

MEDICATION MONITORING IN ADULT CARE HOMES

Presented by
**NC Division of Health Service
Regulation**
Adult Care Licensure Section



Drug Management

Objectives:

Access and utilize the medication administration and pharmaceutical care regulations for Adult Care Homes.

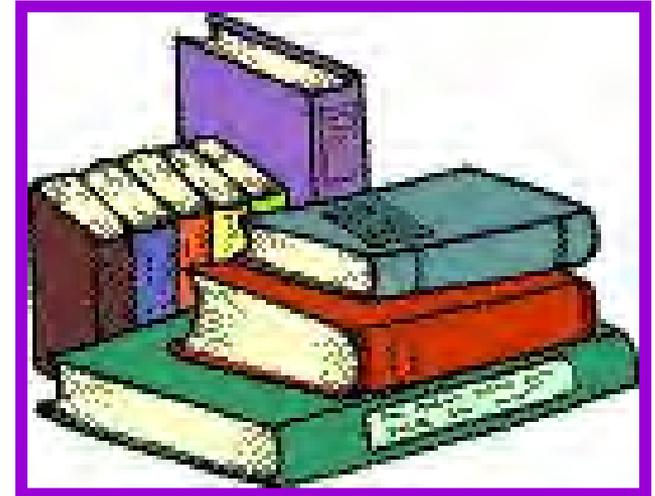
Monitor and encourage medication administration rule compliance in Adult Care Homes using a systematic approach.

PREPARATION

- ❖ **Materials needed**
 - ◆ **Licensure Rules**
 - ◆ **Monitoring Report or**
 - ◆ **Corrective Action Report**
 - ◆ **Medication Aide Qualifications Worksheet**
 - ◆ **Med Monitoring Work Sheet**
 - ◆ **Resources**

Resources

- ❖ ACLS Consultants - RN, RPh, SW, or RD
- ❖ Drug Reference Manuals - PDR,
Drug Information Handbook, Complete Guide to Prescription and Non-Prescription Drugs,
The Pill Book, etc.



Monitoring

Medication Administration

❖ **10A NCAC 13F / 13G .0403**

❖ **10A NCAC 13F / 13G .0503**

❖ **10A NCAC 13F / 13G .0505**

❖ **10A NCAC 13F / 13G .1000**

❖ **10A NCAC 13F / 13G .1211**

Qualifications of Medication Aides & Their Supervisors

- ❖ Meet staff training and competency requirements for personal care (25/80 hr) if performing personal care tasks.
- ❖ Pass the competency evaluation according to the guidelines by DHHS.
- ❖ Obtain 6 hrs of CE annually related to medication administration.

Medication Aides and Supervisors

Who must meet these qualifications?

- ❖ Staff who administer medications, including staff who only prepare
- ❖ Staff who directly supervise the administration of medications
- ❖ Exemption: Persons authorized by state occupational licensure laws to administer medications

Competency Evaluation

Clinical Skills Validation

- ❖ Completed prior to staff being assigned to administer medications
- ❖ The Medication Administration Skills Validation Form
- ❖ Non-transferable between licensed facilities

Written Exam

- ❖ Administered by the Department of Health and Human Services
- ❖ Completed within 90 days of completing the clinical skills validation
- ❖ A score of at least 90% for passing
- ❖ Certificate provided
- ❖ Transferable

The Medication Administration Clinical Skills Checklist



- ❖ Validation by RN or RPh
- ❖ Only form used for competency validation
- ❖ Certain tasks may only be validated by RN
- ❖ Is to be completed for all tasks the employee will be responsible for performing
- ❖ Maintained in the facility for review

Revalidation of Medication Staff

- ❖ No revalidation required of employees who remain employed by new ownership.
- ❖ No revalidation required of employees rehired by the facility.
- ❖ *However, facility is responsible for assuring that staff is competent to administer medications & oriented to facility's policies and procedures.*

Medication Testing Questions and Materials

- ❖ **Adult Care Licensure Section -
*Medication Testing Unit 919-855-3793***
- ❖ **Adult Care Voice Response System
919-733-7615**
- ❖ **DHSR Website:**
<http://www.ncdhhs.gov/dhsr/acls/index.html>
- ❖ **Medication Testing Website:**
<https://mats.dhhs.state.nc.us:8598/default2.aspx>
- ❖ **Local County DSS**

EXERCISE



EXERCISE

Medication Aide Qualifications

The following checklist was completed during routine monitoring of medication aide qualification at Fruitful Living Rest Home of Raleigh. Based upon facility information the following were identified as medication aides. MAR review revealed that each had administered medications during the current month. The medication aide qualifications checklist was completed based upon information gathered for each aide. Do all have the required qualifications? Which medication aides, if any, do not meet the qualifications? Why?

MEDICATION AIDE QUALIFICATIONS CHECKLIST

NCDHHS, Division of Facility Services, Raleigh, NC

Facility Name/Location Fruitful Living Rest Home of Raleigh Survey Date(s) 10/18/05

<i>Name of Staff Person</i>	<i>Title of Staff Person</i>	<i>Date of Hire</i>	<i>Clinical Skills Checklist?</i>	<i>If Yes, Date Completed</i>	<i>Med Test Certificate?</i>	<i>If Yes, Date Passed</i>
Charles Cherry	Med tech	12/05/03	Yes	12/08/03	Yes	03/01/04
Patty Pear	C N A Med Tech	10/17/99	No		No	
Pricilla Peach	Med Tech	06/02/05	Yes	06/05/05 09/03/05	NO	
Gloria Grape	Med Tech	09/30/02	Yes	05/10/03	Yes	11/08/01
Paul Pineapple	Med Tech	03/20/05	No		Yes	01/29/04
Anne Apple	Med Tech	08/28/05	Yes	09/04/05	No	

Notes:

DATA COLLECTION

- ❖ Documentation / Resident Records
- ❖ Observations of staff & residents
- ❖ Interviews with staff & residents

Resident Record Review

- ❖ Sample size based on survey protocol.
- ❖ New admissions, re-admissions, residents receiving insulin, Coumadin, or multiple changes in medication orders.
- ❖ Medication Monitoring Form - begin with FL-2 or discharge summary and follow subsequently dated orders.

Observation & Interview of Residents



- ❖ Sometimes necessary to confirm how / if medication was / is given.
- ❖ Helpful in determining staff's procedures within the facility.
- ❖ Use open-ended questions during interviews

Observation & Interview of Staff

- ❖ Indirectly observe staff during medication passes
- ❖ Ask staff to tell you procedures in home
- ❖ Determine if staff is following proper procedures for:
 - ◆ pre-pouring & infection control
 - ◆ reordering of medications
 - ◆ medication administration techniques
 - ◆ administering within 1 hour grace period
 - ◆ documentation on the MAR

Policies and Procedures

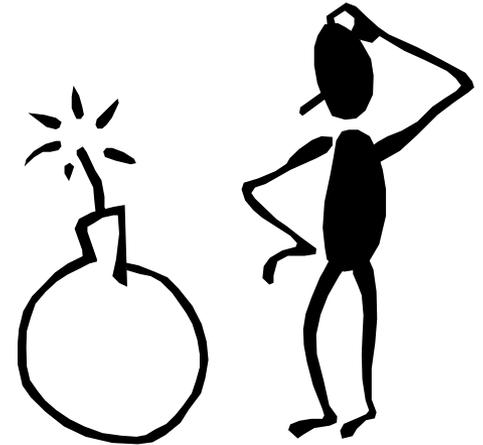
- ❖ *Individualized* procedures in the facility
- ❖ Who is responsible for doing what?
 - ◆ How is it done?
 - ◆ When is it done?
 - ◆ Where is it done?
- ❖ If there are inconsistencies among staff, refer to policy and procedure manual - e.g. MAR documentation, reordering of meds, etc.

Medication Orders

- ❖ FL-2 or Discharge Summary
- ❖ Report of Health Services Form
- ❖ Telephone Order Slips
- ❖ Prescriptions
- ❖ Physician's Order Sheet
- ❖ Other - Lab Reports, DRR

Medication Orders

Complete



- ❖ Medication name & strength
 - ❖ Dosage of medication to be administered
 - ❖ Route of administration
 - ❖ Specific directions for use, including frequency, and if ordered PRN, an indication for use
- ➔ ***If any order is incomplete, staff should clarify the order with the MD and document this clarification.***

Medication Administration Record (MAR)

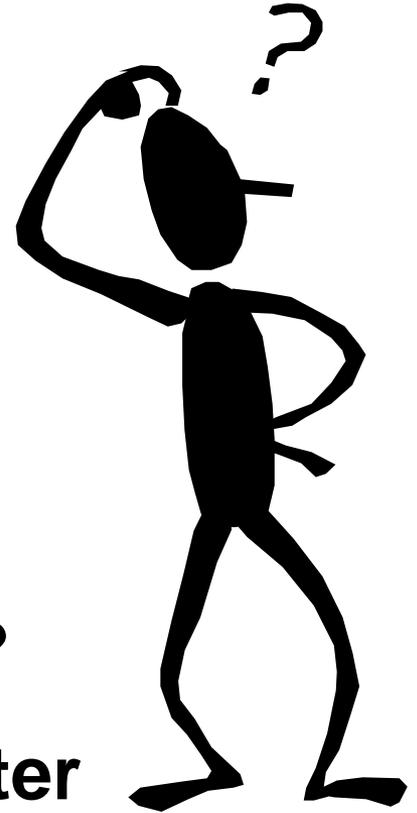


CURRENT AND ACCURATE:

- ◆ **Each dose administered**
- ◆ **Resident's name**
- ◆ **Name, strength, & dosage administered**
- ◆ **Instructions for administering**
- ◆ **Date & time medication is administered**
- ◆ **Reason for omissions**
- ◆ **Reason and resulting effect of PRN's**
- ◆ **Name/initials & equivalent signature.**

Monitoring MARs

- ❖ **Are there omissions, blanks?**
- ❖ **Is the reason / effect documented for administration of PRN's?**
- ❖ **Is the medication scheduled for administration at appropriate times?**
- ❖ **Is staff documenting immediately after administration to 1 resident prior to administering medications to the next?**



DRUG STORAGE

- ❖ Drugs should be stored in an area that is clean, orderly, well-lighted, & well-ventilated.
- ❖ External / Internal stored separately
- ❖ Refrigerated agents: 36 - 46°F.
- ❖ Security
- ❖ Expired / DC'd drugs



Labeling

- ❖ Prescription Medications
- ❖ Non-prescription medications (OTCs)
- ❖ Direction Changes
- ❖ Samples
- ❖ Leave of Absence (LOA) medications

Prescription Label Requirements

- ❖ Resident's name
- ❖ Dispense date
- ❖ Prescriber's name
- ❖ Name/strength of the medication
- ❖ Instructions for administration
- ❖ Generic equivalency statement
- ❖ Expiration date
- ❖ Name of dispensing RPh & pharmacy

Controlled Substances

- ❖ **Accountability / Retrievable record**

- ◆ **Receipt**
- ◆ **Administration**
- ◆ **Disposition**

- ❖ **Storage**

- ❖ **Disposition / Destruction**

Is the MAR documentation sufficient as the controlled substance record, too?



Medication Errors

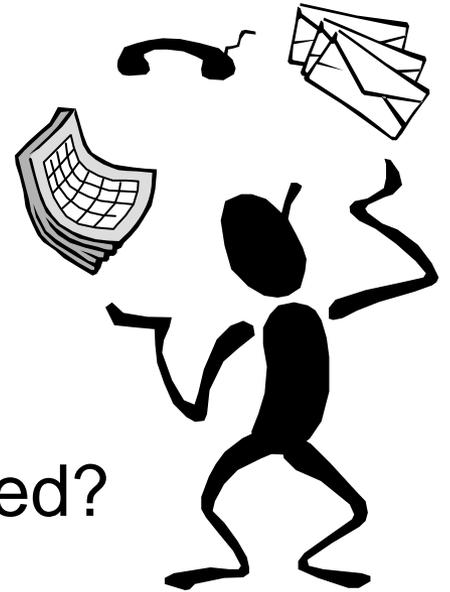
- ❖ Error - an act or belief that unintentionally deviates from what is correct, right or true.
Medication error occurs when a medication is not administered, as prescribed.
- ❖ ALL errors, including documentation errors, entered on appropriate form
- ❖ Omissions and unavailability of medications ARE ERRORS!

Pharmaceutical Care and Services

- ❖ **Components of medication review:**
 - ◆ **On-site**
 - ◆ **At least quarterly**
- ❖ **Responsibilities of LHP & follow-up by facility**
 - ◆ **Summary report**
 - ◆ **Maintain on file in facility - not necessarily in resident's record**
- ❖ **ACH (7+) versus FCH (<7)**

Evaluating Scope and Severity

- ❖ Pre-Exit
- ❖ The scope of the deficiency
i.e. How many residents were affected?
- ❖ The severity of the deficiency
i.e. How bad was it?
- ❖ Monitoring report, corrective action, or penalty?



EXERCISES



LONG TERM CARE SERVICES

PRIOR APPROVAL UTILIZATION REVIEW ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME Clayton		FIRST Garrett		MIDDLE	2. BIRTHDATE (M/D/Y) 10-17-30	3. SEX M	4. ADMISSION DATE (CURRENT LOCATION) 9/1/05
5. COUNTY AND MEDICAID NUMBER Johnston 021-13-1415			6. FACILITY Adult Care Assisted Living			7. PROVIDER NUMBER	
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Bruton Adams Building City, N.C.				9. RELATIVE NAME AND ADDRESS Ben Clayton (brother)			
10. CURRENT LEVEL OF CARE <input checked="" type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input checked="" type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF		12. PRIOR APPROVAL NUMBER		14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER	
				13. DATE APPROVED/DENIED			

15. ADMITTING DIAGNOSES - PRIMARY, SECONDARY, DATES OF ONSET

1. seizure disorder	5. CHF
2. hypertension	6.
3. insulin-dependent diabetes (IDDM)	7.
4. Asthma	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
<input type="checkbox"/> CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
<input type="checkbox"/> INTERMITTENTLY	<input type="checkbox"/> SEMI-AMBULATORY	<input type="checkbox"/> INCONTINENT	<input type="checkbox"/> INCONTINENT
INAPPROPRIATE BEHAVIOR	<input type="checkbox"/> NON-AMBULATORY	<input type="checkbox"/> INDWELLING CATHETER	<input type="checkbox"/> COLOSTOMY
<input type="checkbox"/> WANDERER	FUNCTIONAL LIMITATIONS	<input type="checkbox"/> EXTERNAL CATHETER	RESPIRATION
<input type="checkbox"/> VERBALLY ABUSIVE	<input type="checkbox"/> SIGHT	<input type="checkbox"/> COMMUNICATION OF NEEDS	<input type="checkbox"/> NORMAL
<input type="checkbox"/> INJURIOUS TO SELF	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> VERBALLY	<input type="checkbox"/> TRACHEOSTOMY
<input type="checkbox"/> INJURIOUS TO OTHERS	<input type="checkbox"/> SPEECH	<input type="checkbox"/> NON-VERBALLY	<input type="checkbox"/> OTHER:
<input type="checkbox"/> INJURIOUS TO PROPERTY	<input type="checkbox"/> CONTRACTURES	<input type="checkbox"/> DOES NOT COMMUNICATE	<input type="checkbox"/> O2 <input type="checkbox"/> PRN <input type="checkbox"/> CONT.
<input type="checkbox"/> OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
<input type="checkbox"/> PERSONAL CARE ASSISTANCE	<input type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> DIET NCS
<input type="checkbox"/> BATHING	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SUPPLEMENTAL
<input type="checkbox"/> FEEDING	<input type="checkbox"/> GROUP PARTICIPATION	<input type="checkbox"/> DECUBITI - DESCRIBE:	<input type="checkbox"/> SPOON
<input checked="" type="checkbox"/> DRESSING	<input type="checkbox"/> RE-SOCIALIZATION		<input type="checkbox"/> PARENTERAL
<input type="checkbox"/> TOTAL CARE	<input type="checkbox"/> FAMILY SUPPORTIVE		<input type="checkbox"/> NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		<input type="checkbox"/> GASTROSTOMY
<input type="checkbox"/> 30 DAYS	<input type="checkbox"/> CONVULSIONS/SEIZURES		<input type="checkbox"/> INTAKE AND OUTPUT
<input checked="" type="checkbox"/> 60 DAYS	<input type="checkbox"/> GRAND MAL	<input type="checkbox"/> DRESSINGS:	<input type="checkbox"/> FORCE FLUIDS
<input type="checkbox"/> OVER 180 DAYS	<input type="checkbox"/> PETIT MAL		<input type="checkbox"/> WEIGHT
	<input type="checkbox"/> FREQUENCY		<input type="checkbox"/> HEIGHT

