COMPLETE THE FOLLOWING

Directions: You are competing with the other class participants to see who can finish first.

1. **Read all that follows before you start completing the tasks.**

2. **To begin, write your name in the upper right-hand corner of this page.**

3. **The medication administration record (MAR) is the document that is completed when a person takes his/her medication. After a person takes a medication, either the person or you will initial in a box to indicate that the person took the dose. Practice signing your initials in the first four (and ONLY 4) boxes below:**

4. **Put an "X" in the fifth and seventh squares above. An "X" indicates that a person will not take that particular dose, possibly because the doctor is tapering the person off of a particular medication.**

5. **Raise your right hand in the air, so the trainer can see who is winning the race.**

6. **Say out loud: "Staff must follow the six rights."**

7. **Put three small pen(cil) holes in the top left-hand corner of this page.**

8. **Print your name in all capital letters on the line below:**

_____

9. **Say out loud: "I am the first on to this point, and I am the leader in following directions."**

10. **Ask a person sitting next to you to print his/her name on the line below, using all capital letters:**

_____

11. **If you support someone who takes a controlled substance, you are required to count the medications every shift. In a normal tone of voice, count from 1 to 10.**

12. **Now that you have read the directions carefully, do not do anything described above. Just remain silent and observe the other people in the class. Did you read everything on the page before performing any tasks? If so, then you followed directions very well.**

MEDICAL EMERGENCY RESPONSE PLAN

(For use when individual has a medical condition with sudden, life-threatening complications or frequent need for emergency treatment)

Name: Bob Doe
Date: 12/2/02

Brief Description of the Condition & How you can tell the individual is experiencing its effects:

Asthma is a disease of the lungs. It is chronic. It causes breathing problems which are called "attacks" or "episodes". Asthma can be mild or severe – even life threatening. Asthma can be controlled and treated. This patient has mild, chronic asthma. When Bob has an asthma attack, his breathing will sound very wheezy and he will be taking rapid little breaths. He may also start coughing a lot.

What Crisis Might Happen Because of the Above Condition:

An asthma attack can occur when Bob breathes something that irritates his lungs (like cigarette smoke, dust or feathers). The air tubes in his lungs become tight and narrow. This makes it hard to breathe; if it gets too bad, he won't be able to breathe at all and could die.

What can staff do to prevent that crisis:

1. Help Bob avoid cigarette smoke, dust and feathers – No smoking around Bob!
2. Remind Bob to use his steroid inhaler every day according to the doctor's prescription.
3. Make sure Bob takes his Albuterol inhaler to work and on outings for quick relief if he has an attack. It should always be with him.

What signs can be observed that an emergency or crisis is happening or about to happen:

Coughing, wheezing, small rapid breaths, trouble talking, finger nails or lips are blue tinged, he uses or tenses up his neck muscles when he breathes.

Steps to Take if crisis begins to happen:

1. Measure Peak Expiratory Flow by having Bob take a deep breath, closing his lips completely over the mouthpiece and the blow into his meter. Have him do this three times and compare the highest score to his person best of 480.
2. If the highest peak flow score is below 385, then have Bob use his Albuterol inhaler every 20 minutes for 3 treatments. Notify the nurse on call.
3. Measure Peak Expiratory Flow again after the third treatment of Albuterol :
   a. if still lower than 480, but 385 or higher, continue Albuterol inhaler every 3-4 hours for 24 -48 hours, then double the dose of inhaled steroids for the next 7 days.
   b. if between 225 and 385, give prednisone tablet 25 mg, twice daily, by mouth. Continue Albuterol, notify nurse on call and call Dr. Honest today for further instructions (nurse on call may call Dr. Honest).
   c. if lower than 225, repeat Albuterol inhaler immediately, then call 911, or go to the emergency room.

Emergency Contacts:

Name	Relationship to Individual	Phone number(s)
Mary Doe	Mother	l23-4567
Rita Haywood	Residential Services Director	l23-2323

Key Medical Information to Bring:

Documents (include list of medications and allergies)	**Where kept**	Consent for release of information obtained? **(n/a for parents)**
Advance Directives/DNR Orders __ yes _X_ no		
Medication list	front of blue notebook	yes- see notebook legal section
Medical summary	front of blue notebook	yes- see notebook legal section

Training Related To This Plan:

Who Needs to be Trained	Topic(s)	Date completed
Rita Haywood	peak Flow meter use and asthma management	l/l2/2000
Laurie Smity, house lead	peak flow meter use and asthma management	l/l2/2000
John Franks	peak flow meter use and asthma management	2/l2/2000
Joe Flores	peak flow meter use and asthma management	2/l0/2000

SPECIFIC INFORMATION ABOUT VARIOUS ROUTES OF MEDICATION DELIVERY

You can anticipate getting this Individual-Specific Training from your agency nurse. Remember to explain each step to the person, so he/she knows what you are doing. And ensure that you take all safety precautions recommended by the IDT (e.g., how to support the person to rotate his/her head).

