label with the medication administration record for the 3<sup>rd</sup> time and put the cap back on the bottle.
- Give the liquid medication.
- Water is not given with some liquid medications. Check directions on the bottle.
- If a medication spoon has been used, wash it with soap and warm water.

9. Throw away used disposable supplies.

10. Put the person's medications back in the medication storage area.

11. Make sure the storage area is secure.

12. Wash your hands.

13. Chart the medication administered on the medication administration record.

## **PROCEDURE FOR ADMINISTERING SKIN MEDICATIONS**

1. Wash your hands.
2. Gather needed supplies.
3. Select the medication to be administered by checking the label against the medication administration record and remove the medication from the medication storage area.
4. Compare the label with the medication administration record to make sure they correlate. If there is a discrepancy, contact your supervisor before giving the medication.
5. Identify the person and explain what is to be done.
6. Position the person as indicated.
7. Check the area to which medication is to be applied to see if the condition has changed. If there are concerns, call your supervisor or doctor before giving the medication.
8. When indicated, wash the area to which medication is to be applied with soap and warm water. Dry the area if indicated.
9. Check the label with the medication administration record for the 3<sup>rd</sup> time. and apply the medication to a Q-tip, tongue blade, gauze square or to disposable gloves, whichever is most appropriate. Never use the bare hands to apply topical medications.
10. Close the medication container and put back in the person's medication supply.
11. Apply the medication.
12. Throw away used disposable supplies.
13. Put back other supplies.
14. Return supplies to the medication storage area and make sure it is secure.
15. Wash your hands.
16. Chart the medication on the medication administration record.

## PROCEDURE FOR ADMINISTERING EYE DROPS

1. Wash your hands.
2. Gather needed supplies.
3. Select the medication to be administered by checking the label against the medication administration record and remove the medication from the storage area.
4. Compare the label with the medication administration record to make sure they correlate. If there is a discrepancy, contact your supervisor before giving the medication.
5. Identify the person and explain what is to be done.
6. Have the person sit or lie down.
7. Observe affected eye(s) for any unusual condition, which should be reported to your supervisor or doctor prior to medication instillation.
8. Position the person with head back and looking up.
9. Put on gloves.
10. When indicated, cleanse eye with clean tissue, wiping from inner corner outward once. If drops are to be instilled into both eyes, a clean tissue is used for each eye.
11. Check the label with the medication administration record for the 3<sup>rd</sup> time and open the bottle.
12. To administer the eye drops:
  - Separate lids by raising upper lid with forefinger and lower lid with thumb.
  - Approach the eye with the dropper from below the eye, outside of the person's field of vision.
  - Do not allow the dropper to touch the eye.
  - Apply drop(s) gently near the center of the lower lid, not allowing drop(s) to fall more than one inch before striking eye.
  - Ask the person to keep eyes gently closed for a few minutes.
13. Close the medication container.
14. Wipe off excess medication from the eye with a clean tissue, using a separate clean tissue for each eye if the medication is administered to both eyes.
15. Throw away disposable supplies.
16. Return medication to the storage area and make sure the area is secure.
17. Wash your hands.
18. Chart the medication on the medication administration record.

## PROCEDURE FOR ADMINISTERING EYE OINTMENT

1. Wash your hands.
2. Gather needed supplies.
3. Select the medication to be administered by checking the label against the medication administration record and remove the medication from the storage area.
4. Compare the label with the medication administration record to make sure they correlate. If there is a discrepancy, contact your supervisor before giving the medication.
5. Identify the person and explain what is to be done.
6. Have the person sit or lie down.
7. Observe affected eye(s) for any unusual condition which should be reported to your supervisor or doctor prior to medication application.
8. Position the person with head back and looking upward.
9. Put on gloves.
10. When indicated, cleanse the eye with clean tissue, wiping from inner corner outward once. If ointment is to be applied to both eyes, a clean tissue is used for each eye.
11. Check the label with the medication administration record for the 3<sup>rd</sup> time and remove the cap.
  - Retract lower lid.
  - Approach the eye from below, outside the person's field of vision.
  - Apply ointment in a thin layer along the inside of the lower lid.
  - Do not allow the medication container to touch the eye.
12. Position the person comfortably and ask him/her to keep eyes closed gently for a few minutes.
13. Replace the cap on the medication and put it back in the storage area.
14. Throw away disposable supplies.
15. Make sure the storage area is secure.
16. Wash your hands.
17. Chart the medication on the medication administration record.