17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
<input type="checkbox"/> BLOOD PRESSURE		<input type="checkbox"/> BOWEL AND BLADDER PROGRAM	
<input type="checkbox"/> DIABETIC URINE TESTING	<i>FSB5 ac breakfast & supper</i>	<input type="checkbox"/> RESTORATIVE FEEDING PROGRAM	
<input type="checkbox"/> PT (BY LICENSED PT)		<input type="checkbox"/> SPEECH THERAPY	
<input type="checkbox"/> RANGE OF MOTION EXERCISES		<input type="checkbox"/> RESTRAINTS	

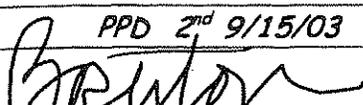
18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Dilantin 125mg/5ml - 4ml po q.o.d.	7. Humulin-R insulin - sliding scale
2. Lasix 40mg po twice daily	8. BS = 200-250 - 3 units
3. Tylenol 325mg 1-2 tabs po q6hr prn pain	9. BS = 251-300 - 4 units
4. or temp greater than 100°F	10. BS = 301-350 - 5 units
5. Humulin 70/30 - 10 units sq. ac breakfast	11. call MD if > 350
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE:

ADDITIONAL INFORMATION: **PPD 8/28/03 Omm**

PPD 2nd 9/15/03 Omm *allergies - codeine

21. PHYSICIAN'S SIGNATURE: 

22. DATE: **9/1/05**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF FACILITY SERVICES

RESIDENT'S HEALTH SERVICE RECORD

HOME FOR THE AGED

FAMILY CARE HOME

NAME OF HOME: Adult Care Assisted Living

NAME OF RESIDENT: Garrett Clayton

RESIDENT'S PHYSICIAN: Dr. Bruton TELEPHONE: 855-3765

DOCUMENT PHYSICIAN AND ALL OTHER LICENSED HEALTH PROFESSIONAL CONTACTS

DATE

FINDINGS /ORDERS/ RECOMMENDATIONS

10/8/05

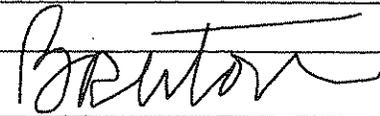
*Resident complaint of sore throat and
congestion. Amoxicillin 500mg po TID x 10 days.*

To be seen in 4 days if still complaining.

Bruton

DATE _____ TIME _____ INITIAL _____ FAXED DATE _____ TIME _____ INITIAL _____

PHYSICIANS ORDERS

Patient Name Clayton, Garrett		Med. Rec.	Attending Physician Dr. Bruton	Room No. 000	Facility No.
Date Ordered	Date Discontinued	ORDERS			
10/13/05		Decrease Lasix to 40mg once daily			
Signature of Nurse Receiving Order	BBDO, MT	Date/Time 10/13/05 8AM	Signature of Physician 	Date 10/20/05	

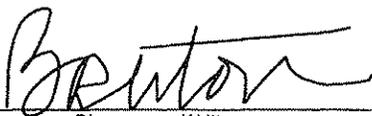
LTC DRUGS, INC.
CITY, NC
TELEPHONE 919-911-1212

Name: **Garrett Clayton** Age: _____

Address: **Adult Care Assisted Living** Date: **10/11/05**

] **Ambien 5mg**
Sig: 1 tab po qhs
#30

Refill 0

MD  MD

Product Selection Permitted Dispense as Written

Physician Address: **Adams Bldg City, NC** Telephone: **919-555-1212**

Physician DEA and UPIN number are required to process insurance and Medicaid or Medicare forms

DEA #: _____ UPIN #: _____

MEDICATION ADMINISTRATION RECORD

Medications	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
Dilantin 125mg/5ml 4ml by mouth every other day 09/01/05	9PM	A	X	R	X	(R)	X	R	X	R	X	T	X	R	X	R	X	J	X	T	X	T	X	T	X	R	X	J	X	J	X	J									
	Furosemide 40mg for Lasix 40mg 1 tablet by mouth twice daily. 09/01/05	8AM	B	C	B	B	B	C	A	A	A	A	B																												
	4PM	A	R	R	R	R	J	R	J	R	T	T	T	D/C	Order Changed 10/13/05																										
Tylenol 325mg 1-2 tablets every 6 hours as needed for pain or T > 100°F 09/01/05	P										A																														
	R																																								
	N			R																																					
Humulin 70/30 insulin Inject 10 units subcutaneously before breakfast each day. 09/01/05	7AM	B	C	B	B	B	C	A	A	A	A	A	B	B	B	B	C	A	A	A	B	B	B	C	A	A	A	B	C	B	B										
	site	L	A	R	A	L	A	R	A	L	A	R	A	L	A	R	A	L	A	R	A	L	A	R	A	L	A	R	A	L	A	R	A								
Fingerstick blood sugars Check twice daily before breakfast and supper 09/01/05	7AM	190	175	160	140	183	166	170	180	155	140	165	177	155	150	198	180	160	170	180	160	140	160	140	150	160	150	140	160	170	180										
	4PM	156	198	185	155	142	187	183	188	160	175	175	204	225	232	188	160	155	140	121	140	150	170	140	180	160	150	170	185	190	180	161									
		A	R	R	R	R	J	R	J	R	T	T	T	R	R	R	J	J	J	T	T	T	T	T	R	R	R	J	J	J	J										
Humulin-R sliding scale 95 = 200-250 3 units 15 = 251-300 4 units B5 = 301-350 5 units Call MD if >350 9/01/05	P														B																										
	R																																								
	N											T	T	R																											
Amoxicillin 500mg 1 capsule by mouth 3 times daily for 10 days 10/08/05	8AM										A	A	A	B	B	B	C	A	A	S																					
	2PM										A	A	A	B	B	B	C	A	A	T																					
	8PM																																								
Ambien 5mg tablets 1 tablet by mouth at bedtime. 10/11/05	9PM																																								
Furosemide 40mg For Lasix 40mg Take 1 tablet once daily. 10/13/05	8AM																																								

Charting for the month of: **10/01/05** through **10/31/05**

Physician: Dr. Bruton	Telephone #: 919-555-1212	Medical Record #:
Alt. Physician:	Alt. Physician Telephone #:	
Allergies: CODEINE	Rehabilitation Potential:	
Diagnosis: SEIZURE DISORDER, HTN, IDDM, ASTHMA, CHF	Admission Date:	
Resident's Name: Garrett Clayton	Date of Birth: 10/17/30	Room / bed #: BW999

Medication Administration Monitoring Form

Resident's Name: Garrett Clayton

Date of Birth: 10/17/30

Diagnosis: Seizure Disorder, HTN, IDDM, Asthma, CHF

Date of Admission: 09/01/05

Allergies: Codeine

Facility: Adult Care Assisted Living

FL-2 / Discharge Summary / Transfer Form DATE: 09/01/05	Subsequent Orders	Medication Administration Record	Medication on Hand Labeled Correctly
Dilantin 125mg/5ml - 4ml po every other day		OKAY	OKAY
Lasix 40mg po twice daily	Telephone order 10/13/05 - Lasix changed to 40mg once daily	OKAY	Bottle has "Direction Change" sticker (filled 10/01/05)
Tylenol 325mg 1-2 tabs q 6 hrs prn pain or T > 100°F		OKAY - charting time, amount, reason, and result	OKAY
Humulin 70/30 10 units sq ac breakfast		OKAY	OKAY
Humulin R (sliding scale) BS - 200-250 = 3 units BS - 251-300 = 4 units BS - 301-350 = 5 units Call MD if > 350		OKAY - 4 episodes of requiring insulin - given appropriately	OKAY
Fingersticks bid ac breakfast and supper		OKAY	_____
	10/08/05 - Amoxicillin 500mg tid for 10 days	OKAY	No medication available - finished
	10/11/05 - Ambien 5mg 1 tab at bedtime	OKAY	OKAY

EXERCISE

Resident: John Matthews

Facility: Welcome Retirement Center

Review Date and Time: October 29, 2004 at 10 AM

Additional Information: John Matthews was admitted to the facility on 05/03/96. On 09/29/04, John had a physician's visit and a new FL-2 was completed at that time. All orders and additional information available for review are attached.

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

INSTRUCTIONS ON REVERSE SIDE

PRIOR APPROVAL

UTILIZATION REVIEW

ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME Matthews	FIRST John	MIDDLE B.	2. BIRTHDATE (M/D/Y) 10/17/30	3. SEX M	4. ADMISSION DATE (CURRENT LOCATION) 05/03/96
5. COUNTY AND MEDICAID NUMBER Wake 021-13-1415		6. FACILITY ADDRESS Welcome Retirement Center			7. PROVIDER NUMBER
8. ATTENDING PHYSICIAN NAME AND ADDRESS Dr. Nathan Walls			9. RELATIVE NAME AND ADDRESS Jim Matthews - Brother		
10. CURRENT LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL		11. RECOMMENDED LEVEL OF CARE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> OTHER		12. PRIOR APPROVAL NUMBER	
				13. DATE APPROVED/DENIED	
				14. DISCHARGE PLAN <input type="checkbox"/> SNF <input type="checkbox"/> HOME <input type="checkbox"/> ICF <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER	

15. ADMITTING DIAGNOSES - PRIMARY, SECONDARY, DATES OF ONSET

1. Seizure Disorder	5. Insulin Dependent Diabetic
2. HTN	6.
3. Hypothyroidism	7.
4. Asthma	8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
<input type="checkbox"/> CONSTANTLY	<input checked="" type="checkbox"/> AMBULATORY	<input checked="" type="checkbox"/> CONTINENT	<input checked="" type="checkbox"/> CONTINENT
<input checked="" type="checkbox"/> INTERMITTENTLY	<input type="checkbox"/> SEMI-AMBULATORY	<input type="checkbox"/> INCONTINENT	<input type="checkbox"/> INCONTINENT
INAPPROPRIATE BEHAVIOR	<input type="checkbox"/> NON-AMBULATORY	<input type="checkbox"/> INDWELLING CATHETER	<input type="checkbox"/> COLOSTOMY
<input type="checkbox"/> WANDERER	FUNCTIONAL LIMITATIONS	<input type="checkbox"/> EXTERNAL CATHETER	RESPIRATION
<input type="checkbox"/> VERBALLY ABUSIVE	<input type="checkbox"/> SIGHT	COMMUNICATION OF NEEDS	<input checked="" type="checkbox"/> NORMAL
<input type="checkbox"/> INJURIOUS TO SELF	<input type="checkbox"/> HEARING	<input checked="" type="checkbox"/> VERBALLY	<input type="checkbox"/> TRACHEOSTOMY
<input type="checkbox"/> INJURIOUS TO OTHERS	<input type="checkbox"/> SPEECH	<input type="checkbox"/> NON-VERBALLY	OTHER:
<input type="checkbox"/> INJURIOUS TO PROPERTY	<input type="checkbox"/> CONTRACTURES	<input type="checkbox"/> DOES NOT COMMUNICATE	O2 PRN CONT.
OTHER:	ACTIVITIES/SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	<input type="checkbox"/> PASSIVE	<input checked="" type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> DIET REGULAR
<input type="checkbox"/> BATHING	<input type="checkbox"/> ACTIVE	OTHER:	<input type="checkbox"/> SUPPLEMENTAL
<input type="checkbox"/> FEEDING	<input type="checkbox"/> GROUP PARTICIPATION	<input type="checkbox"/> DECUBITI - DESCRIBE:	<input type="checkbox"/> SPOON
<input checked="" type="checkbox"/> DRESSING	<input type="checkbox"/> RE-SOCIALIZATION		<input type="checkbox"/> PARENTERAL
<input type="checkbox"/> TOTAL CARE	<input type="checkbox"/> FAMILY SUPPORTIVE		<input type="checkbox"/> NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		<input type="checkbox"/> GASTROSTOMY
<input type="checkbox"/> 30 DAYS	<input checked="" type="checkbox"/> CONVULSIONS/SEIZURES		<input type="checkbox"/> INTAKE AND OUTPUT
<input type="checkbox"/> 60 DAYS	<input type="checkbox"/> GRAND MAL	DRESSINGS:	<input type="checkbox"/> FORCE FLUIDS
<input checked="" type="checkbox"/> OVER 180 DAYS	<input type="checkbox"/> PETIT MAL		<input type="checkbox"/> WEIGHT
	<input type="checkbox"/> FREQUENCY		<input type="checkbox"/> HEIGHT
17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
<input type="checkbox"/> BLOOD PRESSURE		<input type="checkbox"/> BOWEL AND BLADDER PROGRAM	
<input type="checkbox"/> DIABETIC URINE TESTING		<input type="checkbox"/> RESTORATIVE FEEDING PROGRAM	
<input type="checkbox"/> PT (BY LICENSED PT)		<input type="checkbox"/> SPEECH THERAPY	
<input type="checkbox"/> RANGE OF MOTION EXERCISES		<input type="checkbox"/> RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Dilantin Susp. 125mg./5ml. - 4ml. po qod	7. Cardizem SR 180mg. po once daily
2. Desyrel 150mg. po qhs.	8. with food (Hold if B/P less than 100/60)
3. Navane 5mg. po bid	9.
4. Vicks Formula 44 - TUD	10.
5. Proventil Inhaler 2 puffs po q 4 hrs. prn.	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE:

20. ADDITIONAL INFORMATION:
PPD - 2/15/97 - Omm.
PPD - 3/1/97 - Omm.

21. PHYSICIAN'S SIGNATURE:  22. DATE: **9/29/04**

NOTED _____ DATE _____ TIME _____ INITIAL _____ FAXED DATE _____ TIME _____ INITIAL _____

PHYSICIANS ORDERS	Last Name		First Name	Med. Rec.	Attending Physician	Room No.	Facility No.
	<i>Matthews, John</i>				<i>Dr. Nathan Walls</i>		
	Date Ordered	Date Discontinued	ORDERS				
	<i>10/13/04</i>		<i>Decrease Dilantin susp. 125mg/5ml to 2.5ml po once daily at bedtime.</i>				
Signature of Nurse Receiving Order		Date/Time	Signature of Physician		Date		
<i>Z. Payne</i>		<i>10/13/04 4pm</i>	<i>N. Walls</i>		<i>10/30/04</i>		

