

PATHWAYS ABILITIES SOCIETY

PROCEDURE: MEDICATION ADMINISTRATION HOMES

Applies to: All Personnel, Persons Receiving Service, Families, Advocates, and Caregivers

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The procedure contains the following sections: **A. Medication Administration, B. PRN Medications, C. Medication Errors, D. Drug Disposal, E. Receiving Medications, F. Medication Changes or Discontinued, G. Ordering Medications, H. Traveling, I. Medication Safety Advisory Committee and J. Common Medical Abbreviations on Pharmacy Prescriptions.**

A. Medication Administration

Each staff signs and initials the Medication Administration Signature Register before their first medication administration in each Pathways service area.

1. At the start of the shift, look through every page of the Medication Administration Record (MAR) for each home member:
 - To note the medication administration time for each home member that occurs during the shift.
 - To look for places that need a second signature.
 - That PRN was signed for, and the effectiveness was documented.

2. Only one staff must complete medication administration for each medication pass unless there are extenuating circumstances.
 - Bouvette: Morning/Noon Medication pass – 8:00 am – 12:00 pm shift
Dinner– 12:00 pm – 8:00 pm
Night Medication pass 4:30 pm – 8:30 am
 - Guisachan: Morning Medication pass – 5:00 pm – 9:00 am shift
Noon Medication pass – 8:00 am – 5:00 pm shift
Dinner/Night Medication pass – 1:00 pm-9:00 pm shift
 - New Meadows: Morning Medication pass – Staff starting at 7 am
Noon Medication pass – 8:00 am-8:00 pm shift
Dinner/Night Medication pass – 12:00 pm-8:30 pm shift

3. When it is time to begin medication administration, wash your hands thoroughly.

4. Medication is prepared, and administration is completed one person at a time.

5. Each home member's medication is in the locked medication cabinet and inside a medication box inside the cabinet/cupboard. The outside of the medication box must have the name of the person, a picture of the person, allergy alerts, the physician's name, and pharmacy information.

6. Pull out the medication packages one at a time checking the person's name, administration time, date, route, dosage, and medication name on the package. Make sure it is the same information as on the MAR. Do this with each package until you reach the next administration time. Check the expiry date on each package.
7. Go through every page of the MAR to ensure you are administering all the medications required at that time.
8. If the MAR indicates the medication is to be administered but does not have a package, find the container containing this medication and repeat step 6. Be sure to check the expiry date on the container.
9. Tear off the package(s) and repeat step 6 with each package while placing a dot(s) in the MAR space under the correct date and medication. The number of dots equals the number of pills in the package(s).
10. If a medication indicated on the MAR does not have a package, dispense the correct number of pills and/or liquid into the appropriate container and put the correct number of corresponding dots in the appropriate space on the MAR. Liquids are measured in millilitres (mL). In each mL, there are milligrams (mg) of medication. For example, sertraline 50 mg/5 mL contains 50 mg of the medication per 5 mL of liquid. If the prescription calls for the person to get 100 mg of medication, you will measure 10 mL of the liquid.
11. Count the dots on the MAR and compare this to the number of pills and/or liquids. The number should be the same.
12. Check packages and/or medications containers a final time compared to the MAR to ensure the information is the same (person's name, administration time, date, route, dosage, and medication name).
13. Leave the package hanging outside the medication box's front for the next administration time.
14. Lock/Secure the medication storage container. Do not leave medications unattended.
15. Administer the medications following the 12 Rs of medication administration. Provide a glass of water (unless otherwise specified). Remain and be engaged with the person until you confirm that all medications have been consumed.
16. **After** the medication is administered, initial the MAR form.
17. Initial the empty packages and place the packages on top of the MAR form.
18. Repeat the procedure for each person, washing hands between each home member.