## PROCEDURE FOR ADMINISTERING EAR DROPS

1. Wash your hands.
2. Gather needed supplies.
3. Select the medication to be administered by checking the label against the medication administration record and remove the medication from the storage area.
4. Compare the label with the medication administration record to make sure they correlate. If there is a discrepancy, contact your supervisor before giving the medication.
5. Identify the person and explain what is to be done.
6. Position the person:
  - if lying in bed, put bed flat and turn head to opposite side.
  - if sitting in chair, tilt head sideways until ear is as horizontal as possible.
7. Put on gloves when drainage is present.
8. Clean entry to ear canal with a clean tissue or cotton ball when indicated.
9. Observe the affected ear for any unusual condition which should be reported to your supervisor or doctor prior to ear drop instillation.
10. Check the label with the medication administration record for the 3<sup>rd</sup> time and draw up the ordered amount of medication into the dropper, if applicable.
11. Administer the ear drops by pulling the ear gently backward and upward and instilling the number of drops ordered into the ear canal. Do not contaminate the dropper by touching any part of the ear.
12. Have the person remain in the required position for five minutes.
13. If drops are ordered for both ears, wait at least five minutes before putting drops in the second ear, repeating the procedure.
14. Replace cap and put the medication back in the storage area.
15. Make sure the storage area is secure.
16. Throw away used disposable supplies.
17. Wash your hands.
18. Chart the medication on the medication administration record.

## PROCEDURE FOR ADMINISTERING TRANSDERMAL PATCH

1. Wash your hands. Gather needed supplies.
2. Select the medication to be administered by checking the label against the medication administration record and remove the medication from the storage area.
3. Check the label. Compare the label with the medication administration record to make sure they correlate. If there is a discrepancy, call your supervisor or doctor before giving the medication.
4. Identify the person and explain what is to be done.
5. Provide for privacy.
6. Put on gloves.
7. As needed, remove any previously applied strips or disks. Dispose as directed. Document patch removal on medication administration record.
8. Check the label with the medication administration record for the 3<sup>rd</sup> time.
  - Open the package and remove the disk.
  - Without touching the adhesive surface, remove the clear plastic backing.
  - Apply the disk to a dry, hairless area of the body as directed.
9. If possible, mark the patch with date and time applied.
10. Remove your gloves. Wash your hands.
11. Chart the medication on the medication administration record.

### Special considerations for Transdermal Medications.

- Apply transdermal medications at the same time every day to ensure a continuous effect.
- Alternate application sites to avoid skin irritation.
- Do not apply below the elbow or knee.
- Do not get the patch wet. If the patch falls off, discard it, clean the site with soap and water, and contact your supervisor for directions.
- Do not apply to broken or irritated skin.

## **GUIDELINES FOR DEVELOPING A SELF ADMINISTRATION PROGRAM**

1. Obtain a physician's order for a person to be on a self medication program.
2. To qualify for a self medication program, the person should meet the following criteria:
  - Can physically grasp and handle medications;
  - Is physically able to fill a glass of water and drink (if necessary);
  - Is able to follow verbal instructions;
  - Is able to remember instructions from beginning to end;
  - Is able to make accurate time determinations for taking medications;
  - Is responsible for his/her own possessions;
  - Is able to report to an appropriate individual when he/she is having difficulty in taking medications or is having a change in state of well being;
  - Is able to identify medication on sight;
  - Knows the reason for taking medications;
  - Is able to identify and take correct dosage; and
  - Indicates willingness to take medications.
3. Teaching to the person in the following areas should occur as indicated:
  - The necessity for taking each particular drug;
  - The hours of the day each drug is taken;
  - Proper storage and security of the drug;
  - Proper reading or understanding of drug labels and prescribed dosage amounts;
  - Demonstration of the procedure by staff and correct return demonstration by the person; and
  - Where, when and how to obtain refills
4. If medisets or envelopes are used, they must be labeled.
5. Medication programming should be done in stages.
  - The individual must have successful performance in each stage before moving on to the next stage.
  - Each stage will increase the individual's responsibility.
  - Safe storage of medication must be addressed at each stage.
  - Each stage must have a method of evaluating the person's performance
  - Medication documentation is required until the person successfully completes the program and is totally independent in self medication administration.