NOTED _____ DATE _____ TIME _____ INITIAL _____ FAXED DATE _____ TIME _____ INITIAL _____

PHYSICIANS ORDERS	Last Name		First Name	Med. Rec.	Attending Physician	Room No.	Facility No.
	Date Ordered	Date Discontinued	ORDERS				
Signature of Nurse Receiving Order		Date/Time	Signature of Physician		Date		

NOTED _____ DATE _____ TIME _____ INITIAL _____ FAXED DATE _____ TIME _____ INITIAL _____

PHYSICIANS ORDERS	Last Name		First Name	Med. Rec.	Attending Physician	Room No.	Facility No.
	Date Ordered	Date Discontinued	ORDERS				
Signature of Nurse Receiving Order		Date/Time	Signature of Physician		Date		

MEDICATION ADMINISTRATION RECORD

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
Dilantin 125mg/5ml 4ml by mouth every other day. 9/29/04	9AM	B	J	J	B	B	B	B	J	J	J	B	T	T	T	B	B	T	T	B	B	B	B	T	Discontinued See below																	
Desyrel 50mg 3 tabs (=150mg) by mouth at bedtime. 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	9PM	Z	Z	Z	Z	R	R	R	Z	Z	Z	Z				Z	Z	Z	R	R	R	R	Z	Z	R	Z	Z	R	Z													
Navane 5mg/ml 5ml po twice daily 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	9PM	Z	Z	Z	Z	R	R	R	Z	Z	Z	Z				Z	Z	Z	R	R	R	R	(R)	Z	Z	R	Z	Z	(R)	Z												
Vicks Formula 44 TUD 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	P																																									
	R																																									
	N																																									
Proventil Inhaler 2 puffs by mouth every 4 hours as needed. 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	P																																									
	R				B									B																												
	N								T																																	
Cardizem 180mg SR 1 capsule by mouth once daily with food (Hold if BP<100/60) 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	9AM	B	J	J	B	B	B	B	J	J	J	B	T	T	T	B	B	T	T	B	B	B	B	T	B	B	T	B	B	B												
	B/P Wkly				$\frac{150}{80}$								$\frac{170}{100}$								$\frac{180}{90}$							$\frac{180}{90}$														
Synthroid 0.1mg tabs 1 tablet by mouth once daily. 9/29/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	9AM	B	J	J	B	B	B	B	J	J	J	B	T	T	T	B	B	T	T	B	B	B	B	T	B	B	T	B	B	B												
Dilantin Suspension 125mg/5ml 2.5ml by mouth at bedtime. 10/13/04		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
	9PM	—————→													Z	Z	Z	Z	R	R	R	R	R	(Z)	Z	R	(Z)	Z	R	Z	Z											

Charting for the month of: 10/01/04 through 10/31/04	
Physician: Nathan Walls	Telephone # 919-555-1212
Alt. Physician:	Alt. Physician Telephone #:
Allergies: NKA	Rehabilitation Potential:
Diagnosis: Seizure disorder, HTN, asthma, hypothyroidism, IDDM	Admission Date: 5/03/96
Resident: John Matthews	Date of Birth: 10/17/30
	Room / bed #: BW999

Medication Administration Monitoring Form

Resident's Name: John Matthews
 Diagnosis: Seizure Disorder, HTN, Hypothyroidism, IDDM, Asthma
 Allergies: _____

Date of Birth: 10/17/30
 Date of Admission: 5/03/96
 Facility: Welcome Ret. Ctr.

FL-2	9/29/04	Subsequent Orders	Medication Administration Record	Medication on Hand Labeled Correctly
	<i>Dilantin 125mg/5ml - 4 ml po every other day</i>	<i>D/C 10/13/04 Dosage decreased</i>		
	<i>Desyrel 150mg po at bedtime</i>			
	<i>Navane 5mg po twice daily</i>			
	<i>Vicks Formula 44 TUD</i>			
	<i>Proventil Inhaler 2 puffs po q 4 hours prn</i>			
	<i>Cardizem SR 180mg po once daily with food Hold if B/P < 100/60</i>			
		<i>10/13/04-Dilantin 125mg/5ml 2.5ml po once daily at bedtime</i>		

SPACING AND PROPER SEQUENCE OF INHALED MEDICATIONS

Spacing and proper sequence of the different inhalers is important for maximal drug effectiveness. If more than one inhaler is used, following the sequence listed below provides the most benefit to the patient.

1. Bronchodilators / Beta-Agonists

albuterol - Ventolin[®], Proventil[®];
metaproterenol - Alupent[®];
pirbuterol - Maxair[®];
bitolterol - Tornalate[®]

- These agents work by promoting bronchodilation by relaxing bronchial smooth muscle.

2. Anticholinergic Agents

ipratropium - Atrovent[®]

- Antagonizes the action of acetylcholine with resulting bronchodilation.
- Minimal systemic activity.
- Is used for maintenance therapy only, not acute episodes.
- May be more useful than traditional bronchodilators in chronic bronchitis.

3. Miscellaneous Agents

cromolyn - Intal[®];
nedocromil - Tilade[®]

- Stabilizes mast cells and inhibits the release of histamine from these cells.
- Must be used on a regular basis, not useful on a PRN basis.
- May be used prophylactically prior to exercise.

4. Corticosteroids

triamcinolone – Azmacort[®];
flunisolide – Aerobid[®];
budesonide – Pulmicort[®]
fluticasone/salmeterol - Advair[®]

- Anti-inflammatory agents may have a variety of actions useful in management of COPD.
- Must be used on a regular basis, not PRN agents.
- Minimal systemic activity

All Inhalers Must Be Shaken Well Prior To Use !!

Bronchodilator: Proventil, Alupent, etc.

Wait one minute between “puffs” for multiple inhalations of the same drug



Wait five minutes before administering

Atrovent / Miscellaneous Agents

Wait one minute between “puffs” for multiple inhalations of the same drug



Wait five minutes before administering

Corticosteroids; Azmacort, Pulmicort, etc.

Wait one minute between “puffs” for multiple inhalations of the same drug

Rinse the mouth out following use (do not swallow the water) to help prevent oropharyngeal fungal infections. The use of a spacer device may also reduce these side effects.

Storage Information for Medications in Adult Care Homes

1. Medication carts do not have to be chained to a wall. The medication carts should be stored in a secure area, i.e., where it can be under the supervision of staff or in a locked area.
2. Each resident's medications such as liquids, ophthalmics and controlled drugs may not always be able to be stored together or separated by dividers. **Storage of medications should be orderly.** Liquids, especially large bottles, do not have to be stored in plastic bags. Oral solid medications for each resident should be stored together and separated by some type of divider.
3. Using zip lock plastic bags for the storage of small bottles, i.e., insulin, inhalers and ophthalmics, especially if a resident has multiple medications is usually helpful. This also works for topical preparations, i.e., creams and ointments. When the outer container or box of a medication has the label, the use of the plastic bag also helps keep the labeled container and the container of medication together.
4. Although an ophthalmic medication is actually considered to be a topical, the storage of ophthalmics with oral medications has been accepted. Another topical product sometimes stored with oral medications is transderm patches, i.e., Nitroglycerin and Duragesic.
5. Controlled drugs may be stored with other medications. Sometimes facilities have separate storage areas for controlled drugs. Again, storage of these medications may not include using dividers. Schedule II medications stored together are to be stored under double lock.
6. Expired and discontinued medications that are kept at an adult care home until destroyed or returned to the pharmacy should be stored in a separate designated area from the medications being used. These medications still have to be in a locked area. Ideally, the adult care home should have these medications written on a return form.

TYPES OF DRUG ORDERS

Type of Order

- A. **Written** The authorized prescriber should write the medication order on an order form provided by facility. S/he may also write a prescription or may call in the prescription to the pharmacy. NOTE: If the prescriber writes the order, then calls in the prescription to the pharmacy, carefully check the medication label to be sure it agrees with the order you have received. Faxed orders are legal and acceptable.
- B. **Verbal** Verbal orders may be received in person or on the phone. When the authorized prescriber gives a verbal order, the person receiving it must prepare a written copy of the order for the prescriber's signature. The person receiving the order must date and initial the order when obtained. Verbal orders should be signed by the prescriber as soon as possible but at least within 15 days of the date the verbal order was taken. If the order is sent for signature, a copy of the order should be maintained in the facility.
- C. **PRN** orders mean the medication/treatment may be used "as needed" for a specific problem. PRN orders should include exactly what the medication/treatment is, the problem being treated, and how frequently the medication/treatment can be administered.
- D. **Discontinue** orders – Discontinue orders indicate that a particular medication or treatment is to be stopped. All discontinued medications should be immediately removed from the resident's stock of medications and disposed of per facility policy and regulations. The medication/treatment should be also discontinued on the MAR.
- E. **STAT** orders mean, "do it now". "Now" may have different meanings in different facilities. You should know your facility's policy as well as what the physician means when s/he says STAT.

1. All orders, whether written or verbal, must include:

- Resident's name
- Name of medication
- Strength of medication
- Dose to be given
- Route
- Specific directions of use, including frequency of administration and if ordered on an as needed basis (prn), a clearly stated indication for use.
- Date of order
- Prescriber's name

- 2. **Medical Alert/allergies** – In order to safely prescribe medications, the prescribing practitioner must be made aware of any allergies the resident has and any conditions which might contraindicate a specific medication. The prescribing practitioner should also be aware of all other medications a resident is taking. DO NOT ASSUME s/he has this information. Be prepared to give complete, correct information about a resident's diagnoses, allergies and all current medications to the prescriber.

PRESCRIPTION LABEL REQUIREMENTS

1. Resident's name
2. Name of prescriber
3. Most recent date of issuance
4. Direction for use clearly stated
5. Serial number of prescription
6. Name of the drug
7. Strength of the drug
8. Quantity of the drug dispensed
9. Name, address, and telephone number of the pharmacy
10. Name or initials of dispensing practitioner
11. Expiration date or discard date
12. Generic equivalency statement, if brand other than brand prescribed is dispensed
13. Auxiliary statements as required of the medication

OVER-THE- COUNTER DRUGS (OTCS)

1. Over-the-counter drugs are non-prescription drugs.
2. Can be purchased without a prescription.
3. **CAN NOT BE ADMINISTERED** to a resident in an adult care home without a written order by a physician.
4. May be prescribed as standing orders for individual resident use when needed “PRN” for specific signs or symptoms of illness. The order should include criteria for use, i.e., temperature over 101 degrees, no bowel movement in 48 hours, etc.
5. May be used as house stock. If standing orders are being utilized, the home should have over-the-counter medications available as house stock items.
6. Usually relieve symptoms caused by an illness, i.e., headache, stomach cramps, runny nose, etc.
7. Usually do not cure diseases or illnesses.
8. Can cause serious medical problems if they are not taken according to directions.
9. Must bear the manufacturer’s label with expiration dates clearly visible OR labeled by a dispensing practitioner with at least the name and strength of the drug, quantity packaged, name of manufacturer, lot number and expiration date.

Examples of Standing Orders

Acetaminophen 325 mg. 2 tablets po or pr every 4 to 6 hours as needed for pain or temperature above 100 degrees F for 48 hours. Do not exceed 6 tablets in 24 hour period. Contact MD if symptoms persist.

Robitussin DM 2 teaspoonful every 6 hours by mouth as needed for cough for 2 days. Contact physician if cough persists or temperature above 100 degrees.

GUIDELINES FOR PROPER HANDLING OF MEDICATION SAMPLES IN ADULT CARE HOMES

GENERAL PRINCIPLE

Sometimes, prescribing practitioners provide free medication samples for residents to use. If a facility allows the use of prescription or non-prescription medication samples when available for residents, then the expectation is that they be handled the same as medication that is purchased, e.g., accountability and security. There should be a system in place, defined by policy and procedure, to ensure the control, security and safe administration of all medication samples. **These guidelines pertain to only free medication samples or free medications provided for a resident by a prescribing practitioner. Labeling for all other medications (which are purchased) is to be in accordance to 10 NCAC 42C .3803/42D .1804.**

DEFINITIONS

Short term – refers to an initial or temporary supply of **free sample medications** that will be depleted quickly, (e.g., antibiotics or a trial supply of medication); 30 day supply or less.

Long term - refers to a routine or continuous supply of **free sample medications** for an extended period of time; more than 30 day supply.

Medication Sample – refers to free medication(s) provided by a prescribing practitioner for a resident

CRITERIA

The following guidelines have been prepared in order **to assist** facilities with establishing policies and procedures for medication samples.

1. **ORDERS.** The facility should assure that for any medication, including medication samples, (prescription or non-prescription) administered to a resident there is an order in the resident's record for that medication. The prescribing physician should be contacted for verification or clarification of orders that are not clear or complete.
2. **LABELING.** Non-prescription medication samples for short term and/or long term use should be labeled with at least the resident's name. Prescription medication samples for short term use should be labeled with at least the resident's name. The application of the resident's name should not obstruct any pertinent information on the sample package (e.g., name of medication, concentration, and expiration date). Facility staff may write or label the resident's name on the sample medication package(s).

Prescription medication samples intended for long term use should contain labeling that includes: resident's name, drug name, strength, directions, the prescribing practitioner, and date of distribution. If the brand name prescribed differs from the name of medication supplied, a statement of generic equivalency is required (e.g., Furosemide same as Lasix). The practitioner who provides the sample is responsible for labeling of the medication package. When multiple packages (e.g., bottles or cards) of the same medication are provided, the label may be applied to

the container (e.g., plastic bag) within which the packages are placed. The packages should be maintained within that container.

Whether intended for short term or long term use, medication in sample packaging should not be transferred from one container to another. The exception is when the medication is prepared for administration to a resident.

3. **ADMINISTRATION AND DOCUMENTATION.** Prescription and non-prescription medication samples should be administered following the same policies and procedures applied to purchased medication. The administration of medication taken from a sample package should be recorded on the medication administration record (MAR) by the staff person who administers the medication to the resident. Recording of the administration should be done immediately following observation of the resident actually taking the medication. Documentation to indicate the medication was obtained from a sample package does not need to be included unless required by policy of the facility.
4. **STORAGE.** Prescription and non-prescription medication samples stored by the facility, including those requiring refrigeration, should be maintained in a safe manner under locked security except when under the immediate physical supervision of staff in charge of medication administration. All sample medication (prescription and non-prescription) for a resident should be kept in that resident's medication storage area or stored in an organized manner for easy retrieval. Separation from orders filled by the pharmacy for the same medication is recommended to prevent administration errors and to facilitate depletion of sample stock first. Medication samples that are self-administered and stored in the resident's room should be stored in a safe and secure manner consistent with the facility's medication storage policies and procedures.
5. **DISPOSITION.** Medication samples, prescription and non-prescription, that are expired, discontinued, provided for a deceased resident, or deteriorated should be stored separately from actively used medications until disposed of. Disposition should be completed according to the facility's policies and procedures.
6. **RECORD KEEPING.** For accountability purposes, the facility should establish procedures for documenting the receipt of prescription and non-prescription medication samples. Documentation is especially important if the sample is for long term use or routine supply. Documentation should be maintained in a log or in the resident's record. Recorded information should include the name and concentration of the medication, the date the sample was received and the quantity received. It is recommended that the lot number and expiration date located on the sample packaging be recorded also. (In the event of a drug recall, the lot number and expiration date are used to identify products involved.)