19. As soon as possible, a second staff, after the medication is administered or at the start of their shift (if the staff administering medications was working alone during medication administration), looks at the medication box to ensure that the medication package is for the next medication administration time. Then the second staff goes through every home member's entire MAR to:

- Ensure all the medications have been administered at the appropriate time.
- Check if any PRNs were administered.
- Compare the medication packages to the MAR to ensure the person's name, date, administration time, and medication name are the same on the duplicate MAR.
- Check the expiry date of each medication.
- Initial the medication packages and sign the MAR in the appropriate space.
- If a PRN was administered, check that the back of the MAR was filled out and the effectiveness of the PRN documented.
- Put the packages in the plastic storage container.

20. If the individual will be away from the home during one or more medication administration times (excluding if they go to the hospital), the staff takes the medication package(s) for the time(s) they will be absent. The medication is kept in the original pharmacy package, and the appropriate code for leave of absence is placed where you would sign if it were being administered. The medication is not removed from the roll until it is the next medication that is to be delivered.

21. Monthly, the LPN or designate reviews the medication binder, ensuring medications are being managed by Pathways' policies and procedures.

22. Upon hire, annually or if 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

A PRN means "pro re nata" or "when necessary." For procedural purposes, there are two classifications of PRN medications:

- PRN medications deemed to be a controlled substances: PRN medications that the supervisor or designate deems to be controlled substances are stored in a PRN binder. These are dispensed in limited numbers and require daily counts.
- PRN medications NOT deemed to be a Controlled Substance: Do not require daily counts and are stored either in the medication cabinet (i.e., large bottles) or in the back of the home member's medication box.

Administration of a PRN:

1. If an individual displays a symptom for which a PRN can be administered, administer the PRN medication as directed on the MAR.
2. If no PRN is listed on the MAR that will alleviate the displayed symptoms (i.e., Tylenol for a headache), check the home member's standing orders in the home member's section of the MAR binder.

3. If the standing order includes a medication that will alleviate the displayed symptoms:
 - Locate the medication in the medication cabinet. Be sure to check the expiry date. If expired, follow the steps in the Drug Disposal section; do not administer.
 - Write the medication's name, dose, and how often it can be administered on the next empty space of the MAR.
 - If there is no supply of the medication or if the medication on hand is expired, take a copy of the standing order to the pharmacy, and ask the pharmacist to find the correct medication to be purchased.

4. Before administering the PRN, check the PRN Medication form located at the front of that person's section of the MAR to check:
 - If the same medication has been administered recently.
 - If the medication has been administered recently, ensure enough time has lapsed between doses as indicated on the MAR or standing orders.
 - Also, to ensure you do not exceed the total daily dose recommended.

5. Administer the PRN or Standing Order medication as outlined in Medication Administration.

6. After administration, complete the PRN Medication form located at the front of that person's section of the MAR binder, medication name, the dose of the medication, administration time, whether the medication was effective or not (if known at that time), and initial.

7. Once administered, move the small plastic divider, found in the section for that home member, up a hole. This indicates to the second signer that a PRN has been administered. Once the second signer has signed and if the effectiveness of the PRN has been documented they move the divider back into place. If the effectiveness has not yet been determined, the divider stays up until the effectiveness has been determined and documented.

8. Document in notables using the PRN label in the drop-down menu in the individual's ShareVision site. Documentation must include the name of the PRN administered, the symptoms, the dose, and the effect of the medication the PRN had. Complete this documentation every time a PRN medication is administered.

9. 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.

10. If PRN medication is deemed a controlled substance, also document the PRN medication on the "Medication Count Sheet," including the count of how many pills were administered and how many are remaining.

11. Every staff coming on shift checks the Medication Count Book and counts the medications. The staff documents the number of pills on hand and signs confirming the count. If there are any medication discrepancies, complete a Critical Incident Report as outlined in the policy and procedure.