OPTHALMIC (EYE) MEDICATIONS/OINTMENTS

- ❑ Make sure that you are wearing gloves.
- ❑ Have the person look upward or tilt his/her head.
- ❑ Clean around the person's eye (e.g., if it is draining) with a wet washcloth. Make one swipe and rotate washcloth to prevent spread of infection. Continue wiping and rotating washcloth until eye is clean. Use a separate washcloth for the other eye.
- ❑ Pull down the lower eyelid and instill the correct number of eye drops inside the lower lid. Or apply a thin "string" of ointment just inside the lower lid. If it is safe to do so, steady your hand by gently resting it against the person's face. Do not touch the dropper or ointment tube to the eye or lashes of the eye.
- ❑ Have the person close his/her eyes gently and apply light finger pressure over the lacrimal sac (inside lower corner of eye) for one minute.
- ❑ Hand the person a tissue to blot excess medication if it drips out of eye.
- ❑ Explain that the person may experience blurred vision for a short time, so safety precautions should be taken.
- ❑ If the person has more than one eye medication, wait five (5) minutes before assisting with the next one.

OTIC (EAR) MEDICATIONS

- ❑ Make sure that you are wearing gloves.
- ❑ Warm the medication to body temperature by rubbing the bottle between your hands. However, to prevent loss of potency, avoid heating it above body temperature.
- ❑ Position the person properly (e.g., lying down on his/her side, sitting in a chair with his/her head tilted) so that the affected ear is facing upwards.
- ❑ Use a wet washcloth to clean around the outer ear if it has visible drainage. If this drainage is new, contact the agency nurse or health care provider. To clean, make one swipe and rotate washcloth to prevent spread of infection. Continue wiping and rotating washcloth until outer ear is clean. If needed, use a separate washcloth for the other ear. Do not insert cotton swabs or Q-tips deeply in the ear canal.
- ❑ Gently pull the person's ear to straighten the canal.
    - *Note: The ear canal in adults is at a slight angle. In order to place drops in the ear, grasp the upper outer ear and gently lift up and back—this straightens the ear canal in adults. For infants and children younger than 3, gently pull the outer ear slightly down and back.*
- ❑ Instill the medication into the person's ear without touching anything with the dropper. If it is safe to do so, steady your hand by gently resting it on the person's head.
- ❑ Have the person remain in position for several minutes so that the medication can be absorbed.
- ❑ Putting a cotton ball inside of the person's ear can prevent excess medication from leaking onto the person's clothing.
- ❑ If the person has more than one ear medication, wait five (5) minutes before assisting with the next one.

SPECIFIC INFORMATION ABOUT VARIOUS ROUTES OF MEDICATION DELIVERY
(CONTINUED)

You can anticipate getting this Individual-Specific Training from your agency nurse. Remember to explain each step to the person, so he/she knows what you are doing. And ensure that you take all safety precautions recommended by the IDT (e.g., how to support the person to rotate his/her head).

NASAL MEDICATIONS

Dropper

- ❑ Make sure that you are wearing gloves.
- ❑ Have the person gently blow his/her nose. Have the person lay down on his/her back with his/her head tilted back
- ❑ Using a dropper, instill the correct amount of medication into the person's nostril.
- ❑ Ask the person to turn his/her head slightly and repeat for the other nostril (if ordered).
    - Note: The medication order may state to keep the head tilted back for several minutes. Remind the person to breathe through his/her mouth. Observe for difficulty breathing or discomfort. Assist to sit up, as needed.
- ❑ Give the person tissue to wipe his/her face (as necessary). The person may need to spit out medication that has drained into his/her mouth.

Spray

- ❑ Make sure that you are wearing gloves.
- ❑ Shake the solution, and have the person sit upright.
- ❑ Cover one nostril. Insert the tip into the other nostril and squeeze a puff into the nostril or both nostrils (as ordered). Depending on the medication, the order will state to hold the breath or to inhale deeply. Do not use excessive force, as it that may cause a headache.
- ❑ Give the person tissue to wipe his/her face (as necessary).

Note: If the person has more than one nasal medication, wait five (5) minutes before assisting with the next one.

VAGINAL SUPPOSITORIES AND CREAMS

- ❑ Have the person use the restroom.
- ❑ Position the person comfortably on back with knees and legs apart. Cover the person so exposure is as minimal as possible.
- ❑ Make sure that you are wearing gloves.
- ❑ Prepare medication.
- ❑ Insert medication.
    - By hand: apply the ordered amount of medication on a gloved finger. Gently insert the medication 2-3 inches into the vagina along the vaginal wall.
    - By applicator: gently insert the applicator 2-3 inches into vagina, push the plunger, releasing the medication along the back of the vagina.
- ❑ Wipe vaginal opening (if necessary).
- ❑ Encourage the person to stay lying down for 20 minutes to increase medication absorption.
- ❑ Clean the applicator (if applicable).

SPECIFIC INFORMATION ABOUT VARIOUS ROUTES OF MEDICATION DELIVERY
(CONTINUED)

You can anticipate getting this Individual-Specific Training from your agency nurse. Remember to explain each step to the person, so he/she knows what you are doing. And ensure that you take all safety precautions recommended by the IDT (e.g., how to support the person to rotate his/her head).

RECTAL SUPPOSITORIES

- ❑ Position the person in a bed on his/her left side (with as little exposure as possible).
- ❑ Make sure that you are wearing gloves.
- ❑ Remove wrapper from medication.
- ❑ Lubricate suppository as directed on package or on suppository tip.
- ❑ Gently insert pointed end into the person's rectum. Have the person breathe during the procedure to help him/her relax the anal sphincter. Make sure the suppository is pressed against the wall of the rectum and not lodged in feces.
- ❑ If the person feels weak or debilitated, have him/her compress buttocks together for several minutes to keep the medication from being expelled.
- ❑ The person should avoid a bowel movement for 20 minutes so that the medication can be absorbed through the rectal wall.