If you have any questions regarding these guidelines, please contact the Adult Care Licensure Section at (919) 733 - 6650.

10/01

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Packaging Medications Administered Outside Facility

1. It is usually allowable for **ONE** dose of medication to be removed from the original container for later administration. Remember that anytime **more** than one dose of medication from a supply is placed in another container and labeled, it is considered dispensing, as well as preparing and packaging a prescription drug in a container with information required by state and federal regulations.
2. It is preferred that all medications intended for administration outside the facility be prepared by the pharmacy in a separate labeled container with complete directions for use.
3. For regular and recurring situations, **i.e.**, workshop, it is preferred that a separate supply of medication be obtained from the pharmacy when the prescription is filled. A copy of the physician's order may be needed to be stored with the medication at that location.
4. Prescriptions for medication may be obtained to be filled by resident or responsible party.
5. Facility supply of medications may be released to the responsible party. A release form should be filled out and signed by the responsible party. If containers are not childproof, this should be included on the release form and explained to the responsible party.
6. Caution: If the facility supply is sent to another, **i.e.**, with family, and returned, you may not be able to absolutely verify the contents of the container. Always keep in mind:
 - You are liable for what you administer
 - Facility policy should always be followed
 - A good relationship should be established with the pharmacy.
7. Be sure the family and resident are aware of the facility's policy and procedures. Usually the pharmacy needs advance notice for leave of absence, in order to provide a supply of medications.

MEDICATION RELEASE FORM
 (This form is used for leave-of-absences and discharges)

SAMPLE

Facility Name: _____

Resident: _____ **Room #:** _____

Date of Departure: _____ **Date of Return:** _____

Day(s) Supply of the Following Medication(s) Provided:

<u>Medication</u>	<u>Strength</u>	<u>Directions</u>	<u>Quantity on leaving</u>	<u>Quantity upon return</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Staff instruct Responsible Party To:

- | | |
|--|---|
| 1. Read all directions carefully. | 4. Check medication to assure amount released will last until return. |
| 2. Give each dose exactly as ordered by physician. | 5. Return any unused medication. |
| 3. Store all medication away from children. | 6. Other - _____ |

Staff Signature: _____ **Date:** _____

I have been instructed in the proper usage, dosage, frequency and reason for the medication dispensed. I accept responsibility for the medication and will assure that it is properly stored and that it is properly administered. I understand that in the event that the drugs are accepted in non-child proof containers I hereby release the Facility named above and the Pharmacy from responsibility.

Responsible Party's Signature: _____ **Date:** _____
 _____ (Relationship)

Medications Returned

Date and Time: _____ **Staff Signature:** _____

MEDICATION ERROR REPORT

Resident's Name: _____ Record #: _____

Date/Time Error Occurred: _____ Date Report Completed: _____

Type of Error: _____ **Wrong Resident**
_____ **Wrong Medication**
_____ **Wrong Dose**
_____ **Wrong Time**
_____ **Wrong Recording**
_____ **Wrong Route**
_____ **Control Drug Count Incorrect**

Description of Events: _____

Reasons for error occurring: _____

Physician's Order: _____

Supervisor Notification (Date/Time): _____

Physician Notification (Date/Time): _____

Comments: _____

Action Taken and Precautions to prevent a similar error: _____

Staff Submitting Report

Date

Staff Making Error

Date

Supervisor

Date

Physician Signature (if Required)

Date

COMMONLY USED CONTROLLED SUBSTANCES

**** This is not a complete list of all controlled substances. Only the most commonly used controlled substances are included in these tables.**

SCHEDULE II

<u>Brand Name</u>	<u>Generic Name</u>
Demerol	Meperidine
Dexedrine	Dextroamphetamine
Dilaudid	Hydromorphone
Duragesic	Fentanyl
Methadone	Methadone
MS Contin	Morphine Sulfate
Nembutal	Pentobarbital
Oramorph SR	Morphine Sulfate
OxyContin	Oxycodone
Percocet	Oxycodone/Acetaminophen
Percodan	Oxycodone/Aspirin
Ritalin	Methylphenidate
Roxanol	Morphine Sulfate
Roxicet	Oxycodone/Acetaminophen
Roxicodone	Oxycodone
Tylox	Oxycodone/Acetaminophen

- * **Refer to Rule 10NCAC 42C.3808(a):** The facility shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in order that there can be accurate reconciliation.
- * **Note:** There are various ways of maintaining information on a readily retrievable record for the accountability of controlled substances. For example, the information can be logged on a separate record or maintained on the MAR (medication administration record). The facility should consult with a registered pharmacist for recommendations on recording and maintaining this information.
- * **Refer to Rule 10NCAC 42C.3808(b):** Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.
- * **Note:** If Schedule II medications are dispersed throughout the drawers of the medication cart among the other medications, the cart is not required to be double locked since the controlled medications are not being stored together in one common location or space. However, if one drawer in the medication cart is designated as the controlled substance drawer and only controlled medications are being stored in that location, then the controlled substances must be under double lock.

SCHEDULES III, IV, V

<u>Brand Name</u>	<u>Generic Name</u>
Ambien	Zolpidem
Ativan	Lorazepam
Cylert	Pemoline
Dalmane	Flurazepam
Darvocet N-100	Propoxyphene/Acetaminophen
Darvon	Propoxyphene
Fiorinal	Butalbital/Aspirin/Caffeine
Fiorinal with Codeine	Butalbital/Aspirin/Caffeine/Codeine
Halcion	Triazolam
Klonopin	Clonazepam
Librium	Chlordiazepoxide
Lomotil	Diphenoxylate/Atropine
Lorcet	Hydrocodone/Acetaminophen
Lorcet Plus	Hydrocodone/Acetaminophen
Lortab	Hydrocodone/Acetaminophen
Noctec	Chloral Hydrate
Phenobarbital	Phenobarbital
ProSom	Estazolam
Restoril	Temazepam
Robitussin AC	Guaifenesin/Codeine
Serax	Oxazepam
Sonata	Zaleplon
Tranxene	Clorazepate
Tylenol #3	Acetaminophen/Codeine
Tylenol #4	Acetaminophen/Codeine
Valium	Diazepam
Vicodin	Hydrocodone/Acetaminophen
Vicodin ES	Hydrocodone/Acetaminophen
Xanax	Alprazolam

* **TIPS- To help identify controlled substances:**

1. The pharmacist can stamp the medication labels with a red "C".
2. The controlled medications may be dispensed in different packaging.

PSYCHOTROPIC MEDICATIONS

Adult Care Licensure Section

What are Psychotropic Medications? Psychotropic medications are drugs used to stabilize or improve mood, mental status, or behavior. These medications are used to treat, manage, or control symptoms associated with disorders such as psychosis, depression, anxiety, obsessive compulsive disorder, and panic disorder. Because these medications modify emotions or behaviors, they are also referred to as “psychoactive medications”.

Side Effects Associated with Psychotropic Medications: Drowsiness; Confusion; Dry mouth and eyes; Constipation; Blurred vision; Hypotension; Decreased urination; Insomnia; Restlessness; Agitation; Hallucinations; Anger / Hostility; Depression; Weakness; Headache; Tremor (and other Parkinson’s Disease symptoms); Uncontrolled movement of lips, tongue, face or other body parts; Shuffling walk; Increased risk of falls; “Morning Hangover”; and Respiratory depression.

Refer to Rule 10A NCAC 13F .1000/13G .1002(g): There are 2 parts to this Rule. The first part addresses “prn” or as needed orders for psychotropic medications. The second part of the Rule addresses training requirements. **Rule (1st part):** Psychotropic medications ordered “as needed” by a prescribing practitioner, shall not be administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input by a registered nurse or registered pharmacist: (1) detailed behavior-specific written instructions, including symptoms that might require use of the medication; (2) exact dosage; (3) exact time frames between dosages; and (4) the maximum dosage to be administered in a twenty-four hour period. **Rule (2nd part):** The facility shall assure that staff receives training and inservice programs about the desired and undesired effects of psychotropic medications, including alternative behavior intervention. Documentation of training and inservice programs attended by staff shall be maintained in the facility. (“Staff” refers to facility staff involved with personal care, including medication administration.)

Commonly Used Psychotropic Medications List: While the medications identified on the list are indicated for behavioral symptoms associated with disorders such as psychosis, depression, anxiety, obsessive compulsive disorder, and panic disorder, many of the medications are not usually prescribed on a “prn” (as needed) basis. The 1st part of the Rule applies if these medications are prescribed on a “prn” (as needed) basis in order to control behaviors associated with disorders such as psychosis, depression, anxiety, obsessive compulsive disorder, and panic disorder. The following examples illustrate when the 1st part of the Rule would or would not apply:

The 1st part of the Rule would apply:

- Benadryl 25mg by mouth every 6 hours as needed for anxiety.
- Xanax 0.25mg by mouth every 8 hours as needed for panic attack.

The examples above would require to be more specific or detailed such as:

- Benadryl 25mg by mouth every 6 hours as needed for anxiety; notify MD if more than 2 doses in a 24-hour period is needed.
- Xanax 0.25mg by mouth every 8 hours as needed for panic attack; notify MD if more than 3 doses are needed in a 24-hour period or if the medication is required for 5 consecutive days.

OR, the information required could be addressed in a Care Plan.

The 1st part of the Rule would NOT apply:

- Benadryl 25mg by mouth every 6 hours as needed for allergy symptoms.
- Compazine 5mg by mouth every 8 hours as needed for nausea.

ADDITIONAL INFORMATION: As noted above, many side effects are associated with psychotropic medications, with some being severe and irreversible. Other factors can affect the severity of the side effects such as age of resident, other medications currently being taken and dosage of the psychotropic medication. The side effects of these medications can also contribute to falls and difficulty with walking and eating. As with other medications prescribed for “prn” administration, it is important that the prescribing practitioner is informed when a “prn” medication is needed or administered on a frequent or routine basis especially. It is for these reasons that specific parameters and detailed information regarding administration of psychotropic medications on a “prn” or “as needed” basis are required. Although an order for a psychotropic medication prescribed for “prn” administration may have the maximum dosage for administration in a 24 hour time period specified, the prescribing practitioner would still need to be aware of frequent and routine administration of the medication, especially if there is a change in the pattern of usage, e.g., increase usage.

- The facility needs a policy and procedure to address issues such as screening of medication orders, identification of psychotropic medications, notification of supervisor or appropriate health practitioner regarding frequent or routine administration, and staff training.
- A registered pharmacist or registered nurse could identify these medications when reviewing records.
- The facility and pharmacist may develop a procedure to ensure that these psychotropic medications are identified for staff when the medication is dispensed.

COMMONLY USED PSYCHOTROPIC MEDICATIONS

**** This is not a complete list of all psychotropic medications. Only the most commonly used psychotropic medications in each category are included in these tables. Please refer to the cover sheet for additional information.**

ANTI-PSYCHOTICS

<u>Brand Name</u>	<u>Generic Name</u>
Abilify	Aripiprazole
Clozaril	Clozapine
Compazine	Prochlorperazine
Eskalith / Lithobid	Lithium
Geodon	Ziprasidone
Haldol	Haloperidol
Loxitane	Loxapine
Mellaril	Thioridazine
Navane	Thiothixene
Prolixin	Fluphenazine
Risperdal	Risperidone
Serentil	Mesoridazine
Seroquel	Quetiapine
Stelazine	Trifluoperazine
Symbyax	Olanzapine/Fluoxetine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Zyprexa	Olanzapine

ANTI-ANXIETY

<u>Brand Name</u>	<u>Generic Name</u>
Atarax / Vistaril	Hydroxyzine
Ativan	Lorazepam
Buspar	Buspirone
Klonopin	Clonazepam
Librium	Chlordiazepoxide
Serax	Oxazepam
Tranxene	Clorazepate
Valium	Diazepam
Xanax	Alprazolam

STIMULANTS

<u>Brand Name</u>	<u>Generic Name</u>
Adderall	Dextroamphetamine/Amphetamine salts
Concerta	Methylphenidate
Cylert	Pemoline
Dexedrine / Dextrostat	Dextroamphetamine
Metadate	Methylphenidate
Ritalin	Methylphenidate
Strattera	Atomoxetine

ANTIDEPRESSANTS

<u>Brand Name</u>	<u>Generic Name</u>
Anafranil	Clomipramine
Asendin	Amoxapine
Celexa	Citalopram
Cymbalta	Duloxetine
Desyrel	Trazodone
Effexor	Venlafaxine
Elavil	Amitriptyline
Lexapro	Escitalopram
Luvox	Fluvoxamine
Norpramin	Desipramine
Pamelor	Nortriptyline
Paxil	Paroxetine
Prozac	Fluoxetine
Remeron	Mirtazapine
Sinequan	Doxepin
Surmontil	Trimipramine
Tofranil	Imipramine
Wellbutrin (SR) (XL)	Bupropion
Zoloft	Sertraline

HYPNOTICS / SEDATIVES

<u>Brand Name</u>	<u>Generic Name</u>
Ambien	Zolpidem
Dalmane	Flurazepam
Doral	Quazepam
Halcion	Triazolam
Lunesta	Eszopiclone
Noctec	Chloral Hydrate
Phenobarbital	Phenobarbital
ProSom	Estazolam
Restoril	Temazepam
Sonata	Zaleplon

ANTIMANICS

<u>Brand Name</u>	<u>Generic Name</u>
Depakote / Depakene	Divalproex sodium / Valproic Acid
Eskalith / Lithobid	Lithium
Lamictal	Lamotrigine
Neurontin	Gabapentin
Tegretol /Carbatrol / Equetro	Carbamazepine
Topamax	Topiramate
Trileptal	Oxcarbazepine

ANTICHOLINERGICS

<u>Brand Name</u>	<u>Generic Name</u>
Artane	Trihexaphenidyl
Benadryl	Diphenhydramine
Cogentin	Benztropine

MEDICATIONS THAT SHOULD NOT BE CRUSHED OR CHEWED

The solid dosage forms of many medications should not be crushed or chewed for a variety of reasons. If and when a resident's condition prohibits the administration of solid dosage forms (tablets, capsules, etc.), the person administering the medication should check to see that there are no contraindications to crushing the medications in question. If crushing is contraindicated, the pharmacist should be consulted for assistance in obtaining the medication in liquid form, if possible.

The rationale behind not crushing some medications is as follows:

- A. Enteric Coated Tablets – are designed to pass through the stomach whole and then dissolve in the intestinal tract. Reasons for this type of formulating include: (1) to prevent the destruction of the medication by stomach acid, (2) to prevent the medication from irritating the stomach lining, (3) to achieve a prolonged action from the medication.**

- B. Timed Release Capsules – are designed to release medication over a period of usually 8 to 12 hours. The beads within the capsule are designed to dissolve at different times. These formulations are utilized to reduce stomach irritation in some cases and to achieve prolonged medication action in other cases. It should be acceptable to open the capsules and administer the contents so long as the beads are not crushed or chewed.**

- C. Timed Release Tablets – are designed to release medication over a period of usually 8 to 12 hours. These formulations are utilized to reduce stomach irritation in some cases and to achieve prolonged medication action in other cases. In either case, these tablets should not be crushed. More specific types of timed release tablets include the following:**
 - 1. Slow Release Core – The outer coating may dissolve immediately to provide an initial dose of medication followed by the slow dissolving of the core to the tablet to provide a prolonged dose of medication.**

 - 2. Mixed Release Granules – Is a tablet made of individual granules with varying rates of dissolution compressed together.**

 - 3. Multilayer Tablets – Are usually composed of two or three layers with one layer designed to dissolve rapidly to provide immediate actions and the remaining layers dissolving at much slower rates to provide sustained action.**

 - 4. Porous Inert Carriers – Are plastic or wax matrix tablets with thousands of passages filled with medication. The medication leaches out of the passages very slowly. It should be noted that with some products, the plastic or wax tablet may be found in a resident's stool. When this occurs**

the medication has usually leached out of the tablet and been absorbed by the resident.

