# MEDICATION POLICIES

***Policy Statement*:** In order to ensure that resident medications are distributed accurately, according to the highest possible safety standards, and to protect residents from possible medication-related incidents, *New Haven* establishes these *Medication and Treatment Policies* to provide clear guidelines for all those associated with medications.

**RESPONSIBLE PERSON:** Residents, Residents’ Representatives, Caregivers, Licensed Nurse, Manager / Administrator, Physician

***Procedures*:** After training, all staff are delegated by RN to administer medications per state regulations.
The following *New Haven* medication and treatment procedures address:

1. Procuring, prescribing, administering and dispensing medications, PRN (“as needed”) medications and treatments;
2. Storing and disposal of medications;
3. Transcription of order;
4. Self-administration of medications;
5. Control of medications brought into the home;
6. Individuals authorized to administer medications; and
7. Documenting medication administration into the resident’s records.

 All resident medications and treatments will be handled according to the procedures outlined below.

General Provisions New Haven utilizes the pharmacy for filling and delivery of medications in a pre-labeled dispensing system. To promote accuracy and to help eliminate errors, all residents are encouraged to use the facility pharmacy.

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1. All prescription and nonprescription medications brought into New Haven, for any resident, will be ordered by a Texas-licensed physician and administered according to written physician orders. Those orders will include the name of the medication, method of administration, dosage and frequency.
2. Written medication orders must be obtained prior to or on the day of admission.
3. Over-the-counter medications may be requested and used by the resident providing they are ordered by a physician and not contraindicated due to other prescribed medications or disease processes. If written orders do not accompany the resident at admission, the resident or resident’s representative may contact the physician and either pick-up the orders or have them faxed or mailed to the facility. The licensed nurse may also call the physician for verbal orders at the time of her next visit.
4. Only a nurse or licensed health care professional may take telephone orders from the physician. The telephone order will be transcribed on a telephone order slip, dated and signed by the person receiving the order in the following manner: *T.O. Date/Dr. \_\_\_\_\_\_\_ /Name, Title.*
5. Refrigerated medications will be kept in a sealed container in the medication refrigerator. Only the licensed nurse, or trained staff will be in possession of the keys to the medication storage area.
6. The resident or designee will inform staff of any physician ordered change in the dosage or schedule of medication administration. The licensed nurse will then be responsible to make any required changes on the Medication Administration Record (MAR) for medication, dosage, time, etc.
7. All controlled drugs will be inventoried and accounted for on each shift to minimize theft.

## Medication Administration Guidelines

Medication administration: New Haven offers 24-hour medication assistance to residents, on an as-needed basis. According to New Haven policy, all resident medications are stored in locked storage units. Residents are asked and encouraged to maintain as much involvement and participation in their medication program as possible.