PENILE CREAMS

- ❑ Have the person use the restroom.
- ❑ Position the person comfortably on back.
- ❑ Make sure that you are wearing gloves.
- ❑ Cover the person so exposure is as minimal as possible.
- ❑ Prepare the skin area to be treated. Usually, the previous medication should be washed away, and the area should be rinsed and patted dry.
- ❑ Gloves should be changed after cleaning the area.
- ❑ Apply cream to affected area following directions on medication label.

TOPICAL MEDICATIONS

- ❑ Make sure that you are wearing gloves.
- ❑ Prepare the skin area to be treated. Usually, the previous medication should be washed away, and the area should be rinsed and patted dry.
- ❑ Gloves should be changed after cleaning the area.
- ❑ Apply a thin coat of medication to affected area, as ordered.

SPECIFIC INFORMATION ABOUT VARIOUS ROUTES OF MEDICATION DELIVERY
(CONTINUED)

You can anticipate getting this Individual-Specific Training from your agency nurse. Remember to explain each step to the person, so he/she knows what you are doing. And ensure that you take all safety precautions recommended by the IDT (e.g., how to support the person to rotate his/her head).

METERED DOSE INHALANTS

- ❑ Assist the person to an upright position (e.g., in a chair).
- ❑ Shake the medication as directed on inhaler package.
- ❑ Make sure that you are wearing gloves.
- ❑ Instruct the person to breathe out fully.
- ❑ Remove top to inhaler and place mouthpiece into the person's mouth. Encourage the person to cover the mouthpiece with his/her lips. Assist the person to hold onto the inhaler.
- ❑ As the person inhales, ask him/her to activate the inhaler and continue inhaling as deeply and as long as possible.
- ❑ The person needs to hold his/her breath as long as comfortable to allow absorption of the medication into the lung tissues.
- ❑ Repeat at one-minute intervals if the physician order is for more than one "puff."

TRANSDERMAL PATCHES

- ❑ Assist the person to the appropriate position.
- ❑ Make sure that you are wearing gloves.
- ❑ Locate the old patch and remove it.
- ❑ Identify the correct site for the new patch, using a standard rotation pattern.
- ❑ Carefully remove the clear plastic backing from the patch, exposing the medication. The medication side is then pressed firmly onto the skin.
- ❑ Place old patch inside hand and roll glove off over patch. Discard.
- ❑ Additional guidelines are as follows:
    - Always remove the old patch before you apply the new patch.
    - Most orders for patches will say what days and times to apply new patches.
    - Apply the patches to an area that is normally covered by clothing. Sometimes the order will state where to place the patch.
    - Most patches can be worn while bathing, showering or swimming and will not come off.
    - If possible, patches should be applied after bathing.
    - Patches should be replaced if they become partially dislodged. Notify the doctor or health care provider if this is a frequent problem.
    - The outside of the patch is adhesive and will hold the patch tightly to the skin after it is pressed onto the skin.
    - Remember not to touch the medication. If you do, wash your hands thoroughly.

DETERMINING LEVELS OF SUPPORT

SCENARIO #1

Paul receives assisted living supports and is his own guardian. He speaks well and knows all about his medications (including the name of each medication, when he is supposed to take them, how the medications help him, the correct routes of medication delivery, and common side effects). He can complete a few of the steps involved in taking his medication; however, he has difficulty removing the medication from the container.

SCENARIO #2

Mary lives in a supported living home with one housemate. She has a legal guardian. Mary communicates primarily through facial expressions and vocalizations (e.g., she smiles when she is happy, she moans when she is in pain or is uncomfortable). The medication assessment completed by the nurse indicates that Mary does not appear to know specifics about her medication (e.g., the name of her medications, when she is supposed to take her medication, potential side effects). Mary takes three different medications. She takes a topical medication (i.e., a cream that is applied to her skin). She takes one medication orally (i.e., a tablet two times per day). She takes her third medication via injection.

SCENARIO #3

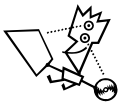
Denise lives at home with her mother and receives supported employment services through an agency. Denise is 19 years old. Her mother has not yet pursued legal guardianship. Denise communicates extremely well using her communication device (e.g., her emotions, feelings, ideas). She knows all about her medications (including the name of each medication, when she is supposed to take them, how the medications help her, the correct routes of medication delivery, and common side effects). She can complete all steps involved in taking her medication independently.

SCENARIO #4

Tom is 56 years old. He lives in a supported living home with two housemates. He can communicate a variety of things through facial expressions, gestures, and vocalizations (e.g., when he is happy, in pain, angry, uncomfortable). Tom has diabetes and cannot self-administer his injections. Tom's legal guardian wants the residential staff to help him with the injections and is prepared to sign the consent form.