- D. Sublingual and Buccal Tablets – Are designed to dissolve in the oral fluids for rapid and more complete absorption by the oral mucosa. Swallowing, crushing or chewing will prevent proper absorption of the medication. Many of these medications are destroyed by the gastric juices of the stomach. Some of these are available in both oral and sublingual form, but are formulated differently. If the sublingual form is ordered by the physician, it should be administered sublingually only. Should the resident be unable to comply with this type of administration, the physician should be notified and the order changed to the oral form, if possible.**

Note: A facility should have policies and procedures for crushing medications. The policy is to ensure that a physician's order is obtained to crush medications and medications are crushed without cross-contamination. Policy and procedures for facilities will vary. A facility's policy may require for the physician to be contacted before medications are crushed. Some facilities include a statement in standing orders that medications may be crushed unless contraindicated. In this case, the facility has to have procedures for staff to determine if the medication may be crushed, i.e., a Do Not Crush List or contacting the pharmacy. Difficulty with swallowing may indicate a serious problem or a change in the resident's health condition, therefore, the physician needs to be aware of this problem.

Medication Distribution Systems
Division of Health Service Regulation/Adult Care Licensure Section

Type of System	Cost	Accountability of Medications	Reorder	LOA	Labeling Problems	Miscellaneous Pros	Miscellaneous Cons
Vials	Cheapest	No Advantage	No Advantage	No Advantage	No	Conventional or Traditional; Availability in most pharmacies	Storage and reordering can be difficult; Only recommended for small homes
Punch/Bingo Card	May be additional expense due to special packaging	Advantage	Advantage	Advantage	No	More than one way of setting up the medication system, i.e., administration times or by medications	Storage may be difficult unless there is a med cart; Multiple cards
Opus	May be additional expense due to special packaging	Advantage	Advantage	Advantage?	Yes	Color Coded; On cycle fill	Staff becomes dependent on color of cassette; Liquids & other meds. not packaged in unit may not be administered
Multidose/ Bulk	May be additional expense due to special packaging	No Advantage	Advantage	No Advantage	No	Similar to vials except advantage with reordering	
Unit Dose	May be additional expense due to special packaging	Advantage	Advantage	Advantage	No ?	Credit for unused medications is possible; Decrease in medication errors since each tablet labeled.	
Med Pak	May be additional expense due to special packaging	Some advantage over vials	Advantage	Advantage	Yes	Dispensing by administration time and not by medication; LOA is easier	Changes in medication order, i.e., discontinued or new medications; Staff becomes dependent on pharmacy packaging; Liquids and other meds. not packaged in unit may not be administered; Short expiration date
Other Packaging Systems	May be additional expense due to special packaging	Advantage over vials	Advantage	Advantage	Yes ?	Same as Med Pak	Same as Med pak except advantage with medication changes

Symptoms of hyperglycemia:

Causes: Too much food, too little insulin or diabetes medicine, illness or stress.

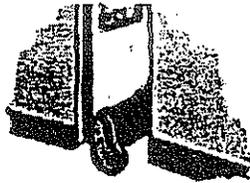
Onset: Gradual, may progress to diabetic coma.



EXTREME THIRST



HUNGER



FREQUENT URINATION



DRY SKIN



BLURRED VISION



DROWSINESS



DECREASED HEALING



TEST BLOOD GLUCOSE



If over 200 mg/dL for several tests or for 2 days CALL YOUR

HYPERTGLYCEMIA

HYPOLYCEMIA

Symptoms of hypoglycemia:

Causes: Too little food, too much insulin or diabetes medicine, or extra activity.
 Onset: Sudden, may progress to insulin shock.



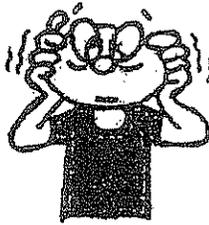
SHAKING



FAST HEARTBEAT



SWEATING



DIZZINESS



ANXIOUS



HUNGER



IMPAIRED VISION



WEAKNESS, FATIGUE



HEADACHE

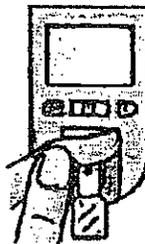


IRRITABLE

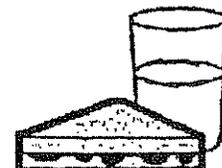
What can you do?



Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).



Within 30 minutes after treatment **TEST BLOOD GLUCOSE**
 If symptoms don't stop, call your doctor.

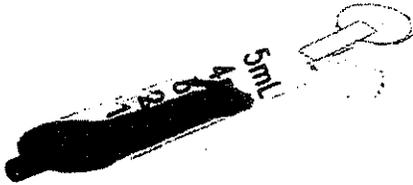


Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

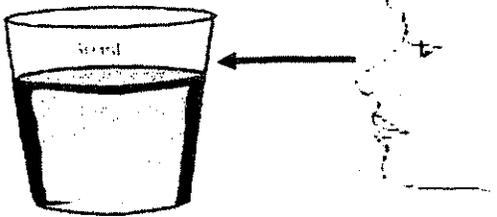
ALWAYS

ALWAYS measure using the metric system.

- ALWAYS** use an oral measuring syringe for small amounts of liquid medication.



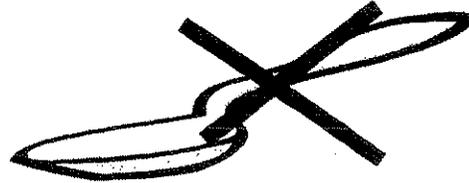
- ALWAYS** hold cups at eye level when measuring.



- If the label says to measure in mls, **ALWAYS** use a measuring device that is marked in mls.
- If the label says to measure in mgs, **ALWAYS** use a measuring device that is marked in mgs for that medication.
- ALWAYS** consult your pharmacist when you have a question about measuring.

NEVER

- NEVER** use household spoons.



- NEVER** use cups that are not marked with the amount they hold.
 - NEVER** switch the special droppers that come with some liquid medications.
 - NEVER** measure mls with a measuring device that is marked in mgs.
 - NEVER** measure mgs with measuring devices that are marked in mls.
- mg \neq ml**
- NEVER** leave air bubbles mixed with the liquid in an oral measuring syringe.

SAFETY RULES

1. Follow the “6 Rights of Medication Administration”
 - A. Right Resident
 - B. Right Drug, including Dosage Form
 - C. Right Dose
 - D. Right Time
 - E. Right Route
 - F. Right Recording or Documentation
2. No medication, including over the counter, should be administered to a resident without a physician’s order.
3. Do encourage the resident to take medication as prescribed.
4. Do know and keep a medication administration record of the medications prescribed for each resident. For each medication, the record should include the drug name, the amount to be administered and how often the drug is to be taken.
5. Before administering a medication or pouring a medication for administration, remember to check the medication administration record against the package label three times. Also notice the drug size, shape or color. If the medication looks different, contact the pharmacy.
6. Always be sure to replace and securely close the cap on any bottle of medication you open. Do not leave any medication unattended.
7. Should a resident express doubt or concern about medication you are about to give to him, always recheck, just in case a mistake has been made.
8. Should a resident refuse to take his medication, try to find out why. Follow facility policy on refusal of medications. Remember that residents have the right to refuse medications. You cannot force medications. Refusals are to be documented on the medication administration record, in accordance with the facility’s policy. The physician should be informed and consulted for appropriate action.
9. If a resident should vomit shortly after taking oral medication, determine what the medication was, record and notify your supervisor, nurse or physician. Do not administer the resident another dose of the medication, unless you are instructed to do so.
10. Medication should always be administered within 1 hour (grace period) of the time it is prescribed or scheduled. It is essential that a particular level of medications be maintained in the bloodstream. Should any medication not be given as scheduled, follow facility policy. Note: Follow your facility policy for grace period, if less than 1 hour.
11. Do not give a medication, which is discolored or in which precipitate has formed unless the manufacturer’s instructions indicate that doing so is not harmful. Call pharmacy, if any doubt.

12. Always check the expiration date on all drugs. Do not use a medication that is out of date.
13. Provide privacy as needed when administering certain medications and treatments (i.e., suppositories).
14. Tablets or capsules should not be touched with the medicine giver's hand. Pour the medication into the bottle top or into a medicine cup.
15. Store drugs as recommended.
16. When a medication is ordered a specific length of time, make sure the medication is administered as ordered or scheduled. Marking off the medication administration record is recommended.
17. Never borrow a medication intended for one resident to give to another resident, except in emergency situations. Borrowing often leads to medication errors. Notify pharmacy and follow facility's policy for emergencies when a medication has been borrowed.
18. If more than one or two dosage units (tablets or capsules) are needed to prepare a single dose of an ordered medication, something may be wrong. If large number of tablets, etc. are found to be necessary to make one dose, the pharmacist might be able to prepare or obtain a dosage form that would be more convenient to the resident.
19. Wash your hands thoroughly before and after the administration of ophthalmics, after the application of topical agents such as nitroglycerin patches and anytime there has been contact with bodily fluids. Handwashing should be done with soap and water. Antiseptic solutions, i.e., alcohol gel, should be used as an alternative when soap and water are not readily available.
20. Don't transfer medications from one bottle/container to another.
21. Always read the instruction on the label of the container carefully to be sure they match the medication administration record. When there is a change in directions, follow the facility policy. Labeling or relabeling of medications should never be done by facility staff, only by a pharmacist or another dispensing practitioner.
22. When pouring liquid medication, pour with the label against the palm of the hand so that none of the liquid spills over or obscures the instructions written on the label. Also, when you have finished pouring, wipe the mouth of the bottle before replacing the cap.
23. To insure accuracy when using a graduated medication cup, place on level surface.
24. If a dose of medication is to be measured in drops, use a medicine dropper held at 90 degrees angle.
25. Do not give enteric-coated tablets with antacids.
26. Instruct a resident not to chew, crush, dissolve or tamper with enteric-coated tablets or long-acting medications. These medications should not dissolve until they are in the small intestine so that stomach disorders are prevented and/or medication destroyed.

27. Provide the resident with water or other suitable liquid and stay with the resident until the medication has been swallowed.
28. Diluting a drug may make it more pleasant tasting and may promote absorption. Liquid medications (except cough syrups, oils and antacids) may be diluted with water or juice, unless contraindicated (check label information or call pharmacy to determine the compatibility of medication and various juices). Use only water or sugar-free products when diluting medications for diabetics. Some medications such as Potassium Chloride solution should always be diluted.
29. Shake or rotate liquid medication before pouring and administering. Never prepour liquid medications.
30. Cough medications should not be diluted and should be administered after meals and after other medications are administered.
31. Some tablets may be crushed or capsule contents placed in food or applesauce for those residents who cannot or will not swallow medications whole. Follow the facility's policy regarding the crushing of medications. Check and make certain the medication may be crushed (i.e., Do Not Crush List, Contact pharmacy and Physician's order).
32. Liquid iron medications must be given by a drinking straw or by means of a medicine dropper to prevent injury and staining of teeth.
33. Never use an unlabeled medication container or one with an unclear label.
34. Even when medications are administered in food (applesauce, pudding, etc), the medication giver should offer liquids, if tolerated, after the medication is administered.
35. Always use a proper measuring device for liquid medications. Never use tableware or eating utensils such as a spoon. A syringe should be used to measure small amounts, i.e., less than 5 ml.
36. Medications are to be identifiable up to the point of administration. It is best to not prepour medications. Regulations for prepouring are to be followed.
37. All medication errors should be reported per facility policy and documented on appropriate forms.
38. Never prechart the administration of medications. Record or chart medication administration immediately after the medication has been administered. Always document when a medication is not administered and the reason.
39. Transcribe a medication order onto the medication administration record at the time the order is obtained. Do not wait to transcribe orders to the medication administration until the medication arrives from the pharmacy. Orders should be copied from the physician orders in the record, not from pharmacy labels.
40. Discontinued and expired medications should be promptly pulled from drug storage areas and stored in a separate designated area until returned to the pharmacy for destruction.
41. External medications should be stored in a separate designated area from internal medications.

Correct Preparation and Administration of Medications

A. General Medication Administration Procedures:

1. Wash your hands
2. Verify the order on the MAR by checking to against the doctor's order if it is a new order
3. Before administering the medication, compare the medication label with the MAR 3 times to make sure they match:
 - When selecting from storage area,
 - Prior to pouring,
 - After pouring and prior to returning medication to the storage area
4. The resident's name, medication name, dose and instructions for administering the medication on the MAR and medication should all agree.
5. Confirm the resident's identity.
6. Give the medication by the appropriate route as ordered.
7. Document the administration of medications on MAR immediately after they are administered to each resident before going to the next resident. If a medication is not administered, document the reason the medication was omitted.
8. Standard of practice: Never give a medication poured by someone else. (Regulations for adult care homes allow pre-pouring if the container is appropriately labeled.)
9. Never sign off medication prior to administering it.
10. Complete this process for each resident prior to moving to the next resident.
11. Use and properly dispose of gloves as required and recommended by facility policy.

B. Administering Oral Medications

1. Solid Medications

- A. Pour correct number of capsules or tablets into a medication cup. Return the medication bottle to its storage place. More than one capsule or tablet may be poured into the same medication cup.
- B. Explain to the resident what medications you are giving and the purpose at resident's level of understanding.
- C. Be sure the resident's head is elevated as much as possible
- D. Give the medication with water or fluid, unless contraindicated. Medications may need to be missed in a small amount of apple sauce, pudding, etc. to facilitate swallowing. Following with liquids if tolerated.

- E. Stay with resident until all medications are swallowed.
- F. Sublingual medications should be placed under the tongue. Instruct the resident not to chew or swallow the medication.

2. Liquid Medications

- A. Liquid medications must be measured by using a calibrated cup/device.
- B. Place the cup on a level surface at eye level.
- C. Hold the medication container so that the medication flows from the side opposite the label so it doesn't run down the container and stain or obscure the label.
- D. After pouring the medication into the cup, observe the medication cup again to be sure you have poured the correct amount. If you have poured too much, discard the excess.
- E. For small amounts (5 ml) of medication, or unequal dosage, use a calibrated syringe to measure.
- F. Always pour each separate medication into its own calibrated medication cup. Never mix two or more liquid medications in the same medication cup unless approved by a pharmacist.
- G. Be sure the resident's head is elevated as much as possible.
- H. Give the medication with an appropriate liquid. Check your drug information resource carefully for this type of information.
- I. Stay with resident until all medications are swallowed.

Guidelines for the Development of Medication Administration Policies and Procedures

The Rules for Adult Care Homes (Family Care and Adult Care Homes >7) require the facility to develop and implement medication administration policies and procedures with the assistance of a licensed health professional that is authorized to dispense or administer medications. Orientation of policies and procedures is to be provided to new staff responsible for medication administration prior to staff administering medications.

It is recommended that the following items be considered in developing a facility's policies and procedures for medication management. There are regulations pertaining to items with "*" and in ***bold italicized*** print.

