

**Cottonwood, Inc.
Policies and Procedures**

SECTION: Consumer Related
SUBJECT: Medication Administration
EFFECTIVE DATE: November 1996

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**Licensing Regulation
Reference:** 30-63-24

Policy:

It is the policy of Cottonwood, Inc. to promote each consumer's awareness and ability to administer his/her own prescription medication. As part of the training process and dependent upon an individual assessment, individuals may utilize a pillbox, bubble pack or another delivery system, which is filled by the pharmacy to assist them in their self-administration. For those individuals who do not self-administer, non-licensed staff members shall assist them with medication administration and perform selected nursing tasks in conformance with the provisions of the Nurse Practice Act (K.S.A. 65-1124). In all aspects of medical care Cottonwood, Inc. seeks and promotes a normalized, practical, functional, non-medical model approach. Also see Health Supports (HS) "Medication Administration Safety Procedures" located in Health Supports and in all medication administration notebooks at each site where meds are administered by staff.

Procedures:

1. Self-Administration

- a. All individuals who receive residential services will be assessed by their support team to determine if they are able to administer their own medications. It will be the function of the support team to periodically review the consumer's ability to self-administer. Ability may be assessed and may vary in context of the situation complexity. (i.e. one dose lunch meds may be self-administered.) On-going monitoring will be facilitated by direct support staff. In some circumstances a risk assessment may be completed to aid in decision making.
- b. Consumers will be considered to be self-administering if they:
(depending on circumstances not all criteria must be fully met i.e., one dose of lunch meds.)
 - i. are able to read own name or identify their medication using an alternate means of identification (i.e., color of pills or their picture on pill box/bottle),
 - ii. can generally indicate why they take medication,
 - iii. can explain and follow schedule that medication is to be taken as it relates to the pill box or other system and time of day,
 - iv. knows how to obtain assistance if they have questions or problems,

- v. knows what to do if medications are missed,
 - vi. demonstrates safe storage,
 - vii. verbalizes risks associated with non-compliance,
- c. Personalized information concerning level of support required for Medication Administration/Self Administration is documented in the “Medical Support” section of the consumer’s PCSP. A Risk Assessment can be requested by any member of the team and can be completed if further action needs to be taken.
2. Staff Medication Delegation
- a. Staff, responsible for administering medications, will receive training and information regarding medications and medication administration upon employment and annually thereafter. Staff who are only delegated to administer Standing Order medications must complete a computer-based medication training module and test. Medication delegated staff will also take a more specific written medication delegation test, diabetes test for non-insulin or insulin-dependent Consumers, instructions about delegated nursing tasks and meet with the HS Nurse Manager to review the test and medication/nursing delegated responsibilities. Staff will be found competent and held responsible through the process of delegation (i.e., transferring to a competent individual authority to perform a selected nursing task in a selected situation).
 - b. Medication training, guidance, review of medication record, and periodic supervision will be provided by Cottonwood, Inc.’s nursing staff. Task specific training is also provided by the HS nurses as per individual circumstance.
 - c. Training records of staff who have been delegated to administer medication by the HS Nurse Manager can be accessed through the training database. Staff who are found incompetent or who refuse to accept responsibility as delineated in a job description may be terminated.
3. Staff Administration and Use of Medication Delivery System
- a. As much as possible, routinely prescribed medications will be filled by the pharmacy in med boxes or bubble packs. Once med boxes arrive at Cottonwood, Inc. they are secured in the Health Support Medication closet. Med boxes/bubble packs with changes in the past week and boxes containing controlled substances will be checked by a nurse for accuracy. New MARs along with med boxes are delivered to appropriate Residential Coordinators and then transported to Residential sites. PRN controlled medications will be packaged separately with an additional protocol.
 - b. Antibiotics and other short-term scheduled medications will be added to the med box by the pharmacist, nurse, or as designated by the Health Supports Nurse.
 - c. When med boxes or packs arrive at the group homes, staff will check the med boxes/bubble packs for accuracy against the Medication Administration Report (MAR) that evening, document as such on the MAR, and will secure the med box

in the designated area. All forms of medication will be secured if the concerned individuals are at risk of incorrectly taking their medication or the medication of others. Consumers who are living in group homes or other settings but learning to self-administer or who are self-administering may not necessarily have unsecured access to their medication. Decisions regarding storage will be made by the Residential Coordinator and residential staff, with input from the team and HS nurses. Storage of medication will be reviewed annually at the time of the Person Centered Support Planning meeting. Cottonwood, Inc. will follow the manufacturers' recommendations for safe storage. The safety as well as the independence of all consumers living at the site will be the desired outcome of the decision. Controlled substances will be double locked.

