

# MEDICATION ASSISTANCE AND ADMINISTRATION POLICY

Individuals receiving services require varying degrees of assistance and support with compliance to their medication and/or treatment orders in Day Services.

The Coordinated Service and Support Plan (CSSP) or addendum will identify if the individual requires assistance with 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 Day Services provider will not be assigned the responsibility. The person will self-administer both prescribed and over-the counter and alternative medications.

## **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 CSSP or addendum, Day Services assumes the responsibility to assure 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 Day Services can facilitate the individual's active participation in receiving their medication or treatment.

## **SELF MEDICATION PROGRAMS**

A formalized program for self administration could be developed if the person has the necessary skills and abilities.

1. It will be the responsibility of the person's place of residence to determine criteria for self-administration of medication and to obtain the prescriber's orders for selfadministration if required. The Day Services will comply with the program established by the person's place of residence.
2. In the event the person is in a training program for self-administration and the person's place of residence requests the Day Services staff to supervise the administration of medications, staff will observe the person take his/her medication and will document the supervision on the medication administration record.
3. If there are concerns noted about a person's abilities in self-administration of medications, the staff will notify the person's place of residence and legal representative.

## **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 Day Services setting.

## **REQUIREMENTS FOR MEDICATION ADMINISTRATION PROCEDURES**

To insure safe, consistent, and accurate provision of healthcare, it is necessary that the Day Services have standardized policies and procedures for medication and treatment assistance / 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 Day Services provider and nurse review these policies and procedures annually to evaluate continued adequacy and appropriateness to meet the specific needs of the individuals.
4. The nurse's signature on the front page of this manual indicates review and approval of the written procedures to assure safe medication handling and administration.
5. Medication administration procedures must include those procedures necessary to implement medication and treatment orders. They include:
  - assignment of medication responsibilities in the CSSP or 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 insure safe medication handling and administration with a correction plan, if indicated.

### **MEDICATION ADMINISTRATION AND TREATMENT AUTHORIZATION**

If administration of medications / treatments is assigned in the CSSP or addendum, the Day Services provider will obtain written authorization from the individual or the individual's legal representative.

1. This authorization must be updated and will remain in effect unless it is withdrawn in writing and 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 psychotropic medications:
  - 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.
5. Non-medicated, preventative, topical solutions such as hand lotion, sunscreen, and insect repellant may be administered without guardian authorization or physician order based on the recommendations of the nurse and/or at the discretion of staff.

### **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 prescriber'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 physician 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 / SET UP TRAINING**

All staff who have the responsibility of medication administration or medication set up must be at least 18 years of age and receive medication training through an accredited Minnesota postsecondary 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.

### **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      • gastrostomy
- inhaler • subcutaneous injections
- nasal spray    • transdermal

- vaginal                      • buccal
- rectal   • sublingual

## **PROCEDURES FOR SUPERVISION OF STAFF IN MEDICATION ADMINISTRATION**

1. It is the responsibility of the RN to provide on-going supervision and monitoring of the performance of medication administration.
2. This supervision may include:
  - direct observation of the staff member administering medication ☐ monitoring of medication administration error reports
  - periodic review of the procedures.
3. If at any time the RN has determined that medication administration is not being performed safely, the RN may do one of the following:
  - re-train the staff member
  - require additional training
  - provide more frequent direct supervision
  - determine the staff member cannot adequately perform the delegated medication administration and inform the Day Services provider
4. Procedures for supervision of staff in the performance of medical treatments can be found in the Medical Treatment section.

## **COMMUNICATION CONCERNING MEDICATIONS**

1. Concerns regarding medications (including effectiveness, side effects, adverse reactions, and issues about medications) may be communicated to the person's place of residence via phone. It is recommended the occurrence of this phone conversation be documented in the person's record.
2. An alternative method for communicating concerns to the person's place of residence is to submit them in writing. The *Health / Medication Concerns* form may be used for this purpose. A completed copy of this form will be sent to the person's place of residence. The original will be maintained in the person's record (see form in this section).
3. At the annual team meeting, the medications that are to be administered in the program will be reviewed. The person and legal representative will be asked if they require additional information regarding these medications. At the request of the person or legal representative, the program staff will contact the nurse to provide this information.

## MEDICATION AND TREATMENT ORDERS

Written prescriber's orders will be obtained for all medications to be administered. Medications may be ordered by a physician, dentist, or other health professional licensed to prescribe.

