



## **MEDICATIONS**

All Home and Community-Based programs shall observe strict and careful standards in the administration of medications to clients. Medications, over-the-counter medications, medically prescribed diet, or special medical procedures shall be administered only on time-limited written orders from a physician, and with the written consent of the client or legally responsible person. The client's file shall contain the physician's written order, client's consent form, and records of medication administration and effects. Medications shall be labeled clearly and stored in a manner which safeguards against unauthorized or accidental administration. Oral medications will be stored separately from medications that are administered topically.

All facilities shall train staff in the careful storage and disbursement of client medications. In addition, all facilities shall train staff on compliance with laws and regulations regarding medications and controlled substances.

### **1. Prescribing of Medication**

Alberta Professional Services (APS) does not employ or contract with any physicians. Nor does APS prescribe any medications for our clients. Only a physician or person authorized by state law shall be permitted to prescribe internal or external drugs for clients. The signed physician's orders, prescriptions, and administration of all medication shall be maintained in the client files. The physician must countersign verbal orders.

Only staff trained in program specific medication procedures can accept verbal orders. All verbal orders must be backed-up with a faxed order within 24 hours or the next workday.

A physician or person authorized by state law to prescribe medication shall give [Authorization to Administer Over-the-Counter \(OTC\) medications](#) for all clients taking medication in an APS service. This authorized should be renewed annually.

The client/legal guardian will be notified each time a new medication is given to the client. Change of medication form will be completed, signed by client/legal guardian and then filed in resident's Medical Record.

Any prescribed medications will be integrated into a client's overall plan even if the medication requires special dietary needs and/or the medication requires special restrictions with its use.

### **2. Dispensing of Medication**

A pharmacist or a physician shall dispense medication in a properly labeled container in accordance with state and federal law. The medication container shall protect medication from light and moisture and shall be in compliance with the



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Poison Prevention Packaging Act. The prescription medication container label shall include the following: client's name; date issued or refilled; directions for administration; medication name and if a generic drug is used the bottle must also have the name of the drug it is used for; quantity and strength; name, address and telephone number of dispensing site; physician's name; dispenser's name; ancillary cautionary labeling; directions for use; serial number of prescription and expiration date of time dated drugs.

Non-prescription drugs must bear the manufacturer's label and expiration date.

### 3. Administration of Medication (including self-administration)

Prescription and non-prescription medication shall be administered only on the written order or countersigned verbal order of an authorized physician no more than a year old. Only staff trained in medication administration by a Registered Nurse or Pharmacist, who is a DHHS authorized trainer, can administer medications. Drugs are to be self-administered only when ordered by the client's physician and authorized by the client or guardian and Alberta Professional Services staff.

Medication shall be administered by, or self-administration supervised by staff that have received instruction about each medication, dosage, time of administration, side effects and contra-indications from the physician or designee, the client's legally responsible person, or has passed medication education. Staff must observe the client actually taking the drug. A medication information sheet describing the use of each medication will be available in the Medication Administration Record notebook. A physician shall approve the self-administration of prescription and non-prescription medication by clients. Clients may self-administer prescription or non-prescription medications and should receive training in the self-administration of medication.

Medication administered by staff shall be documented in the client's record on a Medication Administration Record or PRN Medication Administration Record. Administration errors or any medication reactions experienced by a client shall be recorded in the client record and reported to the prescribing physician. Client's requests for medication changes or checks shall be recorded and kept with the MAR file, followed-up by an appointment or consultation with a physician.

When a client is absent from the facility and must take his medication,

- a. The medication shall leave the facility in the same container in which it was dispensed;
- b. Staff will complete and send the Home Visit Medication Instruction form home with the resident to be returned with the resident;
- c. Staff will complete top portion of Medication Release form when resident leaves



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and complete bottom part when resident returns. All forms must be signed by staff and responsible person.

Any first aid administered shall be recorded in the client's progress notes and relayed to the staff's immediate supervisor.

Prescription drugs shall be dispensed exactly as directed by the physician and/or consultant nurse; and at no time shall one client be given medication prescribed for another.

#### 4. Medication Refusal Procedure

When a resident refuses to take prescription or over-the-counter medication, staff must document "R" for refusal on the Medication Administration Record (MAR) and document the refusal in the resident's Medical Record Progress Note and Communication Log, noting which medication was refused and the reason for refusal. If medications refused are life-threatening (e.g., seizure medication or insulin), staff shall call "on-call" staff immediately who will then contact nurse or pharmacist for further instructions. If a resident skips more than one dosage of any medication (prescription or over-the-counter), staff must notify the Director/QP or on-call staff immediately, and then call the local pharmacist for help in deciding when to notify the physician. In these cases, staff is to follow the recommendation of the pharmacist. Staff will also document the medication refusal/skipped medication and pharmacist recommendation in the resident's Medical Record Progress Note, Communication Log, and complete the required incident report for a medication error.