MEDICATION DELIVERY JOB TOOL

Your goal is to teach the person to complete the following as independently and safely as possible:

1		Recognize the time	Right Time - Remember the two-hour window (one hour before and one hour after designated time). Teach the person to recognize the correct time to take his/her medication.
2		Wash hands thoroughly	This promotes good hygiene and reduces chance of infection.
3		Gather equipment	Get medication lock box and other needed supplies (e.g., adaptive equipment, teaching aids, gloves, medication documentation, cups, water, etc.)
4		Find a quiet area	Assist only ONE person at a time. This will help the teacher and learner concentrate. Also, it prevents accidental disclosures of protected health information.
5		Compare medication labels with the medication administration record (MAR)	TRIPLE CHECK that you have the right person, medication, and time. Teach the person to compare the MAR and the medication label.
6		Remove correct dose	Right Dose – Show the person how to remove the correct dose, ensuring that no errors are made. Occasionally, the pharmacy will make a mistake, so check closely!
7		Prepare to take medication	Ensure that you have followed therapy recommendations related to seating and positioning. Teach the person about his/her medication, including how the medication should help the person.
8		Take medication	Right Route – Make sure the medication goes into the person's body through the correct route. Is it a topical medication? Does the person take the medication orally?
9		Complete documentation	Right Documentation – Document on MAR and a controlled substance log (if necessary). Initial bubble pack if required. Make sure to count controlled medication. If the person can initial the MAR, have him/her do so; if not, then you model how to do it.
10		Store everything properly	Put supplies away. Remember to lock up medications and ensure that protected health information is placed in a secured area. Remember to teach the person proper storage procedures for his/her medication.
11		Observe for medication effects	Check to see if the desired effect is occurring. Document and report health concerns. If necessary, follow emergency procedures. Also, make sure to teach the person about possible side effects and drug or food interactions with his/her medication(s).

INSERT ALERT REGARDING BULK LAXATIVES HERE.

CONTINUUM OF CARE

GUIDELINES: Management of Client Refusal to Take Prescribed Medication

Introduction

These guidelines are intended to help community-based programs serving individuals with developmental disabilities obtain a balance between respecting each individual's right to refuse medication and assuring health and safety. This balance is often difficult to achieve, given the complexity of individual situations so it is very important to communicate clearly with physicians and pharmacists regarding these matters.

Prevention Strategies:

Programs should have the following information regarding all medications being taken by all individuals served, whether or not there has been a history of refusal. Remember, refusal is not the only reasons that a dose might be missed. These questions should be asked each time a new medication is prescribed and staff should ask the physician or pharmacists to also explain this information directly to the individual, regardless of their ability to communicate.

1. What are the implications if the individual misses a dose of this medication? What will result if they miss several doses? (For some drugs, the implications are very serious; for others, no cause for alarm.)
2. At what point should the program contact the physician due to missed doses? (i.e. after one, three in same day, ten in one month or if certain symptoms return, etc.?)
3. What are the acceptable time frames for getting the individual to take their medication? For example, can you still give it to them more than one hour after the dosage time? Is it important that doses be a certain period of time apart (i.e. no two doses any closer together than four hours)? (It is *especially* important to ask about time frames for giving anticonvulsant, psychotropic or antibiotic medication; ask if you can give two doses together if one is missed;. If yes, ask if the evening is the best time to do this.)

Other tips: Be upbeat when approaching the individuals about taking their medication. State, in a matter-of-fact way, "It's time to take your medicine" rather than "Do you want to take your medicine?"

Intervention for Occasional Refusal

1. **Ask them WHY they don't want to take it!** This is very important because, for some individuals, refusal is their way of letting you know that the medication has negative side effects, such as nervousness, nausea, drowsiness, bad taste, etc. In one case, an individual refused because another staff person had just given him his medication but failed to document the dose; he prevented an overdose. For individuals who have limited communication skills, you may need to be very observant to determine why they are refusing; look for patterns in time of dose (i.e. are you interrupting a favorite activity?), location, particular staff (i.e. does the individual only refuse on "Bobby's shift"?) gestures and body language. If you can determine WHY they won't take the medication, alternatives may become clear. For example, if they don't like the taste, maybe a breath

mint afterward, or a spoon of pudding would solve the problem. If the medication makes them feel bad in some way, alternatives could be discussed with the physician.

2. Find out if they understand what the medication is for. If they do not understand, remind them of the purpose and ask them again to take it.

3. Find out if they understand the implications of not taking their medication (which you found out from the physician or pharmacist as suggested). If they do not understand, remind them of the implications and ask them again to take it. (In addition to physical symptoms, implications may include the need to call the physician and report the missed dose.)

4. Wait a short time, and then encourage them again before the acceptable time frame expires. Generally, the time frame is one hour unless the physician gave more specific instructions.

5. If they continue to refuse, document the missed dose and state the reason (individual refused), along with other relevant information if known (i.e. they indicated nausea). In addition, contact the physician under circumstances as agreed when medication was prescribed and/or implement any steps in the ISP for missed doses.

Other tips: Be very matter-of-fact in your communication style with the individual about taking medication. Do not beg, threaten, bribe or force the individual. Do not say, "I'll get in trouble" or "You'll get in trouble."

Frequent or Persistent Pattern of Refusal

If the above strategies have not been successful, and the implications of missed doses jeopardize the individual's health, the Interdisciplinary Team should meet to:

1. Collect and document observations and knowledge of the reason the individual continues to refuse the medication. (Consider physical as well as behavioral barriers because maybe they have trouble swallowing the medicine.)

2. Collect and document strategies that have already been tried.

3. Identify questions for the physician (i.e. Are there alternative medications to treat the condition in terms of type, route, amount, schedule, etc.? What are the health implications of continued missed doses and/or discontinuation of treatment? Are there ways to alleviate negative side effects?

4. If the implications of continued missed doses and/or discontinued treatment will jeopardize the individual's health, the team should clarify the guardianship status for the individual, determine if it covers treatment decisions, and consider if a change in status should be pursued. It may be a good idea to consider other legal ramifications for the individual, service provider and others.