A copy of the written prescriber's orders will be requested from the person's place of residence and placed in the individuals' record at the Day Services. The orders may be found 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
- *A Medication Profile* form
- Written prescription
- A current prescription label can serve as the written order

Non-medicated, preventative, topical solutions such as hand lotion, sunscreen, and insect repellent may be administered without guardian authorization or physician order based on the recommendations of the nurse and/or at the discretion of staff.

## NOTIFICATION REQUIREMENTS FOR REPORTING CONCERNS ABOUT MEDICATIONS

1. A prescriber or nurse must be notified of any concerns about the medication, including: ☐ side effects,
  - effectiveness,
  - a pattern of the person refusing to take medication as prescribed, ☐ all medication errors, and
  - suspected adverse reactions.
2. Identified adverse reactions will be immediately reported to the prescriber.

## 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 insure effectiveness, the specific times the medication or treatment is to be administered;**

This information is located on the medication administration record.

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 monthly medication record when the reason the medication was prescribed is specified;
- on the *Information About Medications* form;
- 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 nurse and notify the person's place of residence.

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

The nurse consultant and the person's place of residence will be notified when the medication or treatment is not taken as prescribed at the time of occurrence.

**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. The information may also be located on the *Medication/Treatment Discrepancy* form if an error has occurred.

**8. notation of when medication or treatment is started, changed, or discontinued;**

This information is located on the medication administration record.

**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;**

Reports of the above issues will be made to the person's place of residence as they occur. Notations of reports made to the individual's prescriber will be documented. Reports to the case manager or legal representative will be documented on a *Medication / Treatment Discrepancy* form, or on the *Medication Record Review* form.

**10. verification and monitoring of effectiveness of systems to insure safe medication handling and administration.**

The nurse consultant will continually monitor medication administration systems to assure safe medication handling and administration. If the nurse determines there are concerns with medication administration, the nurse 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 assure accuracy and compliance. Policies and procedures are written to assure action is taken, the nurse 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 nurse consultant:
  - Orders are reviewed by the nurse consultant for all medication or treatment changes.
  - Medication administration records are reviewed on a monthly basis by the nurse consultant to ensure completeness. The nurse's signature on the medication administration record indicates this review.
  - The nurse is notified of all medication / treatment discrepancies and refusals.
  - *Medication/Treatment Discrepancy* forms are completed by staff as they occur, and are reviewed by a nurse, 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 CSSP or 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.

The procedure for the review is located in the Medication Documentation section.

## **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 CSSP or 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 CSSP or 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:

- *Health / Medication Concerns* form
- *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 nurse, or person's place of residence 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 nurse of all new medication orders.
17. Notify the nurse, the person's place of residence and your supervisor of all medication omissions, errors, and refusals.

## RESPONSIBILITIES FOR MEDICATION AND TREATMENT POLICIES AND PROCEDURES

### Title of Person Responsible

### Responsibility

_____	Ensure the authorization is obtained if assigned in the CSSP / addendum for the 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 medication supply from the person's place of residence.
_____	Check all new prescribers orders to make sure they correlate with the prescription label and the Medication Administration Record (MAR).
_____	Obtain or generate the MAR.
_____	Review the MAR for accuracy at the beginning of the month.
_____	Check the MAR for completeness / errors at the end of the month.
_____	Check medication storage area for sanitation and security on a monthly basis.
_____	Ensure information on medication side effects and adverse reactions is available.
_____	Ensure staff who are responsible for medication administration have received training.
_____	Notify the person's place of residence 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.
_____	Assure outdated, discontinued, or contaminated medications are returned to the person's place of residence or destroyed.
_____	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:

<i>Route</i>	<i>Date</i>	<i>Nurse Signature</i>
	_____	Oral
	_____	_____
	_____	Skin/topical
	_____	_____
	_____	Ear drops
	_____	_____
	_____	Eye drops
	_____	_____
	_____	Buccal
	_____	_____
Gastrostomy	_____	Sublingual
Subcutaneous Injection	_____	_____
	_____	Inhaler
	_____	_____
	_____	Nasal Spray
	_____	_____
		_____
		_____
Other		_____
Other		_____
Other		_____

File in staff member's personnel file.