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

C. Medication Errors

If one of the following occurs: The 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 Rs. Do the following:

1. Immediately note the health status of the individual i.e., consciousness, appearance, and responsiveness. If the individual is unconscious or has an extreme reaction to the medications ingested call 911.
2. If it is not a medical emergency, email the supervisor or manager. If it is a medical emergency call the supervisor or manager on duty immediately.
3. Call Landmark Pharmacy at (250) 762-5031 or after hours at (250) 300-0999 (or the dispensing pharmacy if other than Landmark Pharmacy) 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. Implement and document or,
 - Call Kelowna General Hospital Emergency at 250-862-4485 and make them aware of the error. Ask for their recommendation(s). Implement and document, or
 - Call the person’s doctor and make them aware of the error. Ask for their recommendation(s). Implement and document, or,
 - That Staff call 911. Implement and document.
5. If you cannot reach 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. In ShareVision, document in the individual’s notables and on the appropriate incident report form(s) in ShareVision (see Incident Reporting policy and procedures).

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

D. Drug Disposal

1. Put any unused, expired, discontinued, contaminated, or found medication into a small medication envelope or leave it in its original packaging. All known information related to the medication is recorded on the envelope and "DISCARDED" is written across the envelope. Sign envelope.

2. Enter the pertinent information in the Drug Disposal Inventory list on ShareVision. Place the medication into the Pharmacy return bag.

3. The discarded medications are given to the person who delivers the medications from the pharmacy. The person whom you are giving the medications signs the drug disposal form.

4. The form is scanned and attached to the ShareVision drug disposal entry and the paper copy goes into the appropriate section of that individual's binder for one year.

E. Receiving Medications

1. The pharmacy provides the MAR, Patient Education Information sheet outlining the medication's purpose, desired effect, side effects, interaction cautions, and the medications.

2. The MAR is highlighted by the staff according to the following colour code:

- Morning (usually 8:00 am medications but this may vary) are highlighted pink.
- Noon medications are highlighted yellow.
- Dinner medications (usually 5:00 pm) are highlighted orange.
- Evening medications (usually 8:00 pm) are highlighted in blue.

3. Upon receipt of the medication, confirm that all the information is correct and corresponds with the MAR form. Weekly medications come in clear plastic packages attached in a row. Each package has the person's name, date, administration time, name of the medication, dosage and amount, physician's name, expiry date, and pharmacy information. Check this information against the information on the MAR to ensure it is correct and ensure all the packages are there for the week.

4. Medications such as Lax-A-Day or lactulose are required to have the date written on the bottle after administering the first and last dose to monitor correct dosing. Eye drops are required to have the date written onto the yellow tag attached to the medication after opening the bottle as eye drops expire 28 days from opening.

5. If an error exists, call Landmark Pharmacy (250) 762-5031 to report the error and have them correct it and deliver.

6. In ShareVision, document the medication received in the Medication Delivery Check-Off list.

7. After the next supply of medication is delivered and checked, submerge the empty packages in warm water overnight until the ink on the package disappears, drain the water, and place the packages into the recycle bin.

F. Medication Changes or Discontinued

1. Medication changes are faxed to Landmark Pharmacy by the person's physician when possible. The supervisor or designate may be required to fax prescription information to the pharmacy if the physician is unavailable. Landmark Pharmacy fax: (250) 762-5032.

2. Landmark Pharmacy delivers the medication and label to the house. Place the new label on the next free square on the MAR and check to ensure the medication corresponds with the label. Do not cover up any writing on the MAR with the label.

3. Notify the supervisor, senior support worker, and LPN via email of the medication change. The email includes all the information about the medication change (medication name, dose, frequency of administration, and whether it was an added medication, dose change, or discontinuation).

4. For discontinued medication, write the word discontinued in the empty date spaces beside the discontinued medication.

5. A clear divider labelled "Medication Change" is placed in the binder just before that person's MAR. This step is included with medications that have been discontinued. The divider remains in the binder for a week or if prescribed for a shorter period, until the prescription is complete.

6. Dispose of discontinued medication as outlined in the Drug Disposal section.

7. The change to the person's medication is documented on the person's ShareVision home page.

G. Ordering Medications

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

2. The prescribing physician orders new medications from Landmark Pharmacy. The pharmacy is located at 116-1631 Dickson Ave.