5. Consider various alternatives to address the situation. For example:

- Change of medication regimen
- Changes in approach with the individual
- Taking the medication in food (without hiding it!)
- Patient education
- Incentives for cooperation
- Referral to a specialist
- Nursing services
- Consultation from an OT, SLP and/or Dietician.

6. Always include a protocol for what the staff should do if refusals continue to occur – which should be worked out with the physician.

Other tips: Invite the physician to attend so that all the alternatives can be reviewed at the meeting. Even if they can only participate by phone, it is helpful. If the physician is not able to attend, a team member should discuss the groups' questions with the physician before final decisions are made. Perhaps if the physician is provided questions ahead of time, he could send a nurse or other representative with the information. If the physician is not responsive to the team's concerns, consider gaining a second opinion.

Other medical concerns

Other medically related situations may arise which the team should meet to address. For example, if the individual refuses to cooperate with lab tests (especially blood level checks), refuses to keep doctor's/dentist's appointments, are accessing multiple physicians in order to gain extra medication due to a substance abuse problem, or because existing treatment has not been successful in controlling their condition (i.e. diabetes, seizures, etc.) The team process listed above is relevant for these types of situations as well.

These guidelines were developed by the *Continuum of Care Project* at the University of New Mexico Health Sciences Center, under a Joint Powers Agreement with the New Mexico Department of health Developmental Disabilities Division. They have been reviewed and approved by the Quality Assurance sub-committee of the Adult Services Task Force, as of l0/95. For more information, please contact the project at (505) 272-5215.

When an Individual Refuses His/Her Medications

1. Determine the medical impact by:
   - Checking physician's instructions, if available, regarding what to do in case of missed doses.
   - Note presenting symptoms, if any.

2. Ask the person why they won't take their medication: they may not like the side effects, etc.

3. Collect data:
   - Record the number and frequency of missed doses
   - Specific observations such as the time of day, who is helping the person with medication, and/or location

- Ask the person directly the reason they missed doses
- Analyze any trends, other factors, staffing, etc.

4. Document strategies that have been tried previously with the individual.

5. Discuss documented data with physician/nurse. Are there alternative medications, different routes/times or alleviation of side effects that can be discussed?

6. Convene and facilitate (by phone or in person) an IDT to problem solve and consider alternative treatment such as changing medication regime, incentives for cooperation, taking medications with food, or a consultation with specialists.

7. With the physician's input, identify the protocol for continued refusal of medication. Ensure that appropriate parties are informed, such as the guardian/health decision-maker, nurse, day program, house lead, and behavior therapist.

8. Discuss discontinuing the medication with the physician.

9. ***As a last resort,*** discuss concerns with the guardian or change in the guardianship if the individual is own guardian and non-compliance jeopardizes the individual's health.

20 Questions to Ask Your Doctor and Pharmacist About Your Prescription

1. **What is the name of this medication?**
2. **What results may be expected from taking it?**
3. **How long should I wait before reporting if this medication does not help me?**
4. **How does this medication work?**
5. **What is the exact dosage of the medication?**
6. **What time of day should I take it?**
7. **Do alcoholic beverages have an effect on this medication?**
8. **Do I have to take special precautions with this medication in combination with other prescription medications I am taking?**
9. **Do I have to take special precautions with this medication in combination with over-the-counter medications or herbal medications?**
10. **Does food have any effect on this medication?**
11. **Are there any special instructions I should have about how to use this medication?**
12. **How long should I continue taking this medication?**
13. **Is my prescription renewable?**
14. **For how long a period may my prescription be renewed?**
15. **Which side effects should I report, and which ones may I disregard?**
16. **May I save any unused part of this medication for future use?**
17. **How should I store this medication?**
18. **How long may I keep this medication without it losing its strength?**
19. **What should I do if I miss a dose of this medication?**
20. **Does this medication come in a less expensive, generic form?**

Reference: The Pill Book, 15th Edition

INSERT EXAMPLE OF PRN PSYCHOTROPIC MEDICATION PLAN (PPMP) HERE.

INSERT EXAMPLE OF PRN PSYCHOTROPIC MEDICATION PLAN (PPMP) HERE.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 19 PHARMACISTS
PART 11 NURSING HOME DRUG CONTROL

16.19.11.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy, Albuquerque, NM, (505) 841-9102.
[16.19.11.1 NMAC - Rp 16 NMAC 19.11.1, 12-15-02]

16.19.11.2 SCOPE: All nursing homes and custodial care facilities; all health care professionals who provide pharmaceutical products or services, including the ordering and administration of drugs, to patients in nursing homes and custodial care facilities. Hospital based Skilled Nursing Facilities are not subject to this regulation - See Part 7.
[16.19.11.2 NMAC - Rp 16 NMAC 19.11.2, 12-15-02]

16.19.11.3 STATUTORY AUTHORITY: Section 61-11-6.A(6) NMSA 1978 authorizes the Board of Pharmacy to license nursing home drug facilities and all places where dangerous drugs are dispensed or administered and to provide for the inspection of their facilities and activities. Section 61-11-14.B(9) NMSA 1978 directs the Board to issue drug custodial licenses for licensed nursing homes and to adopt regulations that define and limit those licenses.
[16.19.11.3 NMAC - Rp 16 NMAC 19.11.3, 12-15-02]

16.19.11.4 DURATION: Permanent
[16.19.11.4 NMAC - Rp 16 NMAC 19.11.4, 12-15-02]

16.19.11.5 EFFECTIVE DATE: December 15, 2002, unless a later date is cited at the end of a Section.
[16.19.11.5 NMAC - Rp 16 NMAC 19.11.5, 12-15-02]

16.19.11.6 OBJECTIVE: The objective of Part 11 of Chapter 19 is to establish standards for the ordering, administration, maintenance and disposal of drugs for patients in nursing homes, skilled nursing facilities, and long-term care and custodial care facilities and to ensure that the facilities' pharmaceutical services are organized and carried out for the benefit and safety of the patients.
[16.19.11.6 NMAC - Rp 16 NMAC 19.11.6, 12-15-02]

16.19.11.7 DEFINITIONS:

A. Licensed Facility - Any facility, skilled nursing facility, intermediate care or any other upper level of care facility as defined by Health and Human Services Department that is required to maintain custody of patients drugs in a drug room, and such drugs are administered by the facilities' designated personnel.