1. A person who acts under the authority of a person who holds a license will assist with medications from Unit Dosage or original container to the resident by transferring the medications directly into the resident’s hand or to a medicine cup and handing the cup to the resident. Medication is not documented until the resident is seen taking them. Medications are administered to one resident at a time.
2. Administering Liquid Internal Medications
	1. Measure accurately. (1 teaspoon = 5 ml/cc) (1 tablespoon = 15 ml/cc)
	2. Suspensions need to be shaken well (30 Seconds) before giving.
	3. Medications needing refrigeration will be stored in a separate, sealed container marked with the resident’s name in the medication section of the refrigerator.
3. Oral (PO) Capsules and Tablets
4. If a resident has trouble swallowing “PO” (oral) medications, have the resident take a sip of water prior to attempting to swallow them.
5. Large tablets may need to be cut in half to facilitate swallowing. Before crushing, cutting or mixing medications with food or liquid, a doctor’s order must be obtained.
6. A licensed nurse, physician or other licensed health care professional will instruct staff on medication delivery not described in this policy, with the training recorded in personnel files.
7. All personal medication is the property of the resident; and no Assisted Living Resident will be required to surrender the right to self-administer any personal medication as long as they pass the Self Medication Test which is routinely administered.
8. According to New Haven policy, all resident medications are stored in a locked storage unit, but residents are asked and encouraged to maintain as much involvement and participation in their medication program as possible. A completely independent resident, who is capable of self-administration of medications without supervision, may, with a physician’s order to do so, keep personal medications in a locked container or drawer in his/her room. The on-duty licensed nurse or trained staff will retain a duplicate key. To assure resident safety, a licensed nurse will routinely assessment the resident’s ongoing ability to self-administer medications. If the resident cannot self-administer subcutaneous injectable medications, the licensed nurse may administer those injectable medications.
9. PRN (“as needed”) medications are administered by doctor orders. In the case of a confused/disoriented resident, the licensed nurse, may give the PRN medication as warranted by the resident’s behavior. The physician shall be notified whenever a resident is taking a PRN (“as needed”) medication on a routine basis; and the medication will be listed on the service plan. If the resident is expected to take the medication routinely for more than 14 days, an order should be obtained reflecting the daily administration.
10. Nursing may request a D/C order for PRN medications that are not used for a 90-day period.
11. The facility shall maintain a Medication Administration Record (MAR) for each resident listing all medications used, all doses taken or not taken by the resident, and indicating the reason for omission of any scheduled dose of medication. The trained staff will initial the MAR indicating the date and time the medication was given for dementia and Alzheimer residents. The MAR for assisted living residents will be kept by trained Care Givers.
12. New Haven will document the disposal of discontinued, outdated, or expired medications. Any medication that has been discontinued by a physician’s order will be stored separately from other medications until the Pharmacist’s visit. The Pharmacist will document destruction of medications and narcotics with his or her signature on at least a quarterly basis.
13. When the facility supervises or administers the medications, a written record must be kept when the resident does not receive or take his/her medications/treatments as prescribed. The documentation must include the date and time the dose should have been taken, and the name and strength of medication missed; however, the recording of missed doses of medication does not apply when the resident is away from the assisted living facility.
14. The medication record (MAR) will be initiated by the Pharmacist or Nurse on a monthly basis and will serve as proof of transcription of the physician’s order for medications.
15. Whenever a medication administration error occurs, an incident report will be completed; the error will be reported to the resident’s physician and to the resident’s responsible party; and the incident will be recorded in the Nurse’s Note.
16. Any adverse reaction or unexpected effects of medication must be reported to the physician in a timely manner. The facility will require that the pharmacy provide documentation of possible medication side effects when new medications are obtained for the resident.
17. Report any suspected errors in a Unit Dose to the Nurse or pharmacy immediately. If medications in the Unit Dose are not consistent with the labeling, do not proceed with administration to the resident. The Nurse or pharmacy will validate the error and make appropriate corrections. Once the problem is resolved, resume medication administration. All medication delivery problems must be resolved prior to the next scheduled administration.
18. Medication, that has surpassed its expiration date, will not be administered after that date.
19. No resident will be allowed to take another resident’s medication, nor will staff be allowed to give one resident’s medication to another resident.
20. Any prescription medication container with a label that is detached, excessively soiled or damaged will be returned to the issuing pharmacy for re-labeling.
21. The contents of any medication container having no label or with an illegible label will be destroyed immediately.
22. Any Nurse or staff member of the facility will bring misuse or inappropriate use of medication to the attention of the resident’s physician or other authorized practitioner.
23. New Haven staff handling medications will have ready access to an updated drug reference.

Assisting Residents with Self-Administered Medications: Any medication prescribed by a physician for a resident will either be given by a” Licensed HealthCare Professional, or in (Assisted Living Houses only) by a Caregiver who is under the direction of a Licensed HealthCare Professional and who has been trained and is under the supervision of a Licensed Health Care Professional.

Medication Reminders include: (1) Reminding Residents to take pre-dispensed, self-administered medications, (2) Observing the Resident, and (3) Documenting whether or not the Resident took the medication.

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The Manager / Administrator/RN, nursing supervisor, licensed health care professional or designee will assist with pharmacy arrangements, including refilling prescriptions, as needed.

A licensed nurse or trained Caregiver will be responsible for providing necessary assistance to the resident in taking his/her medication. Assisting the resident with his/her medication regimen may include:

1. Removing medication bottle or “bubble pack” from the medication cart.
2. Reminding the resident to take the medication.
3. Assisting with the removal of a medication from a container or bubble pack for the resident(s) with a physical disability that prevents the resident from doing so independently. (ie. Popping medications from the “bubble pack” in to a medication cup.)
4. Checking the dosage against the label of the container or bingo card and reassuring the resident that the dosage is correct.
5. Observing the resident take the medication.
6. Documenting that the Resident has taken, or refused to take, the prescribed medication.
7. Reminding the pharmacy, resident, or family when a prescription needs to be renewed.

Families who wish to manage the Resident’s Medication, on their own, acknowledge that New Haven employees may not be aware of errors made, in preparing the Resident’s medication tray, and that medication reminders / administration will be completed on the assumption that all medication trays have been filled in accordance with physician’s orders.