# GENERAL MEDICATION PROCEDURES

The procedures in this section represent universal concepts of documenting medication administration, regardless of the type of documentation system used. Procedures and abbreviations used on the medication administration record may vary by organization.

## ELECTRONIC HEALTH RECORDS

1. There are many different electronic health record platforms available. Follow the organization's procedures when documenting in the client's health record.
2. It is recommended that a paper copy of each client's medication administration record is maintained in the event that the electronic health record cannot be accessed, such as in a power outage.

## PROCEDURE FOR DOCUMENTING MEDICATIONS

1. Immediately after administering a medication, using a pen, write your initials in the appropriate box on the medication administration record.
2. Make sure you have signed your name and initials and title at the bottom of the medication administration record in ink.
3. Follow the directions below for special circumstances:

### If the person self-administers the medication on a self-med program:

- Put an "S" in the box.

### If the medication needs to be held:

- Call your supervisor or prescriber.
- Chart the details in the health progress notes.
- Put an "H" with your initials in the box and circle the box.

### If the person refuses to take the medication:

- Notify your supervisor.
- Chart the details in the health progress notes.
- Put an "R" with your initials in the box and circle the box.
- Follow notification procedures to prescriber, case manager, and legal representative as directed.

### If you are giving a PRN medication:

- Notify your supervisor if instructed to do so.
- If the medication is not listed on the medication administration record, write in the name of the medication, route, strength, and frequency.
- Put the time the medication was given and your initials in the appropriate box.
- Chart why you gave the medication and the outcome in the individual's health progress notes.

## PROCEDURE FOR CHANGES IN MEDICATION ORDERS

### When a new medication is ordered:

1. Obtain the medication from the pharmacy.
2. Call your supervisor.
3. Document the following on the medication administration record:
  - Write the name of the medication, route, strength, dosage, frequency, and times to be given.
  - Draw an arrow to the date and time the medication is to begin.
  - Write in the date the medication is to be given, who ordered it, and your initials on the arrow.
4. Communicate to other staff.

### When a medication is discontinued:

1. Notify your supervisor.
2. Document the following on the medication administration record.
  - Draw a line through the remaining days of the month.
  - Write D/C per prescriber's name, the date, and your initials above the line.
3. Remove the medication from the person's medication supply and place it in the "TO BE DESTROYED" container in the medication storage area.
4. Communicate to other staff.

### When a medication dose is changed:

1. Call your supervisor.
2. Discontinue the medication on the medication administration record.
3. Write in the new order on the medication administration record.
4. Obtain a new supply of medication from the pharmacy if necessary.
5. If a new supply of medication is not required, affix a label to the medication that reads "LABEL IS INCORRECT, SEE MEDICATION SHEET."
6. Communicate to other staff.

## PROCEDURE FOR OFF-SITE MEDICATION ADMINISTRATION

1. Call the pharmacy and order a separate supply of medication to be sent with the person if:
  - It is a liquid or topical medication; or
  - The medication is to be given for over two weeks.
2. Use the person's supply to set up medication to be administered off-site if the medication is to be given for less than two weeks.
3. Transfer the medication into envelopes (one envelope for each day and time) or into a mediset.
4. Label the envelopes or mediset with the following information:
  - person's name;
  - name of medication and strength;
  - amount;
  - route;
  - date and time to be given;
  - any special directions for administration; and
  - sign medication envelopes.
  - Name and phone number of the facility.

Example.