B. Licensed Custodial Care Facility - Any facility or business, including non-profit entity which provides care and services on a continuing basis, for two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs.

C. Consultant Pharmacist - means a pharmacist who is responsible to the administrator of the facility and the Board of Pharmacy for the development of the drug storage and distribution and record keeping requirements of a licensed nursing home facility, and as further defined in 16.19.4.11 NMAC.

D. Designated Agent - A licensed nurse, certified nurse practitioner, physician assistant, pharmacist or pharmacist clinician authorized by a practitioner and employed in a facility to whom the practitioner communicates a prescription drug order.

E. Prescription Drug Order - An order from a practitioner or a practitioner's designated agent to a pharmacist for a drug or device to be dispensed.
[16.19.11.7 NMAC - Rp 16 NMAC 19.11.7, 12-15-02]

16.19.11.8 MINIMUM STANDARDS:

A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:

(1) The pharmaceutical service shall be organized and maintained primarily for the benefit and safety of the patient.

(2) All medications administered to patients shall be by direct order of a physician, or other licensed practitioner, as defined in the Pharmacy Act, 61-11-2P.

(3) The pharmaceutical service shall be under the direction of a registered pharmacist, who may be on a part-time or consultant basis.

(4) Policies relating to the control, distribution and administration of medications shall be developed by the pharmacist. Preparation of a written procedures manual shall be the responsibility of the pharmacist.

(5) An automatic stop-order policy shall be adopted to provide guidance in these instances where medications ordered are not specifically limited as to time or number of doses.

(6) Adequate facilities to be provided for storage of medications. Proper labeling is required on each patient's medication container.

(7) Complete records - In addition to those records specifically required by federal and state laws, records shall be maintained of the receipt, use, or disposition of medications. The receipt and destruction journal shall show:

(a) date;
(b) patient's name;
(c) pharmacy's name;
(d) name of drug;
(e) strength and dosage form;
(f) prescription number;
(g) quantity;
(h) initials of person accepting delivery; and
(i) inventory of drugs to be destroyed.

(8) Appropriate current drug reference sources shall be provided at the facility.

(9) In licensed nursing homes an emergency drug supply shall be maintained to be used in a medical emergency situation, contents and quantity to be determined by a physician, nursing director and the pharmacist of each institution. In licensed custodial care facilities a emergency drug supply may be used. This emergency drug supply shall be assessed only when licensed personnel are on duty. In licensed custodial care facilities only, the emergency drug tray shall not contain any controlled substances. A list of the contents of the emergency drug supply shall be attached tot the outside of the tray.

(10) Medication errors and drug reactions should be documented and a method of reporting shall be addressed in the Pharmacy Procedure Manual.

B. POLICY AND PROCEDURES MANUAL:

(1) The pharmacist shall be responsible for the preparation of a written procedures manual, the aim of which shall be:

(a) To improve communications with the facility;
(b) To improve patient care;
(c) To aid in personnel training;
(d) To increase legal protection;
(e) To aid in evaluating performance;
(f) To promote consistency and continuity.

(2) There shall be a copy of the policy and procedure manual at each facility location. This copy must be read and initialed by all personnel responsible for the procurement, administration or control of the patient's medication.

(3) The consultant pharmacist shall make an annual review of the procedures manual. Findings of which shall be reported to the facility administration.

(4) Guidelines for developing a pharmaceutical procedures manual;

(a) Drug Policy: A written policy concerning methods and procedures for the pharmaceutical services stating the appropriate methods and procedures for obtaining, dispensing and administering drugs and biologicals.

(b) Prescription Drug Orders: The designated agent of the facility may transcribe prescription drug orders from a licensed practitioner and transmit those orders via telephone or facsimile to the pharmacy.

(c) Licensed practitioners will identify the designated agents of a facility by written authorization according to the facility's policy and procedures manual.

(d) The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:

(i) Name of resident;
(ii) Date given;
(iii) Drug product name;
(iv) Dosage and form;
(v) Strength of drug;
(vi) Route of administration;
(vii) How often medication is to be taken;
(viii) Time taken and staff initials;
(ix) Dates when the medication is discontinued or changed;
(x) The name and initials of all staff administering medications.

(e) Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.

(f) All PRN medications shall have complete detail instructions regarding the administering of the medication. This shall include:

(i) Symptoms that indicate the use of the medication;
(ii) Exact dosage to be used;
(iii) The exact amount to be used in a 24 hour period.

(g) Describe medication storage, procedures, and function at the nursing stations.

(h) Describe the medication administration system used with means of verifying accuracy of delivered dosage. Describe the procedure for recording missed or refused doses and the procedure followed for missed or refused doses.

(i) State that medications prescribed for one patient shall not be administered to any other patient.