# 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

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Legal Representative Signature

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Legal Representative Name  
(Please Print)

---

Date

---

Program Director Signature

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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 Day Services provider has been assigned the responsibility in the CSSP or addendum. I understand this authorization includes the following medications and treatments prescribed by a health care professional:

- routinely scheduled medications
- psychotropic medications
- 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 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 physician (this requires additional authorization).

I understand this authorization will remain in effect unless it is withdrawn in writing. I understand, by written request, I can revoke or revise this authorization at any time.

I understand if I refuse to authorize medication / treatment administration, the Day Services 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 Day Services provider will act in a medical emergency when the person's legal representative cannot be reached or is delayed in arriving.

**I authorize the Day Services provider to act in a medical emergency.**

**I authorize medication/treatment administration. Describe specific limitations or requests:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **HEALTH/MEDICATION CONCERNS**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Health Concern** (Check all areas of concern, describe under comments section)

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature

Notification:

\_Nurse      Oth\_\_\_\_\_  
\_Case Manager\_\_\_\_\_  
\_Legal Guardian\_\_\_\_\_  
\_Caregiver      \_\_\_\_  
\_Contact Number\_\_\_\_\_

Follow up \_\_\_\_\_

Mental/Emotional/Behavioral: <input type="checkbox"/> anxiety <input type="checkbox"/> crying <input type="checkbox"/>				
agitation	<input type="checkbox"/> restlessness	<input type="checkbox"/> displaying known pain behaviors	<input type="checkbox"/> ↑ tiredness/sedation	<input type="checkbox"/> ↑ in target
behaviors	<input type="checkbox"/> ↑ confusion			
<input type="checkbox"/>				
<input type="checkbox"/> unusual quietness				

Medication concerns: <input type="checkbox"/> refusing meds <input type="checkbox"/> displaying possible med side effects <input type="checkbox"/> low blood sugar concerns <input type="checkbox"/> high blood sugar concerns <input type="checkbox"/> reports taking meds incorrectly	
Breathing: <input type="checkbox"/> bloody nose <input type="checkbox"/> shortness of breath <input type="checkbox"/> wheezing <input type="checkbox"/> cough <input type="checkbox"/> nasal discharge <input type="checkbox"/> nasal congestion	
Skin: <input type="checkbox"/> rash <input type="checkbox"/> itching <input type="checkbox"/> blue (cyanosis) <input type="checkbox"/> open sore <input type="checkbox"/> bruising <input type="checkbox"/> swelling <input type="checkbox"/> reddened area <input type="checkbox"/> pain <input type="checkbox"/> pus/discharge	
Hygiene/grooming: <input type="checkbox"/> toenail concerns <input type="checkbox"/> fingernail concerns <input type="checkbox"/> body odor <input type="checkbox"/> oral hygiene	
Ears: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/> pain <input type="checkbox"/> visible earwax <input type="checkbox"/> discharge	Eyes: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/> pain <input type="checkbox"/> discharge <input type="checkbox"/> redness <input type="checkbox"/> abnormal eye movement
Gastro-intestinal: <input type="checkbox"/> ↑ choking episodes <input type="checkbox"/> reports nausea <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> weight change <input type="checkbox"/> appetite change <input type="checkbox"/> constipation <input type="checkbox"/> reports stomach pain <input type="checkbox"/> dietary concerns <input type="checkbox"/> tube-feeding problems	
Muscular/skeletal: <input type="checkbox"/> swelling <input type="checkbox"/> stiffness <input type="checkbox"/> stumbling <input type="checkbox"/> lack of coordination <input type="checkbox"/> reports pain <input type="checkbox"/> abnormal movements	
Urinary Tract: <input type="checkbox"/> ↑ frequency <input type="checkbox"/> incontinence <input type="checkbox"/> reports burning/pain <input type="checkbox"/> odor <input type="checkbox"/> difficulty voiding <input type="checkbox"/> catheter problems	
Discomfort: <input type="checkbox"/> headache <input type="checkbox"/> dizziness <input type="checkbox"/> sore throat <input type="checkbox"/> mouth pain <input type="checkbox"/> tooth pain <input type="checkbox"/> other pain location: _____	
Equipment concerns: <input type="checkbox"/> nebulizer <input type="checkbox"/> glasses <input type="checkbox"/> hearing aid <input type="checkbox"/> wheelchair <input type="checkbox"/> walker <input type="checkbox"/> other: _____	

*Original remains in client file. Copy to individual's caregiver.*