10A NCAC 13D .2306 is readopted as published in 40:12 NCR 986-998 as follows:

10A NCAC 13D .2306 MEDICATION ADMINISTRATION

(a) The facility shall ensure that medications are administered in accordance with applicable occupational licensure regulations and manufacturer's recommendations.

(b) The facility shall ensure that each patient's drug regimen is free from drugs used in excessive dose or duplicative therapy, for excessive duration or without indications for the prescription of the drug. Drugs shall not be used without monitoring or in the presence of adverse conditions that indicate the drugs' usage should be modified or discontinued. As used in this Paragraph:

(1) "Excessive dose" means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer for a resident's age and condition.

(2) "Excessive Duration" means the medication is administered beyond the manufacturer's recommended time frames or facility-established stop order policies or without either evidence of additional therapeutic benefit for the resident or clinical evidence that would warrant the continued use of the medication.

(3) "Duplicative Therapy" means multiple medications of the same pharmacological class or category or any medication therapy that replicates a particular effect of another medication that the individual is taking.

(4) "Indications for the prescription" means a documented clinical rationale for administering a medication that is based upon as assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations.

(5) "Monitoring" means ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline data in order to:

(A) Ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal;

(B) Detect any complications or adverse consequences of the condition or of the treatments; and

(C) Support decisions about modifying, discontinuing, or continuing any interventions.

(c) Antipsychotic therapy shall not be initiated on any patient unless necessary to treat a clinically diagnosed and clinically documented condition. When antipsychotic therapy is prescribed, unless clinically contraindicated, gradual dose reductions and behavioral interventions shall be employed in an effort to discontinue these drugs. "Gradual dose reduction" means the stepwise tapering of a dose to determine if symptoms, conditions or risks can be managed by a lower dose or if the dose or the medication can be discontinued.

(d) The facility shall ensure that procedures aimed at minimizing medication error rates include the following:

(1) All medications or drugs and treatments shall be administered and discontinued in accordance with signed medical orders with are recorded in the patient's medical record. Such orders shall be

complete and include drug name, strength, quantity to be administered, route of administration, frequency and, if ordered on an as-needed basis, a stated indication for use.

(2) The requirements for self-administration of medication shall include the following:

(A) determination by the interdisciplinary team that this practice is safe;

(B) administration ordered by the physician of other person legally authorized to prescribe medications;

(C) instructions for administration printed on the medication label; and

(D) administration of medication monitored by the nursing staff and consultant pharmacist.

(3) The administration of one patient's medications to another patient is prohibited except in the case of an emergency. In the event of such emergency, the facility shall ensure that the borrowed medications are replaced and so documented.

(4) Omission of medications and the reason for omission shall be indicated in the patient's medical record.

(5) Medication administration records shall provide time of administration, identification of the drug and strength of drug, quantity of drug administered, route of administration, frequency, documentation sufficient to determine the staff who administered the drugs. Medication administration records shall indicate documentation of injection sites and topical medication sites requiring rotation of transdermal medication.

(6) The pharmacy shall receive an exact copy of each physician's order for medications and treatments.

(7) When medication orders do not state the number of doses or days to administer the medication, the facility shall implement automatic stop orders according to manufacturer's recommendations.

(8) The facility shall maintain an accountability of controlled substances as defined by the North Carolina Controlled Substances Act, G.S. 90, Article 5.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, 1996;
Amended Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, a rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;
Pursuant to G.S. 150B-21.3A, rule is necessary Eff. April 2, 2025;
Readopted Eff. ~~August 1, 2026.~~May 1, 2026.