

PATHWAYS ABILITIES SOCIETY

PROCEDURE: MEDICATION ADMINISTRATION RESIDENTIAL

Applies to: All Personnel, Person's Receiving Service, Families, Advocates and Caregivers

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RESIDENTIAL

A. Medication Administration

1. At the appropriate administration time, wash hands thoroughly.
2. Medication is prepared and administration completed for one person at a time. Take the medication box out and tear off the envelope corresponding to that date and administration time. If it is a liquid medication container, tear off the empty reminder envelope and check with the MAR form. Obtain the appropriate dispenser.
3. Check person's name, administration time, date, route, dosage, expiry date and medication on the MAR form against the same on the medication envelope or liquid medication container. Check four times:
 - Check when you take the medication from the cupboard against the MAR.
 - Check when you open the medication package to remove the dosage from the medication envelope, pour the dosage from the bottle into the medication cup, or draw the dosage by syringe. Place a dot in the signatory box.
 - Check the empty envelopes to the MAR sheet and make sure you have the same number of dots on the MAR as pills in the medication cup (or with the liquid medication).
 - Check the empty envelop just prior to administration to the medications you have dispensed.

4. Be sure to look at all pages of the MAR to ensure you are not missing any medications.
5. Lock/Secure the medication storage container. Do not leave medications unattended.
6. Administer the medications following the 12 R's of medication administration. Provide a glass of water (unless otherwise specified). Remain and engaged with the person until you confirm that all medications have been consumed. All medications are administered while the person is seated at the dining table (or standing at kitchen counter, facing the cabinets – Bouvette only) unless there are extenuating circumstances, i.e. person is ill in bed.
8. Record on the original MAR form that the medication has been administered.
9. Staff initials the empty envelopes and places the envelopes on top of the duplicate MAR form until the second staff has checked and initialed the envelopes and the duplicate MAR.
10. Repeat the procedure for each person.
11. When two staff are on shift, the staff that did not administer the medications:
 - Looks through all pages of the original MAR to ensure they are signing for all medications that have been administered including PRNs.
 - Checks the original MAR form to ensure the medications were administered.
 - Goes to the duplicate MAR form and checks the medication envelopes for the correct person, date, administration time, medication. Initial the envelopes and the duplicate MAR form.
 - Puts the envelopes in the plastic storage container.
12. If one staff is on shift, the staff working the next shift:
 - Checks the medication strips to determine that the medications were administered.
 - Looks through the original MAR to ensure that they are signing for all medications that have been administered including PRNs.
 - Goes to the duplicate MAR form and checks the medication envelopes for the correct person, date, administration time, medication. Initial each empty medication package after you check each one. Then initial the MAR form.
 - Puts the envelopes into the plastic storage container.
13. The second staff puts the envelopes in the sealed plastic storage container until the next supply of medication are delivered and checked. Staff then submerges the packages in warm water overnight so the ink on the package disappears. Drain the water before placing the packages into the recycle bin.
14. Monthly, the LPN or designate reviews the medication binder ensuring medications are being managed in accordance with Pathways' policies and procedures.
15. Upon hire, annually and when additional training is required, the LPN or designate will perform a medication audit to ensure quality assurance of each employee during medication administration.

B. PRN Medications

PRN is an abbreviation meaning "when necessary" (from the Latin "**pro re nata**," for an occasion that has arisen, as circumstances require, as needed). For procedural purposes, there are two classifications of PRN medications:

- PRN medications deemed to be a controlled substance: PRN medications that the supervisor or designate deem to be controlled substances are found in separate packages that are stored in Ziploc bags in the back of the individual's medications box. These are dispensed in limited numbers and require daily counts.
- PRN medications NOT deemed to be a Controlled Substance: Do not require daily counts.

