

## **MEDICATION ADMINISTRATION**

The purpose of these procedures is to help you, the care provider, meet Licensing Regulations and to give you an outline for the **safe** handling, storage, and dispensing of medications for your residents.

Care providers may administer medications which are usually prescribed for self-administration and which have been authorized by the client's physician. This does not include injections of any kind unless the care provider happens to be legally authorized to do so (e.g., an R.N. or an L.V.N.).

The Care provider should discuss with the prescribing physician: (1) the reason the drug is administered and (2) any unusual reactions to anticipate.

### **INSTRUCTIONS FOR GIVING MEDICATIONS**

1. Each client's current medication will be kept in an individual container in a locked cupboard or closet. Label the container with the client's name.
2. A 3 X 5 card listing the current medications prescribed for the consumer will be kept in the locked cupboard with his/her medications.
3. Whenever the doctor changes the dosage of a medication or orders a new medication, you must do the following:
  - A. Get a written prescription from the doctor.
  - B. Change the instructions on the individual client 3 X 5 medication card.
  - C. Discard all old medication, or if it is a change in **dosage only**, have the label on the container changed to show the new dosage. Mark bottle awaiting label change to alert staff/service provider to check record for changes in the order before administration.
  - D. Labels should not be altered except by the dispensing pharmacist.
  - E. Make the necessary changes on the medication sheet in the individual consumer folder. Be sure to include:
    - (a) Name of prescribing physician,
    - (b) Drug name, strength, and quantity,
    - (c) Date prescription filled,
    - (d) Prescription number,
    - (e) Name of issuing pharmacy
  - F. Draw a line through medications that have been changed. Remember to include date drug was changed.
4. When a medication has been discontinued, you must dispose of the remaining medications by doing the following:
  - A. Administrator and another adult dispose of medications together and sign and date a record of this activity (dispose of medication appropriately).
  - B. Disposal record should contain:
    - (a) Name of consumer,
    - (b) Prescription number,
    - (c) Name of pharmacy,
    - (d) Drug name,
    - (e) Strength,
    - (f) Quantity destroyed,
    - (g) Date destroyed

- C. Retain record for three years.
  - D. It is suggested that the care provider pick up discontinued medications from the school/program and dispose of in the same manner as noted in AA@ and AB@ above.
5. Medications will be given only as directed by the doctor.
  6. Do **not** ever give medication prescribed for one client to another, even if the medicine appears to be the same.
  7. Do **not** transfer medication between containers.
  8. Be sure to reorder medications before you run out. Always keep at least a three-day supply on hand.
  9. Over dosages, errors in giving medications as prescribed, or the refusal/failure of a client to take medication as ordered, should be immediately reported to your case manager and the client's doctor.
  10. Any changes in the client's behavior or functioning that might indicate an over dosage or under dosage of medication should also be reported to your case manager and the client's doctor.
  11. For client's medications to be given at school or outside program, you must do the following:
    - A. Have the drug store prepare a separate bottle(s) of medication, preferably a one to three month supply, with directions on the label(s) for the medicine to be given.
    - B. You, the care provider, must take the medicine to the school/program and give it to the person who is responsible for giving the medication, nurse or teacher.
    - C. Ask the responsible person at the school/program to notify you at least one week before medicines run out so you can reorder.
    - D. If there are any changes made in the dosage of the medicine, or if it is discontinued, you must notify the school/program person in writing.
    - E. If it is the judgment of the care provider and the case manager that a client is capable of dispensing his/her own medications and he/she is capable of understanding the dangers of giving medication to someone else, the client may assume this responsibility. If this decision is reached, it must be clearly documented in the client's individual folder as well as in the case manager's records. In addition, the person responsible for medications at the school/program must be notified of this plan in writing.
  12. PRN Medications: As needed (PRN) medications are allowed in Community Care Facilities **only** under the following circumstances: the resident is mentally and physically capable of knowing that a dose of medication is needed and can request it or when the doctor has written detailed instructions for the prescription label (symptoms that might require use of medication, exact dosage, exact time frames between dosages and the maximum dosage that can be taken in a 24 hour period). If a resident is **not** able to independently request a dose of their PRN medication, then facility staff shall telephone the doctor and explain the person's symptoms. Staff must receive the doctor's permission in order to assist such residents in self-administration of that dose of medication. Documentation of PRN medication on the health record must include the purpose or reason why the medication was administered, and the effect of the medication. If ineffective, document follow-up plan (i.e., doctor re-notified and gave a new order).