(j) Describe policy concerning self-administration of medications by patients. A physician's order shall be required before any resident is allowed to self-administer medications.

(k) State procedures for documenting medication errors and drug reactions:

(i) Should a staff member of the facility notice an error, possible overdose, or any discrepancy in any of the prescriptions filled by the pharmacy, they will immediately contact the pharmacy. If necessary, the pharmacy will contact the physician.

(ii) In the event of a adverse drug reaction the facility will immediately contact the physician.

(l) List labeling and storage requirements of medications in conformity with the official compendium (USP/NF).

(5) OTHER INFORMATION

(a) Emergency Drug Tray - use, inventory control, replacement of drugs, security when licensed staff is not on duty.

(b) Location of Emergency Drug Tray.
(c) 24-hour emergency pharmaceutical services.
(d) Part-time or consultant pharmacist hours on premises.
(e) In-service training.
(f) Drug information service.
(g) Automatic stop orders.
(h) Controlled substances - inventory, security and control.
(i) Renewal of physician's orders.
(j) A policy concerning "PASS" medications.
(k) Discontinued medication.
(l) Records and standards of storage of over-the-counter drugs.
(m) Drug receipt and disposition records.

(6) DRUG DISTRIBUTION

(a) All dangerous drugs will be obtained from a properly licensed facility. Stock dangerous drugs acquired, maintained and administered by the nursing home shall be listed in the nursing

home policy and procedure manual and approved by the Board of Pharmacy. The stock dangerous drugs shall be used when a licensed nurse (LPN or RN) is on duty. The following is the approved list of stock dangerous drugs:

(i) Sterile normal saline and water - injectable;
(ii) Sterile normal saline and water - irrigation;
(iii) Tuberculin testing solution;
(iv) Hepatitis B vaccine;
(v) Flu vaccine.; Any additional dangerous drugs must be defined and listed in the policy and procedure manual and must be approved by the Board of Pharmacy prior to obtaining or using.

(b) No drugs will be compounded by other than a pharmacist unless done in accordance with that exemption in the State Pharmacy Act - Section 61-11-22.

(c) The pharmacist shall be responsible for the proper removal and destruction of unused, discontinued, outdated or recalled drugs.

(d) The pharmacist shall require the person receiving a patient's drugs from the pharmacist or his agent to sign a drug receipt record listing those prescriptions received from the pharmacy.

(e) The pharmacist shall provide the staff with a receipt listing those prescriptions removed from the facility.

(f) Medications will be released to patients on discharge from the facility only upon the authorization of the physician.

(7) DRUG CONTROL

(a) All state and federal laws relating to storage, administration and disposal of controlled substances and dangerous drugs shall be complied with.

(b) Separate sheets shall be maintained for controlled substances records indicating the following information for each type and strength of controlled substances: date, time administered, name of patient, dose, physician's name, signature of person administering dose, and balance of controlled substance in the container.

(c) All drugs shall be stored in locked cabinets, locked drug rooms, or state of the art locked medication carts.

(d) Medication requiring refrigeration shall be kept in a secure locked area of the refrigerator or in the locked drug room.

(e) All refrigerated medications will be kept in separate refrigerator or compartment from food items.

(f) Medications for each patient shall be kept and stored in their originally received containers, and stored in separate compartments. Transfer between containers is forbidden, waiver shall be allowed for oversize containers and controlled substances at the discretion of the drug inspector.

(g) Prescription medications for external use shall be kept in a locked cabinet separate from other medications.

(h) No drug samples shall be stocked in the licensed facility.

(i) All drugs shall be properly labeled with the following information:

(i) Patient's full name;
(ii) Physician's name;
(iii) Name, address and phone number of pharmacy;
(iv) Prescription number;
(v) Name of the drug and quantity;
(vi) Strength of drug and quantity;
(vii) Directions for use, route of administration;
(viii) Date of prescription (date of refill in case of a prescription renewal);
(ix) Expiration date where applicable: The dispenser shall place on the label a suitable beyond-use date to limit the patient's use of the medication. Such beyond-use date shall be not later than (a) the expiration date on the manufacturer's container, or (b) one year from the date the drug is dispensed, whichever is earlier;
(x) Auxiliary labels where applicable;
(xi) The Manufacturer's name;
(xii) State of the art drug delivery systems using unit of use packaging require items i and ii above, provided that any additional information is readily available at the nursing station.

(j) Customized Patient Medication Packages: In lieu of dispensing one, two, or more prescribed drug products in separate containers or standard vial containers, a pharmacist may, with the consent of the patient, the patient's care-giver, the prescriber, or the institution caring for the patient, provide a customized patient medication package. The pharmacist preparing a patient medication package must abide by the guidelines as set forth in the current edition of the U. S. Pharmacopoeia for labeling, packaging and record keeping.

(k) Repackaging of Patient Medication Packages: In the event a drug is added to or discontinued from a patient's drug regimen, when a container within the patient medication package has more than one drug within it, the pharmacist may repackage the patient's patient medication package and either add to or remove from the patient medication packaged as ordered by the physician. The same drugs returned by the patient for repackaging must be reused by the pharmacist in the design of the new patient medication package for the new regimen, and any drug removed must either be destroyed, returned to the DEA or returned to the patient properly labeled. Under no circumstances may a drug within a container of a patient medication package which contains more than one drug be returned to the pharmacy stock.

(l) Return of Patient Medication Package Drugs : Patient medication packages with more than one drug within a container may not under any circumstances be returned to a pharmacy stock.

