MEDICATION ADMINISTRATION

POLICY

The administration of medications will be performed only in accordance with verbal or written orders from the patient's physician following an admission comprehensive assessment for patient history of medications, as well as physical, psychosocial factors that could impact medication effectiveness. The physician will call prescriptions into the pharmacy for patient pick-up. The nursing personnel (RNs and LPNs) are qualified and authorized by state statutes to administer medications ordered by a physician.

PURPOSE

To ensure personnel are providing medication administration under appropriate direction and in accordance with standards of practice and medication management protocols.

PROCEDURE

1. All orders, as appropriate, shall include:
    b. Complete name of the patient
    c. Complete name of the medication
    d. Strength of the medication
    e. Dosage to be given
    f. Frequency of administration
    g. Route of administration
    h. Rate of administration, if applicable
    i. Pre-medications, if applicable
    j. Special instructions or precautions, if indicated
    k. Standing orders in case of drug related adverse reactions, if indicated
    l. Laboratory blood work to be routinely collected
2. Only Food and Drug Administration (FDA) approved drugs by FDA approved routes and dosages may be administered by RNs or LPNs in accordance with their skills, training, and applicable state regulations. Medications, dose, route, and frequency should be a generally reasonable and acceptable therapy for the patient's condition.

3. The agency will instruct the patient and/or caregiver on the purpose, administration, storage, and side effects of injectable medications only with a written physician's order.
4. The nurse will routinely monitor all medications to determine their action, special precautions, patient's response, side effects, allergies, and contraindications.
5. RN Case Manager will complete a medication profile for each patient at the time of admission and update with patient on each visit, including new or discontinued medications.
    a. The profile will include the name of the drug, date ordered, dose, route, frequency, duration of therapy, if appropriate, purpose or effect, side effects, and contraindications.
    b. The profile will include over-the-counter drugs, nutritional supplements, herbal remedies, vitamins and minerals.
    c. The profile may also serve as a tool for the purpose of patient/representative education.
    d. The profile may be hard copy or electronic for the chart but a hard copy of the profile should be available to the patient/representative in the agency's patient information folder.
6. Patients are instructed how to properly and safely store medications.
7. Medications are prepared safely, appropriately labeled, and dispensed safely.
8. Patients are taught to safely and accurately administer their medication.
9. The agency reserves the right to refuse to administer medication if such medication is determined to be harmful, contraindicated, expired, improperly labeled, contaminated, or when there is no physician's order.
    a. If a medication is withheld, the physician shall be promptly notified and the events documented in the clinical record.
    b. No experimental drugs are administered unless the patient and their physician have signed a voluntary consent form and the agency administration has approved its participation.
10. If a patient expires, all medications become the property of the patient's family who will be instructed orally and in writing in proper medication disposal methods. The family is responsible for medication disposal.

11. In the case of in-home administration of the initial dose of a new medication, the agency reserves the right to decide on an individual basis whether to administer the initial dose.
12. If indicated, following the administration of any injectable or intravenous medication, the agency RN will remain in the home to observe the patient for possible side effects.
13. Injections for the prevention of flu and pneumonia may be given with an order from the physician and at the discretion of the agency.
14. All patient medication management will be monitored and documented by nursing personnel on admission and when changes are ordered to identify:
    a. Action
    b. Indications
    c. Special precautions
    d. Drug therapy responsiveness or ineffectiveness
    e. Significant side effects
    f. Allergies and contraindications
    g. Nutritional considerations
    h. Drug therapy interactions and/or duplication
    i. Pain medications effectiveness
    j. Drug regime non-compliance
15. Medications dispensed by the agency are retrieved and disposed of when recalled or discontinued by the manufacturer or the FDA for safety reasons.
16. The agency instructs patients in methods to manage high risk or high-alert medications.
17. Patients are instructed in how to manage controlled substances that are stored in the patient's home. These drugs should be safely stored, counted with each dose administration and the remaining number of doses recorded. If the RN is administering the medication she/he will document the count of remaining drugs in the clinical record and the in-home log.
18. Medication errors by the patient or by an agency employee will be promptly reported to the physician to determine if any remedial actions need to be taken, reported to the

Clinical Supervisor, and recorded on an incident report which becomes part of the PIP plan database.

REFERENCES:

CMS 42 CFR 484.30(a), 484.30(b)

ACHC HH4-10A, HH5-2F.01-.02, HH7-10A.01

CHAP CII.2c, HHII.7