John Smith	Take on 10-7-24 at 8am
Dilantin 100mg – take one capsule orally Buspar 10mg – take one tablet orally	
Take with full glass of water.	D. Keen GHS

ABC  
Group Home  
952-555-4026

5. Document all medications you set up on the medication administration record.
  - Write "D" with your initials in the appropriate box(es) if the medication was sent to Day Placement.
  - Write "L" with your initials in the appropriate box(es) if the medication was sent with the person on leave.
6. If the medication is sent to Day Placement (this includes Day Training and Habilitation Center, job site, or school):
  - Send a copy of the prescriber's order for the medication; and
  - Notify the Day Placement of any changes in prescriber's orders.
7. Transfer medications to the person who will administer them in a safe manner. Communicate with the responsible party and document the information on *Transfer of Medication* form.
8. Notify your supervisor of any problems with off-site medication administration.

## PROCEDURE FOR ORDERING PRESCRIPTION MEDICATION FROM THE PHARMACY

The pharmacy that will be routinely used to fill prescriptions is:

Name: Phone: Address:
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After hours pharmacy:

Name: Phone: Address:
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1. Ask the prescriber to call in new orders to the pharmacy or get a written prescription to give to the pharmacist.
2. Check each person's medication supply on a weekly basis to determine which medications need to be reordered, making sure each person has an adequate supply of medications.
3. Check the labels of medications needing to be refilled against the medication administration record to make sure they correlate. This check ensures that the label is current and accurate.
4. Call the pharmacy to reorder the medication and give the pharmacist the information on the prescription label.

## PROCEDURE FOR RECEIVING MEDICATIONS FROM THE PHARMACY

1. Check the prescription labels to ensure they have the following information:
  - name of drug;
  - strength of drug;
  - quantity of drug;
  - directions for use;
  - expiration date of all time-dated drugs;
  - name of individual; and
  - prescriber's name.
2. Check each label against the medication administration record to make sure they correlate. If there are discrepancies, call your supervisor or pharmacist.
3. Open the container and check the pills. If they look different from the pills in the old prescription, call the pharmacist.
4. Place the medications in the medication storage area.

## PROCEDURE FOR CHECKING MEDICATION LABELING AND STORAGE

1. Check the storage and labeling of medications on a monthly basis.
2. Check the storage area to ensure that:
  - discontinued or outdated medications are destroyed;
  - it is safe, secure, and clean;
  - it is not warm, humid, or in bright light;
  - oral and topical medications are stored separately;
  - all medications have legible labels;
  - each person's medications are stored separately;
  - all medisets are correctly labeled; and
  - refrigerated medications are stored safely.
3. Schedule II Controlled Substances:
  - Must be stored in a locked storage area and only accessible to staff authorized to administer medications.
  - A list of schedule II-controlled substances may be found at: [List of Schedule 2 \(II\) Controlled Substances - Drugs.com](http://www.fda.gov/oc/ohrt/2008/080108a.html)
4. Check all medication labels to ensure that:
  - all medications are labeled and labels are readable
  - over-the-counter medications ordered for a specific person have the person's name on them;
  - medications are not expired; and
  - instructions on the label correlate with the medication administration record.

## PROCEDURE FOR MEDICATION DESTRUCTION

1. Destroy any medications that:
  - have been discontinued or contaminated; or
  - have an unreadable label; or
  - are expired.
2. To destroy a medication:
  - Leave the medication in its original container or place the medication into a sealable plastic bag or plastic container. If the medication is a tablet or capsule, crush it or add water to dissolve it.
  - Add any material that mixes with the medication and makes it less appealing to discourage ingestion (such as coffee grounds, salt, flour, etc.)
  - Remove and destroy all personal information from the medication container by removing the label or using a permanent marker.
  - Seal the bag or container and put it in a garbage receptacle that is not accessible to the individuals.
  - Document the medication destroyed, amount, date, prescription number, name of the witness, and your signature on the *Medication Destruction* form or in the health progress notes.
3. Certain medications, including Schedule II Controlled Substances, have specific disposal requirements.
  - The pharmacy will be consulted regarding proper medication disposal.
  - Document the medication destroyed, amount, date, prescription number, name of the witness, and indicate the method of destruction along with your signature on the *Medication Destruction* form or in the health progress notes.

