

# POLICIES AND PROCEDURES MANUAL

KEYSTONE COMMUNITY RESOURCES, INC.

KEYSTONE INDEPENDENT LIVING, INC.



**Policy Title:**  
Medications

**Chapter:**  
7 - Nursing

**Effective Date:**  
5-1-05

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12-31-08

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7-100-001

**Executive Director**

## SCOPE:

All programs operating under 2380, 2390, 3800, and 6400 licensing regulations.

## INTRODUCTION:

Keystone Community Resources adheres to all requirements specified by bulletins issued by the Pennsylvania Department of Public Welfare and all applicable regulations regarding medication administration.

### Administration of medications

Medications are given only at the order of a physician who cares for the individual. Medications are prescribed by the physician for a specific reason and are only given to the individual for whom they are prescribed.

Medications are typically administered at 8:00 am, noon, 5:00 pm, and 9:00 pm unless otherwise prescribed by physician. Medication dose frequency is typically assigned to the following times:

Daily (qday)	8:00 am
BID (twice a day)	8:00 am and 9:00 pm
TID (three times a day)	8:00 am - 5:00 pm - 9:00 pm
QID (four times a day)	8:00 am-12:00 pm (noon)-5:00 pm-9:00 pm
HS (at sleep time)	9:00 pm
q8 (every 8 hours)	7:00 am, 3:00 pm, 11:00 pm <b>OR</b> 8:00 am-4:00 pm-12:00 midnight
q6 (every six hours)	6:00 am-12 noon- 6:00 pm-12 midnight.

Medications may be administered up to an hour before or after the medication time, unless medical instructions indicate otherwise.

### Management of OTC (over the counter medications):

The administration of OTC (over the counter medications) will follow the Medication Administrative Policy. OTC (over the counter medications) will be prescribed by a licensed physician. OTC (over the counter) bottles will not require a separate label for each individual.

## **Who Can Administer Medications**

Prescription medications may only be administered by the following:

1. Licensed physicians, licensed dentists, licensed physician assistants, licensed registered nurses and licensed practical nurses.
2. Graduates of approved nursing programs functioning under the direct supervision of a nursing professional who is present in the home.

## **Who Can Administer Medications (continued)**

3. Student nurses of approved nursing programs functioning under the supervision of the nursing school faculty who is present in the home.
4. Staff (non-medical personnel) who have passed the Pennsylvania Department of Public Welfare's authorized medication administration training course, including required medication passes and Medication Administration Record (MAR/Kardex) reviews, and timely recertification, as required by DPW guidelines.

## **Self Administration of Medication**

An individual is considered capable of self administering medications when:

1. He/she is able to recognize and distinguish his/her medications.
2. He/she knows how much medication is to be taken.
3. He/she knows when and how the medication is to be taken.

Individuals who are self-administering medication must be re-assessed annually, using criteria of the above three skills. The ability to self administer medication must be documented in the individual's annual skill assessment and in the annual service plan.

Self administering individuals may store their medications separately from other program participants. If the self-administering individual lives in a setting with others who require that poisons be locked, all medications must be stored in a locked area or container.

## **Insulin Injections**

Where non-medical personnel administers insulin injections, the following guidelines apply:

1. Within the previous twelve months, the staff must have passed the authorized medications administration course and a diabetes education program that meets the National standards of the National Diabetes Advisory Board.
2. The individual receiving the insulin must be under the care of a licensed physician who is monitoring their diabetes.
3. Insulin must always be measured by licensed, registered medical personnel or certified staff.

## **Documentation of medication administration**

A medication administration record (MAR) is maintained for each individual and includes the individual's name, the name of medication prescribed, the prescribing physician, the dosage, route, time, date medication is administered, and other instructions. The name of the person who administers the medication and their initials must be noted on the back of the MAR. The administration of medication, including non-prescription medication, must be recorded immediately after administering.

For positive identification prior to administering medication, a photo I.D. of the individual will be included on the medical chart, MAR and medication storage system.

### **Ordering New Medications or Refills**

New medication orders from a licensed physician are processed by the pharmacy in a number of ways. The physician's office may order directly with the pharmacy. Staff should take scripts directly to the pharmacy, or may arrange to take a script to the nursing department to be sent to the pharmacy.

### **Ordering New Medications or Refills (continued)**

If the pharmacy does not automatically process a refill, staff should call the pharmacy to request refills approximately four to seven days in advance.

Staff should confirm whether the medication needs to be picked up or if the pharmacy will deliver the medications.

### **PRN Medications**

A PRN medication may be either a prescribed medication or an over the counter medication/standing order. PRN medications are administered only as needed, for example, in response to symptoms such as constipation or pain. Instructions must identify when to administer the medication, and the dose.

