

Guidelines for the Development of Medication Administration Policies and Procedures

The Rules for Adult Care Homes (Family Care and Adult Care Homes >7) require the facility to develop and implement medication administration policies and procedures with the assistance of a licensed health professional that is authorized to dispense or administer medications. Orientation of policies and procedures is to be provided to new staff responsible for medication administration prior to staff administering medications.

It is recommended that the following items be considered in developing a facility's policies and procedures for medication management. There are regulations pertaining to items with "*" and in ***bold italicized*** print.

1. Policies and Procedures

- a. Frequency of review/revision of policies and procedures
- b. Consultation with pharmacist, registered nurse or prescribing practitioner
- c. ****Orientation of staff***

2. Pharmacy Services (Dispensing Services)

- a. Name of Pharmacy, address and phone numbers
- b. ****Contract (for homes licensed with 12 or more beds)***
- c. Hours of Operations
- d. Delivery Schedule
- e. ****Emergency Services e.g. use of back-up pharmacy or "after hours" pharmacy***
- f. Medication Delivery System (Quantities to be dispensed and description of delivery system, i.e., 7-day unit dose, 30 day punch card, 30 day loose pak, 30 day unit dose, etc.)
- g. ****Non-contract Pharmacy provider (e.g., resident using outside pharmacy)***

3. Pharmaceutical Care Services (Consultant Services)

- a. ****Frequency of reviews and inspections***
- b. ****Qualified health professional responsible for review***
- c. ****Description of what review will involve, e.g., review of records, observation of medication passes, inspection of medication storage areas, training/in-services for staff***
- d. ****Documentation of medication review for each resident and other responsibilities***
- e. ****Method of reporting discrepancies and recommendations from medication review***
- f. ****Methods of documenting action taken, follow-up to reports by facility, physician, etc.***
- g. Sample of forms used

4. Medication Staff (Identify who can administer medications and qualifications required)

- a. ****Qualifications of unlicensed staff***
 1. ****Completion of the required Medication Administration Courses for unlicensed staff in adult care homes or Verification of employment***
 2. ****Validation of Medication Administration Skills Validation Form***
 3. ****Written exam***
 4. Other requirements, i.e., NA or HS diploma, facility training
 5. ****Medication Administration Tasks under Licensed Health Professional Support (Refer to item 11c) 13F/13G .0504, e.g., Validation and documentation***
- b. ****Training/In-services***
 1. ****Insulin***
 2. ****Psychotropics***
 3. ****Infection Control***
 4. ****Required CE hours***
- c. ****Documentation and verification of qualifications – Where is it maintained?***

5. Methods used in receiving, recording, transcribing, maintaining and implementing of physician's written, verbal and telephone orders, including at least:

- a. **Elements of complete order*
- b. **Clarification of orders, e.g. Documentation of clarification obtained*
- c. **Psychotropic orders*
 1. **Specific indications for administration*
 2. **Clarification*
 3. **Care Plan regarding administration*
 4. **Training on administration and side effects, e.g., frequency and documentation*
- d. Verbal/telephone orders
 1. **Procedures for taking verbal orders*
 2. **Time lapse for obtaining prescribing practitioner's signature*
 3. **Maintaining copy*
- e. Admission/transfer orders
 1. **Verification of orders on FL-2, i.e., when and who is responsible and documentation of verification*
 2. **Readmission orders*
- f. Physician Order Sheets, (if used)
 1. **Frequency and review by facility*
 2. **Signature of prescribing practitioner*
- g. Written medication orders
 1. Prescriptions
 2. Fax Orders
- h. **Changes in medication orders, e.g., new orders and discontinuing orders*
- i. Orders for and from outside agencies, e.g., home health

6. Ordering medications from pharmacy and documentation of same:

- a. New orders
- b. **Admission orders*
- c. Refills
- d. **Emergency or "after hours" pharmacy*

7. Time lapse for starting administration of new orders:

- a. Emergency or stat orders
- b. Antibiotics
- c. Routine Medications
- d. **Methods of legal borrowing of doses*

8. Medications for leave of absence

- a. **Methods of providing medications*
- b. **Reconciliation of meds returned from leave of absence*
- c. **Forms – Documentation and Retention or filing of forms*

9. Receipt of medications

- a. **Security – Who is authorized to receive deliveries?*
- b. **Verification of receipt from pharmacy, e.g., invoice, manifest, delivery sheet, etc.*
- c. **Medications brought in at admission or by families, e.g., documentation, forms, etc.*
- d. **Retention of records, e.g., by whom and for how long?*
- e. **Reporting discrepancies*

10. Medication labeling and packaging guidelines and requirements:

- a. **Prescription medications*
- b. **Non-prescription medications*
- c. **House Stock medications*
- d. Samples supplied by prescribing practitioner
- e. **Medication label errors*
- f. **Medication label changes*