1. Policies and Procedures

- a. Frequency of review/revision of policies and procedures
- b. ****Consultation with pharmacist, registered nurse or prescribing practitioner***
- c. ****Orientation of staff***

2. Pharmacy Services (Dispensing Services)

- a. Name of Pharmacy, address and phone numbers
- b. ****Contract (for homes licensed with 13 or more beds)***
- c. Hours of Operations
- d. Delivery Schedule
- e. ****Emergency Services e.g. use of back-up pharmacy or "after hours" pharmacy***
- f. Medication Delivery System (Quantities to be dispensed and description of delivery system, i.e., 7 day unit dose, 30 day punch card, 30 day loose pak, 30 day unit dose, etc.)
- g. ****Non-contract Pharmacy provider (e.g., resident using outside pharmacy)***

3. Pharmaceutical Care Services (Consultant Services)

- a. ****Frequency of reviews and inspections***
- b. ****Qualified health professional responsible for review***
- c. ****Description of what review will involve, e.g., review of records, observation of medication passes, inspection of medication storage areas, training/in-services for staff***
- d. ****Documentation of medication review for each resident and other responsibilities***
- e. ****Method of reporting discrepancies and recommendations from medication review***
- f. ****Methods of documenting action taken, follow-up to reports by facility, physician, etc.***
- g. Sample of forms used

4. Medication Staff (Identify who can administer medications and qualifications required)

- a. ****Qualifications of unlicensed staff***
 1. ****Validation of Medication Administration Checklist***
 2. ****Written exam***
 3. Other requirements, i.e., CNA or HS diploma, facility training
 4. ****Medication Administration Tasks under Licensed Health Professional Support (Refer to item 11c) 13F/13G .0504, e.g., Validation and documentation***
- c. ****Training/In-services***
 1. ****Insulin***
 2. ****Psychotropics***
 3. ****Required CE hours***
- d. ****Documentation and verification of qualifications – Where is it maintained ?***

5. **Methods used in receiving, recording, transcribing, maintaining and implementing of physician's written, verbal and telephone orders, including at least:**
 - a. **Elements of complete order*
 - b. **Clarification of orders, e.g. Documentation of clarification obtained*
 - c. **Psychotropic orders*
 1. **Specific indications for administration*
 2. **Clarification*
 3. **Care Plan regarding administration*
 4. **Training on administration and side effects, e.g., frequency and documentation*
 - d. Verbal/telephone orders
 1. **Procedures for taking verbal orders*
 2. **Time lapse for obtaining prescribing practitioner's signature*
 3. **Maintaining copy*
 - e. Admission/transfer orders
 1. **Verification of orders on FL-2, i.e., when and who is responsible and documentation of verification*
 2. **Readmission orders*
 - f. Physician Order Sheets, (if used)
 1. **Frequency and review by facility*
 2. **Signature of prescribing practitioner*
 - g. Written medication orders
 1. Prescriptions
 2. Fax Orders
 - h. **Changes in medication orders, e.g., new orders and discontinuing orders*
 - i. Orders for and from outside agencies, e.g., home health

6. **Ordering medications from pharmacy and documentation of same:**
 - a. New orders
 - b. **Admission orders*
 - c. Refills
 - d. **Emergency or "after hours" pharmacy*

7. **Time lapse for starting administration of new orders:**
 - a. Emergency or stat orders
 - b. Antibiotics
 - c. Routine Medications
 - d. **Methods of legal borrowing of doses*

8. **Medications for leave of absence**
 - a. **Methods of providing medications, e.g., for one administration time and multiple administration times*
 - b. **Reconciliation of meds returned from leave of absence*
 - c. **Forms – Documentation and Retention or filing of forms*

9. **Receipt of medications**
 - a. **Security – Who is authorized to receive deliveries?*
 - b. **Verification of receipt from pharmacy, e.g., invoice, manifest, delivery sheet, etc.*
 - c. **Medications brought in at admission or by families, e.g., documentation, forms, etc.*
 - d. **Retention of records, e.g., by whom and for how long?*
 - e. **Reporting discrepancies*

10. **Medication labeling and packaging guidelines and requirements:**
 - a. **Prescription medications*
 - b. **Non-prescription medications*

- c. **House Stock medications*
- d. Samples supplied by prescribing practitioner
- e. **Medication label errors*
- f. **Medication label changes*

11. Medication Administration:

- a. **Prepouring (if allowed by your facility)*
 - 1. **Medications allowed to be prepared in advanced*
 - 2. **Storage of medications prepared in advance*
 - 3. **Labeling and documentation*
 - b. *Medication Administration Record (MAR)*
 - 1. **Methods of recording:*
 - a. **Routine doses (not PRN)*
 - b. **Omitted dose, refused doses, etc.*
 - c. **PRN doses (i.e., justification and response)*
 - d. **Signature equivalents of initials*
 - 2. **Scheduled hours of administration (e.g., frequency and administration times - if order states tid – scheduled times may be 8am-12pm-4pm, or 9am-1pm-5pm, etc.; insulin and oral hypoglycemic medications; medications prescribed in accordance with meals, ac and pc)*
 - 3. **Procedures for identifying of residents, i.e., photos*
 - c. **Step by step procedures for the administration of, including infection control:*
 - 1. *Oral solid medications, e.g., tablets and capsules, oral liquids*
 - 2. *Sublingual medications*
 - 3. *Oral Inhalers*
 - 4. *Eye drops and ointments, ear drops*
 - 5. *Nose drops and Nasal sprays/inhalers*
 - 6. *Topical or External medications, e.g., creams and ointments*
 - 7. *Transdermal medications/patches*
 - 8. *Nebulizers***
 - 9. *Suppositories**, i.e., vaginal and rectal*
 - 10. *Enemas***
 - 11. *Injections**, i.e., infection control policies for syringes, site rotation and documentation*
 - a. **Insulin*
 - 1. Parameters for when to hold insulin and notification of supervisor or appropriate health professional
 - 2. Interventions for abnormal blood glucose readings
 - b. **Other subcutaneous medications*
 - 14. *Gastrostomy Tube***
- (Above tasks with ** require validation by RN – Refer to LHPS rules 13F/13G .0903)**
- d. **Crushing of solid dosage forms*
 - 1. **Physician's Order*
 - 2. **Proper technique*
 - 3. Identification of medications that can not be crushed, e.g., Do Not Crush List
 - e. **Self-Administration*
 - 1. **Physician's Order*
 - 2. **Storage of medications*
 - 3. **Monitoring of resident's ability to self-administer and documentation of monitoring, e.g., form and who is responsible for monitoring*
 - f. Medications brought in by residents/families
 - 1. How they are handled, e.g., obtaining medications (new orders or refills), change in medications

- 2. Labeling
 - g. ***Medication Administration Errors**
 - 1. Definition of medication error
 - 2. ***Methods of reporting and taking corrective action**
 - 3. Methods of analyzing
 - h. Steps to be taken, e.g., notification of supervisor or appropriate health professional, when routinely prescribed medications are frequently omitted, e.g. refused or unavailable and “prn” or “as needed” medications are frequently administered
12. Disposition of medications
- a. ***Release of medications to discharged residents, e.g., forms and documentation**
 - b. ***Storage of medications for destruction or return to pharmacy**
 - c. ***Methods of destruction**
 - 1. ***Omissions/Refusals or contaminated doses**
 - 2. ***Medications discontinued, expired or belonging to deceased resident**
 - d. ***Staff or Health Professionals authorized to dispose of medications**
 - e. ***Records of disposition and retention of records**
 - f. ***Disposition of controlled substances**
 - 1. ***Omissions/Refusals or contaminated doses**
 - 2. ***Medications discontinued, expired or belonging to deceased resident**
 - g. Disposition timeframes of special medications, e.g. insulin, Miacalcin, Xalatan, etc.
13. Medication storage
- a. ***Security**
 - b. ***Internal and External Separation**
 - c. Who has access to medication storage areas, i.e., authorization of keys?
 - d. ***Refrigeration storage**
 - 1. ***Temperature**
 - 2. ***Separation of medications and food (when stored together)**
 - 3. Short expiration medications, e.g. insulin, Miacalcin, Xalatan, etc.
 - e. ***Controlled Substances**
 - f. ***Medications in residents’ rooms**
14. Controlled Substances
- a. ***Method of accountability, i.e., declining count**
 - b. ***Reporting discrepancies**
 - c. ***Retention of records**
 - d. ***Storage and security**
15. Quality Assurance (Methods of monitoring including frequency and staff and/or health professionals responsible for monitoring)
- a. Monitoring MARs
 - b. Monitoring /observing actual act of medication administration
 - c. Monitoring controlled substance accountability
 - d. Monitoring medication storage
 - e. Monitoring qualification of medication staff
 - f. Monitoring medication reviews and follow-up
 - g. Tracking or review of identified problem areas and corrective action
16. Accepted abbreviations
17. Tables of weights and measures conversion
18. References for staff

Medication Management Self-Survey

This self-survey module has been developed as a tool to assist adult care homes and family care homes with evaluation and monitoring of medication management services to residents. Questions on the self-survey checklist have been developed in order to probe specific licensure areas and determine if the facility is meeting rule compliance and good general practice standards.

10A NCAC 13F / 13G .1000 Medication Management

In order to assure the safety and well-being of residents, adult care homes and family care homes are to develop and implement individualized policies and procedures to standardize operation within the home. Each home must use these policies and procedures to implement physicians' orders and document residents' progress. It is the intent of Adult Care Home regulations to assure that medications are administered as prescribed to prevent effectiveness of medications from being reduced or increasing the risk of adverse effects.

Monitoring and evaluation of your facility's medication management services requires data collection through direct and indirect observations, interviews, and review of documentation. Persons to include in your data collection include residents, staff, pharmacist, nurses, other licensed health professionals (Mental Health, Home Health, Hospice, etc.), and family members. The following are recommended questions for your data collection:

<p><u>Resident Interviews:</u></p> <ul style="list-style-type: none"> ➤ Do you receive your medications timely? ➤ Do you ever have to remind staff to give you your medications? ➤ Does staff ever tell you medications are unavailable or that they must be reordered? ➤ Does staff watch you take your medications or leave with you to take later? ➤ Do the staff treat you with respect? <p><u>Staff Interviews:</u></p> <ul style="list-style-type: none"> ➤ What is the facility's policy for reordering of routine medications? ➤ What is procedure for acquiring unavailable medications? ➤ What time do you start your medication pass and when do you finish? ➤ Are you usually interrupted during your medication passes? ➤ What other responsibilities interrupt your medication pass? <p><u>Other interviews:</u></p> <p>Reviewer for Quarterly Drug Reviews (RPh, RN, Prescribing Practitioner):</p> <ul style="list-style-type: none"> ➤ Is the reviewer knowledgeable of ACH/FCH rules and regulations? ➤ Does the reviewer have a copy of the current rules and regulations for the licensing of ACHs and FCHs? ➤ Is the reviewer familiar with the facility's policies and procedures for medication management? ➤ When will pharmacy reviews be done each quarter? ➤ What is the mode of contact regarding change of schedule and documentation? ➤ How many days will the review take? ➤ If high census facility (e.g. >60) will all residents be reviewed on the same schedule or staggered? 	
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<ul style="list-style-type: none"> ➤ What is tracking system to ensure drug review completed quarterly for each resident of the facility? ➤ What method will be utilized to review all aspects of medication administration to include the observation <u>or</u> review of procedures for medication administration? ➤ If no medication pass observation then how will the review of procedures be done? ➤ What information is shared with identified facility staff at the conclusion of the on-site visit? ➤ How will significant recommendations for potential or current medication-related problems be identified to facility staff by pharmacist prior to leaving facility? ➤ If complete report including all recommendations is not left at the conclusion of the on site visit how will the report be sent (mail, fax, with medication delivery by pharmacy)? ➤ When will the written report of findings and recommendations for change be provided after the reviewed is completed? Ideally should be within 7 -10 days of completing on site visit. ➤ How will nursing recommendations (those that can be completed by facility medication staff) be identified? ➤ How will physician recommendations (those requiring a physician/health professional response) be identified? ➤ Will the pharmacy send those requiring a physician’s response to the physician or will it be the responsibility of the facility to ensure the physician or appropriate health professional has been informed of findings when necessary? ➤ If all physician recommendations are compiled on a summary page will another sheet with recommendations specific for only one resident be provided? ➤ Who (facility medication staff position) will be responsible to assure action is taken in response to drug review and documented? ➤ What method of initial contact will be utilized? ➤ What are the guidelines for additional contact if necessary? 	
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<ul style="list-style-type: none"> ➤ When response to recommendation is received, who (facility medication staff position) is responsible to assure action is taken (e.g. new order implemented, current order discontinued or changed) and documented? ➤ Does the reviewer know the facility's designated staff person authorized to address nursing recommendations? ➤ Will medication administration records (MARs) be provided each month? ➤ If so, when will MARs be provided each month? <p>Miscellaneous Pharmaceutical Review Questions:</p> <ul style="list-style-type: none"> ➤ If nursing recommendation is not understood by facility, which medication staff is to be contacted for assistance? ➤ Where will the findings and reports from the drug review and action taken by the facility be maintained on file in the facility? ➤ Who (staff position) is responsible to ensure maintained? <p>Interviews with Home Health / Mental Health / Hospice, etc.:</p> <ul style="list-style-type: none"> ➤ Are each of these agencies aware of the facility's policies and procedures regarding visits, documentation, contact persons, etc.? ➤ How will the facility be notified of scheduled visits? ➤ What documentation will be left of the visit for filing in the resident's record? ➤ Will information be relayed to staff at the conclusion of the visit? ➤ If orders or recommendations are generated from visit, how will this information be provided to the facility? ➤ To whom will information be provided? <p><u>Staff Observations:</u></p> <ul style="list-style-type: none"> ➤ Are MARs used to administer residents' medications? ➤ Do the medication aides document administration of medications immediately? ➤ Are medications given within one hour of the scheduled time of administration? 	
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<ul style="list-style-type: none"> ➤ Are adequate fluids given with medications? ➤ Are gloves worn when indicated? ➤ Has staff reordered medications according to policy? <p><u>Review of Documentation:</u></p> <ul style="list-style-type: none"> ➤ Are any orders in need of clarification? ➤ Are there blanks or omissions on the MARs? ➤ Are medication orders properly transcribed onto the MAR? ➤ Are administration times scheduled according to physicians' orders or facility's policy? ➤ Are staff documenting reason / effectiveness of PRN medications? ➤ Are medication error reports completed when errors are identified? ➤ Is there documentation of appropriate follow-up to medication errors? ➤ Is there documentation of appropriate follow-up to the drug regimen reviews? 	
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MEDICATION ADMINISTRATION RECORD (MAR) INSPECTION WORKSHEET

Date	Time	MARs reviewed
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Person Conducting Inspection: _____

<u>MEDICATION ADMINISTRATION RECORDS</u>	YES	NO	COMMENTS
• Orders are transcribed completely - no abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Orders are transcribed immediately from physician's order with transcriber's initials and date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Orders are transcribed from physician's order, not from pharmacy label	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Order changes are properly documented, including discontinuation of old order and entry of new order	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration is documented in ink and errors are crossed out and initialed – no white out or pencil	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records are checked for order accuracy at the beginning of each month	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records have been checked by authorized personnel at the beginning of each month and corrected / signed / dated	<input type="checkbox"/>	<input type="checkbox"/>	_____
• The pharmacy is notified of any MAR discrepancies resulting from the monthly review	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication orders with special or unusual instructions (e.g. every other day, once weekly / monthly) have been transcribed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Scheduled administration times are appropriate with physician's order or facility policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Scheduled medication administration times reflect administration before, after, or with meals as required of physician's order	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records clearly show documentation of omission of medications, including refusals, unavailability, resident out of facility, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Routine medication administration properly on the MAR and no blank spaces are found	<input type="checkbox"/>	<input type="checkbox"/>	_____
• PRN (as needed) medications have no schedule for administration	<input type="checkbox"/>	<input type="checkbox"/>	_____
• PRN (as needed) medications have a time / date / dose / reason / effectiveness documented for every administration	<input type="checkbox"/>	<input type="checkbox"/>	_____
• For each staff member initialing the front of the MAR, an equivalent signature is documented on the designated area of the MAR	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewed by Facility Personnel _____

Date _____

Medication Management Quality Assurance Checklist

This checklist has been developed as a tool to evaluate and monitor areas pertaining to medication administration and pharmaceutical services in adult care homes. Licensure regulations for adult care homes have been referenced for the items that are specifically rule based. Items on the checklist that are recommendations that may prevent problems from developing do not have a licensure regulation referenced.