## PROCEDURE FOR WRITING UP/CHECKING MONTHLY MEDICATION ADMINISTRATION RECORD

1. Put new medication administration records in place on a monthly basis.
2. Medication administration records:
  - may be obtained from the pharmacy, or
  - be handwritten or computer generated.
3. Check all new medication administration records against the previous month's medication administration record and against the *Medication/Treatment Summary* form to ensure they correlate.
4. Check carefully for any new medication orders to ensure they are on the medication administration record.
5. Check the new medication administration record against the person's medication labels to ensure they correlate.
6. Sign and date each new medication administration record to indicate it has been checked.
7. Review the previous month's medication administration record to ensure medications were documented correctly. Sign and date the medication administration record with the word "Reviewed".

## PROCEDURE FOR MEDICATION OR TREATMENT DISCREPANCIES

It is medication or treatment discrepancy if any of the following has occurred:

- A medication or treatment is not given.
- An incorrect dose of a medication is given or treatment is given incorrectly.
- A medication or treatment is given to the wrong person.
- A medication or treatment is given via the wrong route.
- A medication or treatment is given at the wrong time.
- A medication or treatment is given on the wrong date.
- A medication or treatment is not charted.

A medication or treatment discrepancy is an error if:

- medication or treatment is not administered according to the prescriber's orders.

### Direct Care Staff Responsibilities

1. If you discover that a medication/treatment has not been documented on the medication administration record, you must call the staff working on that shift and ask if they gave the medication/treatment.

#### If the medication/treatment was given:

- Circle the box on the medication administration record.
- Tell the staff person to initial the medication administration record the next time they work.
- Document in the individual's health progress notes that the medication was given.
- Leave a note for your supervisor about this.
- Complete a *Medication/Treatment Discrepancy* form.

#### If the medication/treatment was not given:

- follow the procedure below.

3. Procedure for medications or treatments not given and any other discrepancies:
  - If medication/treatment is given to the wrong person, or wrong route used, or an overdose given, call Poison Control immediately.
  - Call your supervisor or prescriber.
  - Follow their instructions
  - Document discrepancy and instructions in the health progress notes.
  - Complete the *Medication/Treatment Discrepancy* form.
  - Call your supervisor.
  - Circle the box on the medication administration record and place an X in the top half of the box.
  - Tell the staff person to initial the medication administration record the next time they work.

### Designated Manager / Coordinator Responsibilities

1. Ensure *Medication/Treatment Discrepancy* forms are completed for all medication and treatment discrepancies.
2. Keep a file of all completed *Medication/Treatment Discrepancy* forms.
3. If applicable, file a Vulnerable Adults report on medication or treatment errors according to organizational policy.
4. Review and sign all completed *Medication/Treatment Discrepancy* forms.
5. If there is a problem identified, and/or a pattern of errors, the coordinator/manager will determine and document a plan of correction.

## PROCEDURE FOR MEDICATION RECORD REVIEW

1. Review and sign all health care provider referral forms for new orders.
2. Check the transcription of new orders on the medication administration record to ensure they were transcribed correctly and correlate with the prescription label.
3. Review and sign the medication administration record for: errors, refusals, and doses not documented.
4. Review and sign all *Medication/Treatment Discrepancy* forms.
5. Check the storage of the medication to ensure storage procedures are followed.
6. Alternative documentation of this review may be found on the *Medication Record Review* form.
7. If there is a problem identified, and/or a pattern of errors, develop a plan of correction.

## PROCEDURE FOR PLAN OF CORRECTION FOR MEDICATION OR TREATMENT DISCREPANCIES

1. Review all aspects of the medication administration system to determine a plan of correction, including:
  - Staff training
  - Prescription refill procedures
  - Documentation procedures
  - Medication administration procedures
  - Treatment procedures
  - Communication with the pharmacy
  - Communication with the prescriber
  - Education to the individual about the need for medication or treatment
  - The individual's active involvement in the process of their treatment or medication administration
  - Notification procedures for the prescriber, legal representative, and case manager
2. Determine and document a plan of correction with:
  - the problem identified,
  - a desired outcome specified,
  - the plan for correction,
  - a timeline for implementation and completion,
  - responsibilities assigned.
3. Document the correction plan on the *Discrepancy Correction Plan* form.
4. Evaluate and document the outcome of the correction plan and make further changes if indicated.