Administration of a PRN:

1. If an individual displays symptoms for which a PRN can be administered, staff administers the medication as directed on the MAR and checks the Physician's Standing Order (the pharmacy calls this a preprinted order) for other medications which can be administered. Medications from the Physician's Standing order are ones that can be purchased without a prescription i.e. Tylenol.
2. If the medication is not a PRN on the MAR but is on the Physician's Standing Order, the medication is handwritten into the MAR. Include the medication name, dose and how often it can be administered. If a supply of the medication is available in the medication cupboard, make sure to check the expiry date. If it is expired, dispose of the medication. If there is not a supply of the medication in the medication cupboard, purchase it from a pharmacy.
3. Administers PRN or Standing Order medication as outlined in Medication Administration steps 1 through 10.
4. After administration, write on the back of the MAR the medication, administration date and time, who administered the medication and whether it was effective or not.
5. Document in notables using the PRN label in the drop down menu in the individuals ShareVision site. Documentation must include the name of the PRN administered, the symptoms, the dose, and the effect of medication the PRN had. Complete this documentation every time a PRN medication is administered.
6. Physician's Standing Orders are reviewed as determined by the individual's physician or if the supervisor or designate believes there is a health reason to do so.
7. If PRN medication is deemed a controlled substance, document the PRN medication on the "Medication Count Sheet."
8. Each day the morning staff, while wearing gloves, checks the Medication Count Book and counts the medications. The morning staff document the amount of pills on hand and sign confirming the count prior to the night staff leaving. If there are any medication discrepancies, staff complete a Critical Incident Report as outlined in the policy and procedure.

9. The supervisor or designate monitors, updates or replaces “Medication Count Sheets” as required.

C. Medication Errors

If one of the following occurs: Wrong dosage administered, medication administered to the wrong person, wrong medication administered, medication not administered at the prescribed time or date or the medication is administered via the wrong route or any deviation from the 12 R’s. Do the following:

1. Immediately note the health status of the individual i.e. consciousness, appearance, responsiveness. If the individual is unconscious or has an extreme reaction to the medications ingested call 911.

2. Notify the supervisor or manager on duty immediately.

3. Call the dispensing pharmacy or after hours call Okanagan Resident Plus Medical Pharmacy at 250-878-7404 (pharmacist on call) and make them aware of the error. Ask for their recommendation(s), implement and document.

4. The pharmacist may recommend one of the following:

- Monitor the status of the person and continue with the person’s medication administration regime. Document and implement or,
- Call Kelowna General Hospital Emergency at 250-862-4485 and make them aware of the error. Ask for their recommendation(s). Document and implement, or
- Call the person’s doctor and make them aware of the error. Ask for their recommendation(s). Implement and document.

5. If you cannot get a hold of the pharmacy and the individual is conscious and has not had an extreme reaction to the medication ingested, ensure you have the individual’s health care number, call 811 and ask for their recommendation(s). Implement and document.

6. Make note of anything out of the ordinary in the person’s notables and on the back of the MAR form.

7. If it is a serious error that leads to ill health, the supervisor or manager or Licensed Practical Nurse (LPN) calls the family and informs them.

8. Document in the Notables section of the individuals ShareVision site and on the appropriate incident report form(s) in ShareVision (see Incident Reporting policy and procedures).

9. The supervisor or manager reviews and notifies executive director or designate via email.

10. Medication errors that result in adverse medical effect that require medical treatment are reported to Licensing via the online Critical Incident Report form. Prior to submitting the online document, a copy is printed and kept on file by the Executive Director.

D. Drug Disposal

1. Unused, expired, discontinued, contaminated or found medication are put in a small medication envelope or left in their original packaging. All known information related to the medication must be recorded on the envelope and "DISCARDED" written across the envelope. Staff also print their name on envelope.
2. The pertinent information is entered in the Drug Disposal Inventory list in ShareVision. The form is printed and placed in the locked medication cabinet along with the unused, expired, discontinued, contaminated, and/or found medication attached.
3. All disposed drugs and inventory forms are collected from the residences and kept locked in the Supervisor's office until the next medication review.
4. At the medication review time, the forms are sorted by date, reviewed by the pharmacist who takes the disposed medications and signs the form.
5. The supervisor or designate signs the form and uploads the completed form into the drug disposal inventory in program documents on Sharevision for each residence. The original forms are kept for one year.
6. If applicable, document using the appropriate incident report form(s) (see Incident Reporting policy and procedures).