I. <u>MEDICATION POLICIES AND PROCEDURES</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. The facility has an updated Medication Policy and Procedure Manual that is in accordance with all applicable state and federal regulations. 13F / 13G .1001			
2. Staff has been inserviced or is knowledgeable of the facility's policies and procedures for medication administration and medication management. A current copy is available to staff. 13F / 13G .1001			
3. Staff follows the facility's policies and procedures for medication administration. 13F / 13G .1001 & .1004			
4. The facility follows policies and procedures regarding outside agencies, e.g. labs and home health visits, including documentation of those services. The outside agencies have received a copy of the facility's policies and procedures regarding these services. 13F / 13G .1001			
5. Written policies and procedures established in consultation with a licensed health professional, i.e., pharmacist, physician, or registered nurse. 13F / 13G .1001 and 13F/13G .1211			
II. <u>MEDICATION ORDERS</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Signed copies of medication orders are in the resident's record in an orderly manner and reconcile with or match the medication orders on the medication administration records. (Medication orders should be transcribed onto the medication administration record at the time the order is received. Clarification of orders is obtained, when necessary.) 13F / 13G .1002(a)(b)			
2. Medication orders are properly written. Orders include medication name, strength and dosage to be administered, route of administration, specific directions of use including frequency, and if ordered on a "prn" basis, the reason for use or parameters for administration should be indicated. 13F / 13G .1002(c)			
3. Copies of physician orders are sent to the pharmacy.			
4. Records are properly kept for ordering medications from the pharmacy.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
5. All medications are received by authorized staff. Pharmacy provides delivery sheets with each delivery of medications.			
6. If telephone orders are permitted per facility policy, they are initialed by staff and signed by the prescribing physician within 15 days from the date of the order. A copy of telephone orders is retained in the record, until the signed order is returned. 13F / 13G .1002(d)			
7. Orders for medications and treatments, including standing orders, are renewed by the prescribing practitioner at least every six months. (A statement, i.e., May use standing orders, that indicates renewal of the standing orders is sufficient.) 13F / 13G .1002(e)(f)			
8. Standing orders have limited doses or time for administration. The physician is notified if these medications or treatments are needed beyond the dose or time limit on the order.			
9. Medications on the standing orders are available <u>in the facility</u> for administration, i.e., housestock. 13F / 13G .1004(a)			
10. Orders for ‘prn’ psychotropic medications are complete and include the required information. 13F / 13G .1002(g)			
11. Staff has received training and inservices about the desired and undesired effects of psychotropic medications. Documentation is on file in the facility. 13F / 13G .1002(h)			
12. Medication orders, including admission orders and computerized physician’s order sheets, are reviewed for accuracy according to the facility’s policies and procedures.			
	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Medication labels for prescription medications are legible and properly prepared with: a. Resident’s name b. Date of issuance c. Prescriber’s name d. Medication name and concentration, quantity dispensed, and prescription number e. Directions for use clearly stated f. Generic equivalency statement if brand other than brand prescribed is dispensed g. Expiration date h. Auxiliary statements as required of the medication, i.e., “Shake Well”, “External Use Only”, “Keep in Refrigerator”, etc. i. Name, address, and telephone number of dispensing pharmacy j. Pharmacist’s name or initials 13F / 13G .1003(a)			
2. The procedure for updating medication labels when label is illegible or when directions change is followed. Labeling of container for change in directions is done at time of next refill.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .1003(c)			
3. Loose or replacement medication labels are not sent to the home for staff to label or relabel containers. Medication labels are only altered by a pharmacist or dispensing practitioner.			
13F / 13G .1003(a)			
4. Non-prescription or over-the-counter medications are labeled in accordance with the facility's policies and procedures. (The manufacturer's label and expiration date are clearly visible with at least the resident's name on the container OR labeled as indicated in (1.) above.)			
13F / 13G .1003(d)			
5. Medications are stored in the original containers. (There is no transfer of medication from one container to another, i.e., repackaging, including housestock and pouring medication back into a container once it has been poured and prepared for administration.)			
13F / 13G .1003(e)			
6. Documentation of medications sent with resident, i.e., medication release form is on file and receipt of such is signed by responsible party taking the medications from the facility, in accordance with the facility's policies and procedures.			
13F / 13G .1003(f)			
7. Medications released have been dispensed and labeled by a dispensing practitioner. (Staff does not repackage or label medications.)			
13F / 13G .1003(f)			
IV. <u>MEDICATION ADMINISTRATION</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Medications are administered as ordered.			
13F / 13G .1004(a)			
2. The facility has a written policy and procedure regarding insulin administration. The policy and procedure addresses abnormal blood glucose readings, when to hold insulin, notification of physician, administration times, disposal of syringes, etc. Staff follows this policy.			
13F / 13G .1001 & 13F / 13G .0505 & 13F/13G .1211			
3. Medications are crushed in accordance with the facility's policies and procedures.			
13F / 13G .1004(a), (e)			
4. An up-to-date "Do Not Crush" list is available for staff.			
5. Medication administration times have been established and medications are scheduled appropriately.			
13F / 13G .1001 & 13F / 13G .1004(g)			
6. Blood pressures, weights, pulses, blood sugars and other orders for monitoring certain medications are obtained in accordance with the facility's policies and procedures or as ordered by the prescribing practitioner.			
13F / 13G .0902(c)(3-4) & 13F / 13G .1004(a)			
7. Known allergies are documented in the residents' records and on the MARs. Pharmacy is notified of any known drug allergies.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<p>8. If applicable, medications are prepoured appropriately:</p> <ul style="list-style-type: none"> ▪ Only oral solid medications are prepared for administration within 24 hours of the prescribed time of administration. ▪ Medications ordered ‘prn’ are not prepared in advance. ▪ Liquid medications and medications for injection are prepared immediately before administration to the resident. ▪ Medications are not crushed until immediately before they are administered to the resident. ▪ Prepoured medications are maintained in environments ensuring protection from contamination and spillage. ▪ Prepoured medications are labeled appropriately in order to keep the drugs identified up to the point of administration. <p>13F / 13G .1004(c)(d)(e)(f)</p>			
<p>9. Actual administration of medications is accomplished within 1 hour before or 1 hour after the prescribed or scheduled time.</p> <p>13F / 13G .1004(g)</p>			
<p>10. Staff uses medication administration records when preparing and administering medications and checks medication labels against medication administration records.</p>			
<p>11. Recording of the administration of medications is promptly following the act of administration by the staff who administers the medications. (No pre-charting of doses before administration or charting doses of multiple residents after administration.)</p> <p>13F / 13G .1004(i)</p>			
<p>12. Recording of the administration of “prn” medications is immediately following the administration of these medications.</p> <p>13F / 13G .1004(i)</p>			
<p>13. Staff that administers the medication observes the resident actually taking the medication.</p> <p>13F / 13G .1004(i)</p>			
<p>14. Each dose of medication administered is recorded on the resident’s medication administration record with the following:</p> <ul style="list-style-type: none"> a. Resident’s name b. Name of medication or treatment order c. Strength and dosage or quantity of medication administered d. Instructions for administration e. Reason for administration of “prn” medications and the resulting effect f. Date and time of administration g. Documentation of omissions and reason, including refusals h. Name of person administering the medication or treatment (If initials used, an equivalent signature is documented on or with the medication administration record.) <p>13F / 13G .1004(j)</p>			
<p>15. MAR times are posted and kept in designated area.</p>			
<p>16. The facility’s policies and procedures for refusals and unavailability of medications are followed.</p> <p>13F / 13G .1001</p>			
<p>17. The facility’s policies and procedures regarding “prn” medications being frequently or routinely administered are followed.</p> <p>13F / 13G .1001</p>			
<p>18. Injection sites and transdermal sites, i.e., insulin & nitroglycerin, are documented and rotated per policy or as ordered by physician.</p>			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .1001 & 13F / 13G .1004(a)			
19. There is a system in place to identify residents prior to the administration of medications. 13F / 13G .1004(k)			
20. Procedures for monitoring, reporting and recording of medication errors are established and followed. 13F / 13G .1004(l)			
21. Adequate supplies, i.e., medicine cups, devices to crush medications, syringes and graduated medicine cups to measure medications, are available and used by staff to accurately and safely administer medications. 13F / 13G .1004(m)			
22. Staff implements infection control measures in accordance with the facility's policies and procedures. 13F / 13G .1004(n)			
23. Syringes and needles used for medication administration are appropriately handled and disposed of according to the facility's policies and procedures. 13F / 13G .1004(n)			
24. There is no evidence of borrowing medications from one resident and administering to another, except in emergency situations. 13F / 13G .1004(o)			
25. Unlicensed staff has met requirements for administration of subcutaneous injections, with the exception of anti-coagulants (e.g. Heparin, Lovenox, Arixtra) 13F / 13G .1004(q) & 13F / 13G .0504 & .0505			
	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Self-administration of medications is specifically authorized by the prescribing practitioner. 13F / 13G .1005(a)			
2. Specific instructions for administration of prescription medications are printed on the medication label and are accurate. 13F / 13G .1005(a)			
3. Resident is capable of self-administration of medications and uses the medications as prescribed. 13F / 13G .1005(a)			
4. The facility's policies and procedures for monitoring self-administration of medications to ensure the resident's continued ability to self-administer and comply with the physician's order is followed. 13F / 13G .1005(b)			
	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Self-administered medications are stored in a safe and secure manner in the resident's room according to the facility's policies and procedures. 13F / 13G .1006(a)			
2. Medications are stored and maintained in a secure and safe manner to protect against contamination, spillage, misidentity and pilferage. 13F / 13G .1006(b)			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
3. Medications are stored in a safe, locked area, i.e., medication cart or cabinet, except when under the direct supervision of appropriate staff. 13F / 13G .1006(b)			
4. Medication administration areas are well-lighted and well-ventilated. 13F / 13G .1006(c)			
5. Medication storage area is clean and uncluttered. 13F / 13G .1006(c)			
6. Medications are not stored in bathrooms, utility room or kitchen. 13F / 13G .1006(c)			
7. Medications are stored in an orderly manner, i.e., residents' medications are not intermingled. 13F / 13G .1006(c)			
8. The keys or combinations to locks for the medication area are under the control of authorized staff. 13F / 13G .1006(d)			
9. Medications for external use are stored separately from medications for internal use. (Ophthalmics, otics and transdermal medications, i.e., Nitro-Dur, may be stored with internal medications.) 13F / 13G .1006(e)			
10. Cleaning agents, germicides, disinfectants and other substances that are considered poisons or hazardous are stored separately from medications. 13F / 13G .1006(e)			
11. Non-medication items are not stored with medications in the medication area.			
12. Temperature for the refrigerator is appropriate, between 36 ° F and 46 ° F (2 ° C and 8 ° C). 13F / 13G .1006(f)			
13. Medications requiring refrigeration are stored in the refrigerator. (Medications with "Keep in Refrigerator" label.) 13F / 13G .1006(f)			
14. Medications not requiring refrigeration are stored at room temperature (59°F to 86°F), according to policy, or according to the manufacturer.			
15. Medications stored in a refrigerator containing non-medication items, i.e., food, are stored in a separate container. The container is locked or the refrigerator is locked or located in a locked medication area. 13F / 13G .1006(g)			
16. The home does not have a stock of prescription medications for general or common use. An emergency kit with prescription drugs is not present or used. There is no evidence of hoarding medications. 13F / 13G .1006(h)			
17. The first aid kit or supplies are stored in an area known to staff. The supplies are immediately available and stored separately in a secure and orderly manner, out of sight of residents and visitors. 13F / 13G .1006(i)			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Only medications that have been ordered by the physician are sent with resident, family or responsible party at discharge or leave of absence. 13F / 13G .1003(f) & 13F / 13G .1007(a)			
2. Any discontinued and expired medications are properly identified and stored separately from actively used medications until returned or disposed of. 13F / 13G .1007(b)			
3. Discontinued or expired medications are returned or disposed of within 90 days in accordance with the facility's policies and procedures. 13F / 13G .1007(c)			
4. Medication destruction by the pharmacy or dispensing practitioner is properly documented, with corresponding records maintained by the administrator. 13F / 13G .1007(e)			
5. A dose of any medication, including a controlled substance, that is accidentally contaminated is not administered and is disposed of according to the facility's policies and procedures. 13F / 13G .1007(e)			
VIII. <u>CONTROLLED SUBSTANCES</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Documentation for the receipt, administration, and disposition of controlled substances is in accordance with the facility's policies and procedures. Records are readily retrievable. 13F / 13G .1008(a)			
2. The controlled substance log accurately reflects the amounts of controlled substances on hand in the facility. 13F / 13G .1008(a)			
3. Schedule II medications that are stored together are double locked. 13F / 13G .1008(b)			
4. Discontinued or expired controlled substances are returned or disposed of within 90 days according to the facility's policies and procedures. A record of the returns or destruction is kept on file in the facility. 13F / 13G .1008(c)(d)(e)			
IX. <u>PHARMACEUTICAL CARE</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. There is documentation of each resident's record or drug regimen being reviewed by a licensed pharmacist or prescribing practitioner at least quarterly. If family care home, resident's record or drug regimen being reviewed by a licensed pharmacist, prescribing practitioner, or registered nurse at least quarterly. 13F / 13G .1009(a)			
2. The review is done on-site at the facility. Medication passes or			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
reviews of procedures are conducted. 13F / 13G .1009(a)			
3. Reviewer has submitted reports of any problems, concerns or recommendations, if any, to the administrator. Areas addressed include medication administration, drug storage, labeling, interactions, side effects or necessary monitoring, documentation, compliance with facility's policies and procedures, etc. 13F / 13G .1009(a)			
4. There is documentation of the results or corrective action relative to the problems or concerns identified in the reports. There is evidence of the appropriate health professional being informed of information in the report when necessary. 13F / 13G .1009(b)(c)			
5. In-services provided according to facility's policies and procedures or facility's needs.			
X. PHARMACEUTICAL SERVICES	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. For facilities with 12 or more beds, there is a current written agreement with the pharmacy provider for dispensing services. 13F / 13G .1010(f)			
2. A schedule of pharmacy operating hours and ordering times is posted for staff.			
3. The delivery schedule for medications is met. <i>(There is no evidence of medications being unavailable for administration.)</i>			
4. The facility has a current, written agreement for the provision of pharmaceutical care services, which includes a statement of the responsibility of each party. 13F / 13G .1010(b)			
5. The emergency services meet the needs of the facility. There is an agreement between the facility and a pharmacy for emergency services. 13F / 13G .1010(c)			
6. The 24-hour emergency telephone number of the pharmacist is posted for staff.			
	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Properly trained staff are designated to administer or prepare medications. There is documentation of successful completion of the medication clinical skills checklist and passing the written exam within 90 days of completing the checklist for each medication aide or supervisor. 13F / 13G .0403, .0503 & 13F / 13G .1004(b)			
2. Medication aides have completed appropriate hours of continuing education related to medication administration annually. 13F / 13G .0403(c)			
3. Medication staff who performs other personal care tasks has documentation of meeting personal care aide training and competency. 13F / 13G .0501			
4. RN validation for tasks related to Licensed Health Professional Support has been completed.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .0504			
5. Qualified medication staff also meets the requirements of the facility's policies, i.e. CNA, SIC, etc.			
XII. <u>OTHER AREAS RELATED TO MEDICATION ADMINISTRATION</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. At least one up-to-date medication reference book is available for staff.			
2. Staff responsible for medication administration are familiar with resource and use it for information regarding side effects, contraindications, etc.			
3. A metric-apothecary conversion chart and medical abbreviation information is posted or readily available for staff.			
4. Random samples are reviewed for the following: a. Monitoring MARs b. Monitoring / observing medication administration c. Monitoring controlled substance accountability d. Monitoring medication storage e. Monitoring qualifications of medication staff f. Monitoring medication reviews and follow-up			