Administration of any PRN not listed on the MAR should be documented on the back of the MAR, noting specific symptoms and the date, time, and dose given.

### **When a Medication is Not Taken in the Prescribed Timeframe**

- **Missed Dose**

A medication is considered missed if it is not given in the required timeframe. Medications may be missed for a number of reasons. For example, a person's medication may be missed if s/he is at the emergency room, on a home visit, if the medication time is missed by the staff who is to administer the medication, if the individual spits out the medication and another dose is not given within the timeframe, or if the physician orders that the medication be held. A missed dose is documented on the MAR with an "O" for omission, unless the individual is hospitalized or absent from the home without staff supervision (see Therapeutic Leaves/Vacations). With the above exceptions, the staff also document the reason for omission on the back of the MAR.

Contact should be made with the prescribing physician to report the missed dose and receive follow up instructions, if any.

If the omission was due to staff error, the medication error procedures must be followed.

- **Refusals**

When the individual refuses to take a medication within the required timeframe, this is considered a missed dose, but not a medication error. This is documented on the MAR by circling the box and writing an "R" for refusal. An incident report should be completed.

Contact should be made with the prescribing physician to report the missed dose and receive follow up instructions, if any.

A plan to address repeated refusals should be developed. Strategies to address refusals should be documented in the individual's service plan.

- Therapeutic Leaves, Vacations

When an individual is away, and not with staff (family visit, vacation, other leave), the MAR will be marked with a "V" for home visit, "H" for hospital, or "A" for other absence.

**When a Medication is Not Taken in the Prescribed Timeframe (continued)**

- Therapeutic Leaves, Vacations (continued)

If the individual's medications are returned after the absence, and a medication was missed during their absence, it is not considered a medication error. The unused medication should be discarded, following the guidelines for disposal of medication.

**Medication Storage**

Medications must be stored under proper conditions of sanitation, temperature, moisture and light. For safety reasons, prescription and toxic non-prescription medications must be stored in an area or container that is locked.

Refrigerated medications require a separate locked container. Prescription medication must be kept in the original container with the pharmaceutical label that includes:

- the individual's name
- the medication name
- date the prescription was issued
- the prescription dose
- the prescribing physician's name
- the pharmacy name and address
- the refill date (if applicable)
- instructions for administration

Non-prescription medications must have an original label.

Self administering individuals may store their medications separately from other program participants. If the self-administering individual lives in a setting with others who require that poisons be locked, all medications must be stored in a locked area or container.

**Controlled Substances**

Controlled substances, both liquid and tablets, must be counted at each administration time and stored under a double-locked system.

If the count/amount of a controlled substance is either too much, or too little, the medication should be recounted, and the MAR should be rechecked. Errors in the count should be reported immediately to the designated agency personnel and documented.

If the individual has missed a prescribed dose, or received more medication than prescribed, the staff should follow medication error procedures, including contacting the physician and completing an incident report.

If there are extras of the Schedule II (controlled substance) medication, this must be documented on the Schedule II sheet and procedures for disposal of medication should be followed. Controlled substances to be disposed of should be double locked until disposal or return to the pharmacy.

### **Medication Administration Outside the Home**

If an individual is going to be absent from the home **without** staff supervision, staff should request separate packaging of medications by the pharmacy. The individual or family is expected to return unused medications to the home upon return.

Written instructions on the medications including dose and times, side effects, and a medical history should be given to individuals who will be administering the medications, if they are not familiar with the person's medical history and current medications.

Staff who administers medications to individuals away from the home or day program site may not repackage the medications from the original container provided by the pharmacy. Staff may request separate packaging from the pharmacy for staffed vacations.

### **Disposal**

Two methods of disposal of medications are acceptable:

- 1) Medications may be returned to the pharmacy, with the individual's name, the medication name, amount, and reason for return documented on a Pharmacy Return form, and initialed by the staff. (This is the method approved for KCR consumers/settings.)
- 2) With two staff present, medications are disposed of beyond recognition and documented on an incident report, noting the individual's name, medication name, amount, the method of disposal, and the reason for disposal. Both staff must sign the incident report. (This is approved for KIL consumers/settings.)

This applies to expired medication, discontinued medication, and medication that is unused for any other reason.

### **Use and disposal of gloves**

Universal precautions are used to prevent the spread of disease. Hands must be washed before and after medication administration.

Gloves may also be used for preventing spread of disease. For example, gloves should be used when administering topical medications. If gloves are worn during medication administration, they should be used and removed properly to prevent spread of disease, and discarded immediately.

## **DISCUSSION:**

MAR is the term used for the medication administration record, historically referred to as a Kardex at Keystone. Because the term MAR is commonly understood in the health care industry, Keystone will begin using this term as well.

Attachment: MAR legend

Reference *Administering Medication the Right Way* course training and review requirements for non-medical personnel.