E. Receiving Medications New Person or New Medication

1. The pharmacy provides the MAR, Patient Education Information sheet outlining the medication's purpose, desired effect, side effects and interaction cautions and the medications.
2. Upon receipt of the medication roll or liquid medication staff confirms that all the information is correct and corresponds with the MAR form. The outside of the medication box must have the name of the person, picture of the person, allergy alerts, the physician's name and pharmacy information. The weekly medications come in clear plastic envelopes attached in a row with all medications for one specified time packaged together. Each envelope has the person's name, date, and administration time, and amount, name of medication, dosage, physician's name and pharmacy information.
3. In order to monitor correct dosing medications such as Lax-A-Day or lactulose **it is** required to have the date written onto the bottle when the first dose is administered and again when the last dose is administered. Eye drops are required to have the date written onto the yellow tag attached to the medication when the medication is opened as eye drops are expired 28 days from opening.
4. In ShareVision, document the medication received in Medication Delivery Check Off list.

F. Medication Changes or Discontinued

1. Medication changes are faxed to Okanagan Resident Plus Medical Pharmacy by the person's physician.

2. Okanagan Resident Plus Medical Pharmacy issues a replacement medication and/or label and delivers it to the house.

3. Staff places the new label over the existing label by either pinned or clipped over the existing label because the old label must be legible. Check to ensure the package corresponds with the label. Medication administration instructions are identified on the label. For discontinued medication, staff uses the label from the pharmacy as a reference and handwrites the word "Discontinued" on the MAR.

4. Staff disposes of discontinued medication as outlined in Drug Disposal steps 1 through 5.

G. Ordering Medications

1. Existing medications automatically filled every week by the pharmacy.

2. The prescribing physician orders new medications from Okanagan Resident Plus Medical Pharmacy. The pharmacy located at 120-3515 Spectrum Court. The contact telephone number during the day is 250-807-6725, fax is 250-807-6699 and phone 250-878-7404 after hours for emergencies (pharmacist on call).

3. Staff reviews creams, suppositories, liquids, etc. to determine the quantity, expiry date of each medication and reorder. Some medications may not be covered by individuals' medical plan therefore they may need to be paid for.

4. The pharmacy may deliver a new order or staff may pick the order up.

5. New MAR sheets will be provided with the new medications.

6. When MAR sheets and medication envelopes arrive, staff check to ensure medications, administration times and dosages are correct, the physician's name is on the MAR form and on the medication strips. If an error exists, staff call Okanagan Resident Plus Medical Pharmacy at 250-807-6725 to report the error and have them correct it and deliver. Staff document on the Residence home page under Medication Delivery Check Off when they have checked incoming medications.

7. Put medication envelopes in specified locked medication container.

8. Each staff must sign the back of the new MAR form.

H. Traveling

1. Staff phone Okanagan Resident Plus Medical Pharmacy and give them the confirmed travel dates.

2. Okanagan Resident Plus Medical Pharmacy will advise taking existing medications or packages the medications specifically for the trip. The pharmacy provides the appropriate MAR form. The total of medication taken is enough of a supply for the length of the trip plus two extra days supply.

3. On the day of departure, each resident's medication is packaged in a Ziploc bag with their MAR form.
4. Staff keeps all medications together and stored in a safe place.
5. Staff adheres to Residential Medication Administration procedures outlined above.
6. Upon returning, the empty medication packages are placed in the sealed plastic storage container and remain there until the next medication delivery. Then the packages are submerged in warm water overnight so the ink on the package disappears. The water is then drained and the packages are put into the recycle bin.

I. Medication Safety Advisory Committee

1. The supervisor:
 - Establishes the Medication Safety and Advisory Committee (MSAC) that consists of the supervisor, senior support worker, the pharmacist, and the LPN.
 - Arranges for the pharmacist to inspect the area of the facility where medication is being stored.
2. The MSAC reviews Pathways' medication training, orientations, policies and procedures and ensures compliance with the Pharmacy Operations and Drug Scheduling Act.
3. The pharmacist provides documentation confirming compliance with the Community Assisted Living Act, Residential Care Regulations 68 to 72.