(m) Patient Medication Packages with only one drug within a container:

(i) Non-Institutional: A patient medication package stored in a non-institutional setting where there is no assurance of storage standards may not be returned to pharmacy stock;

(ii) Institutional: A patient medication package stored in an institutional setting where the storage and handling of the drugs are assured and are consistent with the compendia standards may be returned to the pharmacy stock provided the following guidelines are followed: (1) the drug is to be kept within the patient medication package and is to remain sealed and labeled until dispensed; (2) the expiration date of drug shall become 50% of the time left of the expiration for the drug; (3) no Schedule II drugs may be returned to inventory; and (4) proper record keeping for the addition of other scheduled drugs into inventory must be done.

(8) DRUG INFORMATION

(a) The pharmacist shall be accessible for providing drug information.

(b) A current reference books shall be located in each nursing station.

(c) Each nursing station shall have poison control information and phone number and a conversion chart for pharmaceutical weights and measures, and as a part of the drug procedures manual.

(9) EMERGENCY DRUG SUPPLY

(a) There shall be an accountability record indicating the following:

(i) Name of drug, strength, and amount of medication used;
(ii) Date used;
(iii) Time;
(iv) Patient's name;
(v) Physician's name;
(vi) Nurse administering drug;
(vii) Nature of emergency.

(b) Pharmacist shall make notation of date and time medication replacement is made on the line following that line containing withdrawal information and sign his name, unless the pharmacy chooses to change out the complete emergency box each time it is used. The pharmacy shall keep a record of each time the box is changed and a list of all drugs that were replaced in the box.

(10) Destruction of dispensed drugs for patients in health care facilities or institutions:

(a) The drugs are inventoried and such inventory is verified by the consultant pharmacist. The following information shall be included on this inventory:

(i) name and address of the facility or institution;
(ii) name and pharmacist license number of the consultant pharmacist;
(iii) date of drug destruction;
(iv) date the prescription was dispensed;
(v) unique identification number assigned to the prescription by the pharmacy;
(vi) name of dispensing pharmacy;
(vii) name, strength, and quantity of drug;
(viii) signature of consultant pharmacist destroying drugs;
(ix) signature of witness(es); and

(x) method of destruction.

(b) The drugs are destroyed in a manner to render the drugs unfit for human consumption and disposed of in compliance with all applicable state and federal requirements.

(c) The actual destruction of the drug is witnessed by the consultant pharmacist and one of the following:

(i) An agent of the New Mexico Board of Pharmacy;

(ii) Facility administrator;

(iii) The director of nursing.

(11) A consultant pharmacist may utilize a waste disposal service or reverse distributor to destroy dangerous drugs and controlled substances in health care facilities, boarding homes or institutions provided the following conditions are met:

(a) The inventory of drugs is verified by the consultant pharmacist. The following information must be included on this inventory:

(i) Name and address of the facility or institution;

(ii) Name and pharmacist license number of the consultant pharmacist;

(iii) Date of packaging and sealing of the container;

(iv) Date the prescription was dispensed;

(v) Unique identification number assigned to the prescription by the pharmacy;

(vi) Name of dispensing pharmacy;

(vii) Name, strength and quantity of drug;

(viii) Signature of consultant pharmacist packaging and sealing container; and

(ix) Signature of the witness.

(b) The consultant pharmacist seals the container or drugs in the presence of the facility administrator, the director of nurses or an agent of the Board of Pharmacy.

(c) The sealed container is maintained in a secure area at the facility or pharmacy until transferred to the waste disposal service or the reverse distributor by the consultant pharmacist, facility administrator, director of nursing or agent of the Board of Pharmacy.

(d) A record of the transfer tot he waste disposal service or reverse distributor is maintained and attached tot he inventory of drugs. Such records shall contain the following information:

(i) Date of the transfer;

(ii) Signature of the person who transferred the drugs to the waste disposal service or reverse distributor;

(iii) Name and address of the waste disposal service or reverse distributor;

(iv) Signature of the employee of the waste disposal service or the reverse distributor who receives the container; and

(v) The waste disposal service or reverse distributor shall provide the facility with proof of destruction of the sealed container.

(12) Record Retention: All records required above shall be maintained by the consultant pharmacist and the health care facility or institution for three years from the date of destruction.
[16.19.11.8 NMAC - Rp 16.19.11.8, 12-15-02]

HISTORY OF 16.19.11 NMAC:
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Regulation No. 11, Nursing Home Drug Control Regulation, 2-7-80.
Regulation No. 11, Nursing Home Drug Control Regulations, 10-24-85.
Regulation No. 11, Nursing Home Drug Control Regulations, 12-17-85.
Regulation No. 11, Nursing Home Drug Control Regulations, 2-2-87.
Regulation No. 11, Nursing Home Drug Control Regulations, 7-27-90.

History of Repealed Material:
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Other History: Regulation No. 11, Nursing Home Drug Control Regulations, filed 7-27-90 was **renumbered** and **reformatted** into first version of the New Mexico Administrative Code as 16 NMAC 19.11, Nursing Home Drug Control, filed 2-2-96.

16 NMAC 19.11, Nursing Home Drug Control, filed 2-2-96 was **replaced** by 16 NMAC 19.11, Nursing Home Drug Control, filed 3-9-98.
16 NMAC 19.11, Nursing Home Drug Control, filed 3-9-98 was **replaced** by 16.19.11 NMAC, Nursing Home Drug Control, effective 12-15-02.