## Storage of Medication

Medication will be stored securely in locked containers in New Haven to prevent theft, unauthorized use by others or intermingling with other residents’ medications. The medication key(s) will be in the possession of the licensed nurse or designee on duty.

1. All medication will be stored in the original container or Unit Dose.
2. The resident’s name shall be inscribed on all OTC-medications for his/her personal use. All prescribed medications shall be clearly labeled with the resident’s full name, physician’s name, prescription number, strength of drug, dosage, and directions for use, date of issue, and the name address and phone number of the pharmacy dispensing the drug.
3. Medications that require refrigeration will be segregated from food items in a sealed container.
4. Residents may have access to medication that is kept in a central location for the purpose of self-administering their own medication/treatment regimen. A facility staff member must remain in or at the storage area the entire time any resident is present.
5. Medications for external use will be stored separately from medications for internal use.
6. All expired or discontinued medications, including those of deceased residents, will be disposed of according to the facility’s policies and procedures. Medication destroyed by the facility will be witnessed and documented on the drug disposal record by the Pharmacist or two staff members.
7. Medication will be kept in a central location under lock and key and will be stored in separate or compartmentalized packages, containers, or shelves, for each resident in order to prevent intermingling of medication. Residents who are completely independent may keep their medications in a locked container in their possession, but the Caregiver, LPN, or Manager / Administrator will have a duplicate key.
8. Only persons responsible for administering medications shall have possession of the key(s) to the locked medication area.
9. Poisonous substances and medications labeled for "external use only" must be stored separately within the locked medication area.
10. An individual inventory record and documentation for accountability shall be maintained for each Schedule II drug prescribed for each resident.
11. Schedule II drugs shall be kept in a separate locked box within the locked medication area.
12. All new or refilled prescribed medications shall be counted upon receipt in the home and documented in each resident’s medication record.
13. Discontinued medications may returned to the Pharmacy or destroyed, depending on the community’s pharmacy of choice.
14. When a resident leaves or returns from a family trip or temporary leave, medications sent/returned should be counted, documented and signed by the staff and countersigned by the resident and/or family member.

Destruction of Medication

Rite - Away Pharmacy will dispose of all unwanted drugs quarterly.

## Oxygen Use

1. Residents may self-administer oxygen when prescribed by a physician. Caregivers may assist a resident in turning on the oxygen unit and with placement of the nasal tubing adjusting and the level of oxygen flow.
2. Oxygen tanks will be secured and safely stored at all times.
3. Smoking is not permitted in the facility at any time.
4. Rooms in which oxygen is used or stored will be posted with a conspicuous "No Smoking" and “Oxygen in use sign.”
5. The resident’s use of oxygen must be documented in the resident’s record.

# PHARMACY policy

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***Policy Statement*:** *New Haven* establishes this Pharmacy Policy to facilitate communications between the Pharmacy, Residents, Family Members or Resident Representatives and New Haven Employees concerning Pharmacy services for our Residents.

**RESPONSIBLE PERSON:** Caregivers,Pharmacist, Residents, Resident Representatives, Manager / Administrator, Licensed Nurse, and Physicians

***Procedure*:**

1. Remind Pharmacists, physicians and other health care providers:
	1. *New Haven* staff may not have strong medical backgrounds.
	2. *Document* and *be specific.*
2. New Haven requests that pharmacies package medications in Unit Dose Packaging whenever possible.
3. All medication instructions shall be typed or printed plainly on the medication container.
4. New Haven requires a signed doctor’s order and a Pharmacy-generated medication description for each resident medication. The Pharmacy-generated medication description should include the resident’s name, a description of the medication’s appearance, its uses and possible side effects and adverse reactions.
5. The pharmacy may take a doctor’s order over the phone from the physician and document the phone order, but New Haven requires that a **signed order be in the resident’s** **file** for a stopped drug or an added drug.
6. An acceptable Doctor’s Order may include a copy of the signed written prescription attached to a Doctor’s Orders form. Resident’s records require current signed and dated orders by the physician for diet, all medications (including over-the-counter medications) and treatments ordered for the resident.
7. When generic drugs are substituted for a brand name drug, include both names on the unit dosage and on the doctor’s order. If an ordered drug is not specifically marked *brand name only*, a generic drug may be substituted with physician or pharmacy approval.
8. All Medications delivered by the pharmacy, including Unit-dose Packaging or any new medications, will be reviewed with New Haven on-duty staff at the time of delivery.
9. PRN (or “as needed”) medications may be maintained in their original multi-dose containers.
10. Temporary routine medications of fourteen (14) days or less may be maintained in multi-dose containers.
11. Medications not listed on the MAR will not be administered.