11. Medication Administration:

- a. **Prepouring (if allowed by your facility)*
 1. **Medications allowed to be prepared in advanced*
 2. **Storage of medications prepared in advance*
 3. **Labeling and documentation*
- b. *Medication Administration Record (MAR)*
 1. **Methods of recording:*
 - a. **Routine doses (not PRN)*
 - b. **Omitted dose, refused doses, etc.*
 - c. **PRN doses (i.e., justification and response)*
 - d. **Signature equivalents of initials*
 2. **Scheduled hours of administration (e.g., frequency and administration times - if order states tid – scheduled times may be 8am-12pm-4pm, or 9am-1pm-5pm, etc.; insulin and oral hypoglycemic medications; medications prescribed in accordance with meals, ac and pc)*
 3. **Procedures for identifying of residents, i.e., photos*
- c. **Step by step procedures for the administration of, including infection control:*
 1. *Oral solid medications, e.g., tablets and capsules, oral liquids*
 2. *Sublingual medications*
 3. *Oral Inhalers*
 4. *Eye drops and ointments, ear drops*
 5. *Nose drops and Nasal sprays/inhalers*
 6. *Topical or External medications, e.g., creams and ointments*
 7. *Transdermal medications/patches*
 8. *Nebulizers***
 9. *Suppositories**, i.e., vaginal and rectal*
 10. *Enemas***
 11. *Injections**, i.e., infection control policies for syringes, site rotation and documentation*
 - a. **Insulin*
 1. Parameters for when to hold insulin and notification of supervisor or appropriate health professional
 2. Interventions for abnormal blood glucose readings
 - b. **Other subcutaneous medications*
 14. *Gastrostomy Tube***

(Above tasks with ** require validation by RN – Refer to LHPS rules 13F/13G .0903)

- d. **Crushing of solid dosage forms*
 1. **Physician's Order*
 2. **Proper technique*
 3. Identification of medications that can not be crushed, e.g., Do Not Crush List
- e. **Self-Administration*
 1. **Physician's Order*
 2. **Storage of medications*
 3. **Monitoring of resident's ability to self-administer and documentation of monitoring, e.g., form and who is responsible for monitoring*

- f. Medications brought in by residents/families
 - 1. How they are handled, e.g., obtaining medications (new orders or refills), change in medications
 - 2. Labeling
 - g. ***Medication Administration Errors**
 - 1. Definition of medication error
 - 2. ***Methods of reporting and taking corrective action**
 - 3. Methods of analyzing
 - h. Steps to be taken, e.g., notification of supervisor or appropriate health professional, when routinely prescribed medications are frequently omitted, e.g. refused or unavailable and “prn” or “as needed” medications are frequently administered
12. Disposition of medications
- a. ***Release of medications to discharged residents, e.g., forms and documentation**
 - b. ***Storage of medications for destruction or return to pharmacy**
 - c. ***Methods of destruction**
 - 1. ***Omissions/Refusals or contaminated doses**
 - 2. ***Medications discontinued, expired or belonging to deceased resident**
 - d. ***Staff or Health Professionals authorized to dispose of medications**
 - e. ***Records of disposition and retention of records**
 - f. ***Disposition of controlled substances**
 - 1. ***Omissions/Refusals or contaminated doses**
 - 2. ***Medications discontinued, expired or belonging to deceased resident**
 - g. Disposition timeframes of special medications, e.g. insulin, Miacalcin, Xalatan, etc.
13. Medication storage
- a. ***Security**
 - b. ***Internal and External Separation**
 - c. Who has access to medication storage areas, i.e., authorization of keys?
 - d. ***Refrigeration storage**
 - 1. ***Temperature**
 - 2. ***Separation of medications and food (when stored together)**
 - 3. Short expiration medications, e.g. insulin, Miacalcin, Xalatan, etc.
 - e. ***Controlled Substances**
 - f. ***Medications in residents’ rooms**
14. Controlled Substances
- a. ***Method of accountability, i.e., declining count**
 - b. ***Reporting discrepancies**
 - c. ***Retention of records**
 - d. ***Storage and security**
15. Quality Assurance (Methods of monitoring including frequency and staff and/or health professionals responsible for monitoring)
- a. Monitoring MARs
 - b. Monitoring /observing actual act of medication administration
 - c. Monitoring controlled substance accountability
 - d. Monitoring medication storage
 - e. Monitoring qualification of medication staff
 - f. Monitoring medication reviews and follow-up
 - g. Tracking or review of identified problem areas and corrective action

16. Accepted Abbreviations (Policy should discourage use of abbreviations to promote safe administration practices. If abbreviations are accepted, list should be provided for reference.)

17. Tables of weights and measures conversion

18. References for staff

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