- d. As administered, delegated staff will complete a MAR indicating that all dosages were taken correctly. If not, a reason will be noted. These will be turned into the nurses weekly for review, scanned, and uploaded to the HS database. The paper MAR is shredded. At each site a medication administration notebook will be maintained by the staff and updated by delegated staff which includes, MARs, standing order sheets, and Medication Error Reporting Forms (MERF).
- e. Staff will be responsible for turning in and picking up medications according to the prescribed rotation schedule and will inform supervisor and HS nurses of a change in consumer schedule that would necessitate a different arrangement. Staff is responsible for notifying the pharmacy of non-pill medication needed refills.
- f. Prescription medications of Consumers, who receive Health Care Coordination from another source and need assistance with administration of medications while attending Cottonwood, Inc.'s Day Services, will be received by a HS Nurse, secured in the med cabinet, and administered, as ordered, by HS Staff during Day Services hours.
- g. Staff is to return all expired/discontinued medications to the Cottonwood, Inc. HS nurse or pharmacy for destruction. All biohazard/sharps containers will be sent to the pharmacy for disposal. See Health Supports "Medication Administration Safety Procedures" located in Health Supports and in all medication administration notebooks at each site where meds are administered.

4. Medication Error Procedure

- a. Types of medication errors include but are not limited to: self-administering Consumer did not take medication as prescribed; med box incorrectly filled; Consumer received wrong medication, wrong amount, at the wrong time or by the wrong route; or Consumer missed receiving the medication as scheduled.
- b. To assist in determining if medication was taken at the appropriate time, the following parameters should be used:
 - 1 time per day = 1 time per day, however at least 12 hours must separate the dose from the previous or the next day's dose. Consider what or why the medication is being used.

2 times per day = 2 doses will be given in the same day separated by at least 8 hours.

3 times per day = 3 doses will be given in the same day separated by at least 3 hours.

4 times per day = 4 doses will be given in the same day separated by at least 3 hours.

Every 4 hours = doses will be given every 3-5 hours. If flexibility can be allowed for sleep periods this is to be documented on the MAR.

Every 6 hours = doses will be given every 5-7 hours. If flexibility can be allowed for sleep periods this is to be documented on the MAR.

If medication is ordered at a specific time, i.e. 3:00 p.m., staff will have an hour range either side of ordered time to administer medication. Nursing staff and case managers will work with physicians to obtain orders for more flexible/normal instructions, i.e. mid-afternoon.

With meals = doses will be given within 1 hour of eating.

On empty stomach = doses will be given at least 30 minutes before or 2 hours after eating.

- c. Upon discovery of possible medication error the following procedure should be followed:
- i. If any type of medication error occurs during non-business hours, staff will contact the on-call manager who may contact the HS on-call nurse. An exception to calling the on-call manager would be if an unidentified pill is found on the floor (a MERF would still be completed). During business hours report actions to the HS nurse and complete a MERF. Route completed MERF through Residential Coordinator to Health Supports by the next business day.
 - ii. If the consumer received the wrong medications or too large of a dose:
 1. Observe consumer's breathing i.e., too fast (over 30 breaths per minute), too slow (less than 10 per minute), bluish color to lips or skin, labored breathing while at rest. If breathing problems occur, call 911 and the on-call manager.
 2. If seizures occur, call 911 and the on-call manager.
 3. Observe consumer's degree of alertness i.e. excessive sleepiness, inability to wake them up, excessive restlessness, abnormal speech pattern. If problems, call 911 and the on-call manager.
 4. If no detectable physical changes noted then:

- a. Complete MERF and notify immediate supervisor or, if after hours, contact Cottonwood, Inc. on-call manager immediately.
 - b. The supervisor or Cottonwood, Inc. on-call manager will notify the HS on-call nurse. If they are unable to reach the HS on-call nurse or the supervisor the on-call manager will attempt to reach any other Cottonwood, Inc. HS nurse. If unable to reach a HS nurse, they will contact the Consumer's attending physician or physician on-call for attending physician.
 - c. Reporting staff will continue to observe Consumer for adverse reaction.
 - d. Reporting staff will route MERF by the next business day per routing instruction on MERF.
- d. The HS Nurse will evaluate each incident for recommendations for any follow-up that may be needed. The HS Nurse may report an obvious abuse situation directly to Adult Protective Services. **All situations which result in a negative outcome to the person served (i.e., hospitalization, urgent or unexpected medical care) or there is a consistent uncorrected pattern of errors which is reasonably suspected to be neglectful will be reported to Adult Protective Services and an Adverse Incident Report completed by Cottonwood, Inc. case management. Failure to report a medication administration error could result in disciplinary action.** Medication errors will be reviewed for trends by the HS Nurse Manager and forwarded to the Internal Review Committee (IRC) for incident review and possible system recommendations.
- e. It is not considered a medication error if an individual misses a medication while with a family member or non-licensed provider and Cottonwood, Inc. staff has attempted to provide the medication, dosage information, etc., however, staff will document a missed dosage(s) by completing a MERF. It is also not considered an error when a person served refuses medications or procedures. Staff will document the refused dosage on the MAR to notify the HS nurse of the situation.