Contact information:

During hours of operation, 9:00 am-5:00pm (250) 762-5031

After hours, Weekends, and holidays (pharmacist on-call): (250) 300-0999 Fax: (250) 762-5032

3. The senior support staff or designate reviews creams, suppositories, liquids, etc., to determine each medication's quantity and expiry date 48 hours before the next medication delivery.
4. If there is insufficient medication to last for the next ten days, they call the pharmacy and order a new supply.
5. If a medication is expired, they call the pharmacy to order a new supply and dispose of it as outlined in Drug Disposal. Some medications may not be covered by individuals' medical plans therefore, they may need to be paid for.
6. If the medication is needed before the next pharmacy delivery date, staff may need to pick the order up from the pharmacy.
7. New MAR sheets will be provided with the new medications.
8. When MAR sheets and medications arrive, follow the steps outlined in Receiving Medications.
9. Put the medication in a specified locked medication container.

H. Traveling

1. Phone Landmark Pharmacy to tell them the confirmed travel dates.
2. Landmark Pharmacy will advise whether to take the existing medications or the pharmacy will package the medications specifically for the trip. The pharmacy provides the appropriate MAR form. The total medication taken should be enough supply for the length of the trip plus two extra days.
3. On the day of departure, package each home member's medication in a separate Ziploc bag with their MAR form.
4. Keep all medications together and stored them in a safe place.
5. Adhere to the Homes Medication Administration procedures outlined above.
6. Upon returning, place the empty medication packages in the sealed plastic storage container and the pharmacy will take them upon delivery of the next week's medications.

I. Medication Safety Advisory Committee

1. The supervisor:
 - Establishes the Medication Safety and Advisory Committee (MSAC) which consists of the supervisor, senior support worker, pharmacist, and 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.

J. Common Medical Abbreviations on Pharmacy Prescriptions

Abbreviation	Meaning
BID	Twice per day
CR	Controlled release (these medications cannot be crushed)
ER	Extended release (these medications cannot be crushed)
h or hr	Hour
PO	Orally or by mouth
q	Every (e.g., q12h means every 12 hours)
QID	Four times per day
SL	Sublingual (dissolve under tongue or in cheek)
SR	Sustained release (these medications cannot be crushed)
TID	Three times per day

This is a condensed list of medical abbreviations. If you have any questions, call the pharmacy, or speak to your supervisor.

K. Landmark Pharmacy Codes

- The codes are found at the bottom right corner of the MAR and correspond to the reasons why staff did not administer medication to an individual.
- The correct number is written in the spot where you would have put your initials after administration.
- You do not need a second staff member also to document.

Code Number	Reason	Description
1	Drug Refused	Use this code if an individual tells you that they do not want the medication or if they spit out the medication while watching them after you have administered it.
2	Nausea or Vomiting	Use this code if the person is too nauseated to take their medication or if they vomit shortly after receiving their medication. If this occurs, call the pharmacy, and notify the supervisor. Discard the medication using the procedure outlined in section D.
3	Hospitalized	Use this code if the individual has been taken to the hospital. Use the code for every single medication pass that the individual is in the hospital for.
4	Social Leave	Use this code if the medication has been given to the individual to take while they are away from the home.
5	Drug Order Not Received	Use this code if the pharmacy does not send the medication. If this occurs, call the pharmacy and notify the supervisor.

6	Drug Withheld	Use this code if the doctor, pharmacy, or LPN instructs you not to give the drug. If you think a drug should be withheld, you must notify the LPN, supervisor, or pharmacy first.
7	Borrowed	There is no reason to use this code currently in our homes.
8	Drug Wasted	Use this code if an individual goes on social leave with their medication but then forgets to take their medication. If they are unable to take the medication due to it being outside the medication window indicated by the pharmacy, discard the medication using the procedure outlined in section D.
9	Asleep	If the person is asleep on your medication pass, try to wait until they wake up, within the safe medication administration timeframe. If the individual is constantly asleep during the medication pass, notify your supervisor or LPN.