

SUBJECT: MEDICATION ADMINISTRATION

APPROVED BY:

EFFECTIVE  
DATE: 07-31-09 (replaces 07-01-06)

Executive Director

Medical Director

Reviewed (no changes): 02-04-11 \_\_\_\_\_  
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Pharmacist

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POLICY

It is recognized that some consumers served by this agency will require assistance in the administration of oral and topical medication prescribed by the agency's physicians or private physicians, or will require assistance in the administration of over-the-counter medication; or will require the use of injectable medications in their therapeutic regimen. Every effort is made, however, to maintain consumers on oral medications where this route of administration can achieve good therapeutic benefit with adequate consumer compliance. When medications are administered (or supervised) by other than the consumer, it is the policy of this agency that this is done in accordance with all standards established by the Department of Behavioral Health and Developmental Disabilities.

PROCEDURE

- A. The following procedures govern the administration of medications and the supervision of self-administered medication in this agency in an outpatient or residential setting:
1. All medication administered for consumers by agency staff or supervised self-administered medication is prescribed by a licensed physician. **(Exception:** See Section B relative to over-the-counter medications for DD day or residential consumers.)
  2. Staff members who administer medications or supervise self-administration are:
    - appropriately licensed or certified (or trained) when required by law and regulations;
    - knowledgeable about the medications they administer and the needs of the consumer served;
    - knowledgeable about the nature of the medications to be administered;
    - knowledgeable about how to administer medications, e.g. the appropriate frequency route and dose;
    - knowledgeable about the expected actions and side effects of the medications to be administered; and
    - knowledgeable about how to monitor the effects of the medications on the consumer.
  3. MD's, LPN's, RN's, PA's, and CNS's are qualified to supervise self-administration by virtue of their medical training. Staff and contracted providers who have received the agency's training for the supervision of self-administered medication are also qualified to supervise self-administration. This training is documented on Training Documentation Form, which is kept in their personnel files.
  4. Staff with appropriate training may assist consumers in preparing pill planners to enhance compliance and may monitor the consumers' symptoms and side effects in response to medications. These services are documented in consumer clinical record.

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PROCEDURE (CONTINUED)

5. Injectable medications are administered only by licensed medical or nursing staff (including MD's, LPN's, RN's, PA's, and CNS's). Reference Policy 2211.
  6. Staff members who administer medications or supervise self-administration of medications will use two identifiers to verify that correct consumer is receiving the medication, such as name, birthdate, picture ID or Social Security number. Visual identification is acceptable when regular staff is working with a consumer in long term placement.
  7. Any medication or topical treatment administered or supervised by staff is documented on an identifiable medication administration record located in the consumer record.
    - a. Medication/Administration/Laboratory Record is used by nurses or other licensed medical personnel according to instructions in Form Docs.
    - b. Supervised/Assisted Self-Administration Medication Record and PRN Medications Record are used by staff according to instructions in FormDocs.
  8. Adverse drug reactions and medication errors are reported to the pharmacy per Adverse Drug Event (Policy 2205) and Medication Incidents (Policy 2208).
  9. All known medication/drug allergies are "flagged" or conspicuously noted on the cover of the consumer's clinical record.
- B. The following procedures govern the management of medications when a consumer is in DD day services, 24 hour DD residential sites and home; and between 24 hour residential sites and the legal guardian.
1. Written permission for prescription medications and over-the-counter medication brought from home or 24 hour residential sites to day services must be completed at intake and updated annually at ISP staffing. Written permission for prescription and over-the-counter medications for 24 hour residential consumers who have legal guardians must be completed at intake and updated at annual ISP staffing.

Continued on Page 3.

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PROCEDURE (CONTINUED)

2. Parental/Caregiver/Legal Guardian will notify DD day/24 hour residential site when changes occur in medication as follows:
  - a. When medication changes occur for consumers who reside at home, (other than residential site) parent/caretaker will notify DD day services staff. Day service center staff will document (on form) changes in medication, date of change, who notified staff of change, and initial/title of staff.
  - b. When medication changes occur for consumers who reside at 24 hour residential sites, residential staff will send completed form documenting changes in medication, date of change, and initial/title of residential staff to day service center.
3. All oral/topical medications transported between 24 hour residential site/home and day services will be handled as follows:
  - a. **Prescribed medication** must be in the original container/label with consumer name; name of medication, date prescribed, dosage and frequency.
  - b. **Over-the-counter** medication must be in the original container, with consumer name written on the bottle, dosage and frequency.
- C. The procedures governing the administration of medications in Crisis Stabilization Program are documented in Pine Woods Policy and Procedure Manuals.
- D. Up-to-date pharmaceutical reference materials are available to all direct care staff responsible for assessing medication effects on target symptoms and medication side effects.
- E. Housing consumers will be given their medication to take with them when on-leave from site; medication will be secured when consumer returns.