#### 5. Storage of Medication

Medication shall be stored under double lock and under proper conditions of sanitation, temperature, light, moisture and ventilation. Only those persons authorized to prescribe or administer medications shall have access to the stored medication.

All medication will be double locked in the designated cabinet. Within the cabinet, the different clients' medications are to be kept clearly separated. They are separated through the use of special containers; and these containers further separate external from internal types. Medication requiring refrigeration are to be stored in a locked container in a refrigerator, separated from food items.

#### 6. Disposal of Medication

When a client is discharged from the service, his/her medications shall leave with him/her. If drugs are discontinued or expired, they must be returned to a pharmacist for disposal and the Disposal of Medication form must be completed and placed in an administrative file. In the event that a program is located in an area where there is



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no pharmacy or other expired medication drop-off/ take back sites, the program will bring these medications to their supervisor for proper disposal following North Carolina Board of Pharmacy recommendations.

### 7. Medication Education

All staff shall be trained in proper administration of all medications kept in the facility. See Medication Administration above.

Each client currently on medication should receive individual or group medication education to increase his/her medication knowledge and administration skills if practicable.

An assessment shall be made of each client's capabilities to self-administer medications as well as other factors that may affect drug therapy, such as multiple drug therapy; frequency of administration; side effects/adverse reactions; cost of medications; and transportation problems.

In instances where the capability of the client to understand the medication education is questionable, a responsible person shall be provided with the opportunity to receive instruction on behalf of the client.

The content of the medication education shall include the following:

- a. the name, appearance and dosage regimen, intended use and common side effects of the medication;
- b. adverse reactions or uncomfortable side effects that should prompt calling a physician;
- c. food, drugs or beverages that should be avoided or taken with medication;
- d. an alternative dosage regimen if a dose is missed;
- e. the expected length of the medication treatment;
- f. refill instructions;
- g. the proper place to store medication; and
- h. the need to communicate and coordinate with all the client's physicians about all medications prescribed.

Medication education shall be coordinated with the discharge or receiving program.

Staff shall receive medication training before being approved to administer medication. Staff training shall consist of the forgoing, plus other processes as determined by the individual facility.

### 8. Medication Shortage



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When a resident has less than 7 days worth of medication, staff will check the medication label to see if the resident has refills for that particular medication. If there are refills, staff will order the medication from the pharmacy. If there are no refills, staff should contact the pharmacy to let them know, and the pharmacy and the staff will both contact the prescribing doctor to get re-fill orders for that particular medication. If for some reason there is a shortage of medication on the weekend, staff will contact the pharmacist and/or prescribing doctor, and the pharmacist and/or prescribing physician will call the order in to a local pharmacy for staff to go and pick up. APS will cover the cost of the medication.

### 9. Laboratory Tests

Only an assigned physician in accordance with acceptable medical practices shall order any laboratory test needed. The Director may request a doctor order laboratory tests if he/she feels such tests are indicated. If Medicaid/Medicare should for some reason not cover the expenses, then the client's legal guardian will be responsible for the cost. Each facility shall document in the client record the following information regarding each laboratory test administered:

- a. name and date of any laboratory test ordered,
- b. name of physician ordering the test, and
- c. date and time specimen obtained.

A copy of the report of lab tests results shall be included in the medical record.

### 10. Client Privacy

When physical examinations or medical procedures are performed, including the taking of a medical history or counseling about a medical concern, the examination area shall provide privacy for the client.

### 11. First Aid

Each facility shall have access to first aid supplies.

### 12. Qualifications of Medical Professionals

Medical care, physical therapy, occupational therapy, language and communication therapy, and nursing care shall be provided by, or under the direct supervision of, individuals licensed/registered to perform these activities.

### 13. Medical Resources

If there are any questions regarding medications and/or medication administration, the numbers to the pharmacist and to the prescribing doctors are available to staff at the facility, either in the client records and/or posted on the contact list.

### 14. Transportation and Delivery

All medications will be delivered to the facility by the pharmacy service or picked up



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at the dispensing pharmacy by APS staff. Staff receiving client medication will sign confirmation with the pharmacy that they received it. If possible, medication for disposal will be returned to the pharmacy through their delivery system. APS staff may also transport medication for disposal to a pharmacy, other community medication disposal site, or supervisor's location.

15. Poison Control

The number for poison control 1-800-222-1222 shall be posted in location(s) that allow clients and staff to have access to the number.

<b>This forms meets these standards</b>
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