MEDICATION ADMINISTRATION OBSERVATION WORKSHEET

Staff person observed

Date

Time

Observer: _____

*Please mark all boxes in which proper medication administration procedures were utilized.
For areas with concern, please use the available space at the end of the form to enter comments.*

GENERAL MEDICATION ADMINISTRATION

- Only proper personnel administering medication
- Infection control methods utilized as required
- Pre-poured medications prepared according to facility policy and state regulation
- Used sanitary technique when handling medications
- Identified resident prior to administration of medications
- Observed each resident's privacy, dignity and treated residents with respect
- Maintained confidentiality of MAR
- Medication container label was checked with MAR
- Medication container labels were check for expiration date
- Observed all pharmacy warning labels (Shake Well, Give with 8 ounces of Water)
- Obtained & recorded BP, pulse, BS, or other data as ordered and used proper technique
- Observed orders to "hold meds" when above data was outside of limits specified
- Administered only those medications ordered
- Administered medications exactly as ordered
- Administered dose exactly as ordered
- Administered medications at scheduled administration time
- Administered before, after, or with meals as prescribed
- Measuring device supplied with product was used only for that product
- Medications administered within one hour of scheduled time of administration
- Observed resident taking medications
- Offered sufficient fluids with medications
- Disposable medication cups were not reused
- Cleaned equipment (pill crusher, etc.) after use
- Maintained security of medications during medication administration
- Charted medications when administered
- Administered PRN medications using proper indication and reason / response
- Documented the following: administration time, refused/held medications, injection sites

MEDICATION ADMINISTRATION OBSERVATION WORKSHEET

MEDICATION ADMINISTRATION TECHNIQUE

- Only appropriate medications were crushed and proper technique used
- Medications ordered to be taken “with food” administered with food / snack up to 1 hour after food / snack
- Medications ordered to be taken “before meals” administered 15-30 minutes prior to food / snack
- Medications administered by G-Tube flushed with water before and after medication administration
- Appropriate medication preparation used (shake well, mix, dilute, dissolve, crush, etc.)
- Medications requiring dilution: diluted appropriately (KCL liquid, Miralax, etc.)
- Liquid medications measured at eye level and with appropriate measuring device
- Liquid suspensions shaken several times (Dilantin, Tegretol, etc)
- One-minute spacing between each puff of metered dose inhalers (Albuterol, Atrovent, etc.)
- 3-5 minute spacing allowed between 2 or more eye drops in the same eye
- Injection site or patch location documented on the MAR
- Insulin administered approximately 30 minutes before meals (unless ordered otherwise)
- Gloves worn when performing fingerstick blood sugar monitoring
- Gloves worn and hands washed before and after applying or removing transdermal products, or applying ophthalmics
- Hand-washing occurred when there was contact with the resident’s body or bodily fluid.
- If required by facility policy, pulses and blood pressures checked prior to administration of certain medications, if not ordered otherwise by physician.

Comments: _____

MEDICATION STORAGE INSPECTION WORKSHEET

Date	Time	Storage Areas Reviewed
------	------	------------------------

Person Conducting Review: _____

MEDICATION STORAGE AREA

	YES	NO	COMMENTS
Required information is posted in medication storage room or in residents' MAR	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage areas are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only authorized personnel have possession of medication storage keys	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage area is well-lit and room temperature is proper (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Syringes and needles are disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

REFRIGERATOR

	YES	NO	COMMENTS
Refrigerator is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are separated from non-medication items	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued and expired medications are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICATION CART

	YES	NO	COMMENTS
Medication carts are in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in possession of authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication packages are properly labeled with residents' names	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESIDENTS' ROOMS

	YES	NO	COMMENTS
Storage areas are locked at all times	<input type="checkbox"/>	<input type="checkbox"/>	_____
The medication storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room Temperature medications are kept at temperatures ranging (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring refrigeration are stored securely in the resident's refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerator temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICATION STORAGE INSPECTION WORKSHEET

<u>MEDICATIONS</u>	YES	NO	COMMENTS
Medications are not transferred from one container to another except by the pharmacy or family/responsible party	<input type="checkbox"/>	<input type="checkbox"/>	_____
No unapproved or unauthorized medications are present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued or expired medications are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are properly labeled, including expiration date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate auxiliary labels are affixed to medication containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
External and internal medications are stored separately	<input type="checkbox"/>	<input type="checkbox"/>	_____
Items for external use are clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potentially harmful substances (reagents, household poisons, cleaning supplies) are clearly identified and stored separately from medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no deteriorated or contaminated medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no medication containers that are cracked, soiled, or without secure closures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued medications are disposed of according to facility policy / state regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal of medications is documented and maintained according to facility policy	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>HOUSE STOCK MEDICATIONS</u>	YES	NO	COMMENTS
The house stock storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only approved items available as "House Stock"	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expiration dates are current and excessive quantities ("mini-pharmacy") avoided	<input type="checkbox"/>	<input type="checkbox"/>	_____
All items properly labeled as "House Stock"	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>CONTROLLED SUBSTANCES</u>	YES	NO	COMMENTS
Drawer(s) / Box(es) are properly locked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in the possession of authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____
All discontinued controlled drugs have been returned to the pharmacy or destroyed according to the facility's policy / state regulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
The controlled substance record reconciles accurately with actual inventory	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is an accurate record of receipt and disposition of drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes: _____

Adult Care Licensure Fundamental Rules Form

Rule #	Fundamental Focus	If Concerns, Add these Rule Areas
PHYSICAL PLANT - .0300		
13F/G .0305(h)(4)	Exit Door Alarms	
13F .0311(d)	Hot Water Maintained between 100 – 116°F	Use Self Survey Module to guide
13F/G .0306(a)(4)	Sanitation Grade of 85 or above	
ADMISSION AND DISCHARGE - .0700		
13F/G .0703(a)(b)(c)	TB test, Medical Examination for Residents	
RESIDENT ASSESSMENT - .0800		
13F/G .0801(a)(b)	72 hours; 30 Days & Annually	
RESIDENT CARE AND SERVICES - .0900		
13F/G .0901(a)	Personal Care	13F/G .0801(c)(1) & (d) Significant Change Assessment & Referral 13F/G .0311(h)(i) Operational call system
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(b)	Supervision	13F/G .0906(f)(3) Sign-out Register 13F/G .0906(f)(4) Notify Law, RP & DSS for missing resident 13F/G .1212(f)(g)(1-5) Resident-to-Resident Abuse 13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(c)	Respond IMMEDIATELY to Incidents & Accidents to provide care interventions per facility's P & P	13F/G .1212 Reporting Incidents/Accidents that result in injury/death
13F/G .0902(b)(c)	Health Care	13F/G .0504 Staff Competency 13F/G .0801(c)(1)(d) Significant Change Assessment & Referral 13F/G .0903(c) LHPS
13F/G .0904(d)	Nutritious Meals 3 times per day	13F/G .0904(a)(4) Adequate Food Supply 13F/G .0909 Residents Rights RE: food likes/dislikes
13F/G .0904(e)(4)	Therapeutic diets, Thickened Liquids, Supplements	
13F/G .0904(f)(2)	Feeding Assistance	
13F/G.0905(a)(b)(e)(f)	Activities Program (calendar, resident interview)	13F/G .0905 (c)(d)(g) Activities Program
MEDICATION MANAGEMENT - .1000		
13F/G .1004(a)	Medications administered as ordered by the physician	13F/G .1002(a) Clarification of medication and treatment orders 13F/G .1006(a)(b) Self-administered medications stored safely & secured when not under direct supervision 13F/G .1008(a)(h) Administration of controlled substances 13F/G .0403(a)(b) Qualifications of med staff & supervisors 13F/G .1211(a)(1-11)Written P & P for med management
13F/G .1009(a)(b)	Pharmaceutical Care, quarterly reviews & follow-up	
SPECIAL CARE UNITS FOR ALZHEIMER'S AND RELATED DISORDERS - .1300		
13F .1306(1)(2)	SCU admission diagnosis & pre-screening	
13F .1307(1)(2)	SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	13F/G .1309(2)(3) SCU staff orientation & training
13F .1308(a)	SCU Staffing to meet needs of SCU residents	
SPECIAL CARE UNITS FOR MENTAL HEALTH DISORDERS - .1400		
13F .1406(1)(2)	MH SCU admission diagnosis & pre-screening for appropriate admission to unit	
13F .1407(1-3)	MH SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	
13F .1408(a)	MH SCU staffing to meet needs of MH SCU residents	13F/G .1409 MH SCU staff orientation & training
USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES - .1500		
13F/G .1501(c)	Assessment for restraints/care plan for alternatives, restraint type & care provided during time restrained	13F/G .0506 Training on physical restraints
13F/G .1501(d)	Physician order for restraints	

Adult Care Licensure Fundamental Focus Rules Form - WORKSHEET

Facility: _____

Date: _____

Rule #	Fundamental Focus	If Concerns, Add these Rule Areas
PHYSICAL PLANT - .0300		
13F/G .0305(h)(4)	Exit Door Alarms	
13F .0311(d)	Hot Water Maintained between 100 – 116°F	Use Self Survey Module to guide
13F/G .0306(a)(4)	Sanitation Grade of 85 or above <i>(Note: FCH's do not receive a grade.)</i>	
ADMISSION AND DISCHARGE - .0700		
13F/G .0703(a)(b)(c)	TB test, Medical Examination for Residents	
RESIDENT ASSESSMENT - .0800		
13F/G .0801(a)(b)	72 hours; 30 Days & Annually <i>Resident Register, Assessment, Care Plan</i>	
RESIDENT CARE AND SERVICES - .0900		
13F/G .0901(a)	Personal Care	13F/G .0801(c)(1) & (d) Significant Change Assessment & Referral
		13F/G .0311(h)(i) Operational call system
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(b)	Supervision	13F/G .0906(f)(3) Sign-out Register
		13F/G .0906(f)(4) Notify Law, RP & DSS for missing resident

		13F/G .1212(f)(g)(1-5) Resident-to-Resident Abuse
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(c)	Respond IMMEDIATELY to Incidents & Accidents to provide care interventions per facility's P & P	13F/G .1212 Reporting Incidents/Accidents that result in injury/death
13F/G .0902(b) Referral and Follow-ups, Labs, Coordination of Care .0902(c) Labs, weights, accuchecks, BP, V/S, Incidental Health Care	Health Care	13F/G .0504 Staff Competency
		13F/G .0801(c)(1)(d) Significant Change Assessment & Referral
		13F/G .0903(c) LHPS
13F/G .0904(d)	Nutritious Meals 3 times per day	13F/G .0904(a)(4) Adequate Food Supply
		13F/G .0909 Residents Rights RE: food likes/dislikes
13F/G .0904(e)(4)	Therapeutic diets, Thickened Liquids, Supplements	

13F/G .0904(f)(2)	Feeding Assistance	
13F/G.0905(a)(b)(e)(f)	Activities Program (<i>calendar, resident interview, observations</i>)	13F/G .0905 (c)(d)(g) Activities Program
MEDICATION MANAGEMENT - .1000		
13F/G .1004(a)	Medications administered as ordered by the physician	13F/G .1002(a) Clarification of medication and treatment orders
		13F/G .1006(a)(b) Self-administered medications stored safely & secured when not under direct supervision
		13F/G .1008(a)(h) Administration of controlled substances
		13F/G .0403(a)(b) Qualifications of med staff & supervisors
		13F/G .1211(a)(1-11)Written P & P for med management
13F/G .1009(a)(b)	Pharmaceutical Care (<i>Quarterly reviews & follow-up</i>)	
SPECIAL CARE UNITS FOR ALZHEIMER'S AND RELATED DISORDERS - .1300		
13F .1306(1)(2)	SCU admission diagnosis & pre-screening	
13F .1307(1)(2)	SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	13F/G .1309(2)(3) SCU staff orientation & training
13F .1308(a)	SCU Staffing to meet needs of SCU residents	

SPECIAL CARE UNITS FOR MENTAL HEALTH DISORDERS - .1400		
13F .1406(1)(2)	MH SCU admission diagnosis & pre-screening for appropriate admission to unit	
13F .1407(1-3)	MH SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	
13F .1408(a)	MH SCU staffing to meet needs of MH SCU residents	13F/G .1409 MH SCU staff orientation & training
USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES - .1500		
13F/G .1501(c)	Assessment for restraints/care plan for alternatives, restraint type & care provided during time restrained	13F/G .0506 Training on physical restraints
13F/G .1501(d)	Physician order for restraints	
DECLARATION OF RESIDENT'S RIGHTS – G.S. 131D-21		
G.S. 131D-21	Residents' Rights	13F/G .0407(a)(4) Not hinder/ interfere in exercise of residents' rights
		13F/G .0407(a)(5) Findings on NC HCPR
		13F/G .0407(a)(7) Criminal Background check in accordance with G.S. 114-19.10 & 131D-40
STAR RATING MERIT POINT OPPORTUNITIES - .1600 (evaluate upon annual survey inspections only)		
13F/G .1604(c)(1)(F)	Participation in a Quality Improvement Program	Meets Criteria: Yes _____ No _____
13F/G.1604(c)(1)(G)	NC NOVA Special Licensure Designation	Meets Criteria: Yes _____ No _____
13F/G.1604(c)(1)(H)	Generator/Emergency Power Back-Up (Generator on premises OR current contract with emergency power back-up provider)	<i>Check one if applicable:</i> NEW ---Installed after Jan. 1, 2009 _____ or EXISTING---Installed prior to Jan. 1, 2009 _____ or CURRENT CONTRACT with provider _____
13F/G.1604(c)(1)(I)	Automatic Sprinkler System	<i>Check one if applicable:</i> NEW--- Installed after Jan. 1, 2009 _____ or EXISTING--- Installed prior to Jan. 1, 2009 _____

**Instructions for Completing the
Medication Administration Clinical Skills Checklist**
Developed by the Division of Health Service Regulation, Adult Care Licensure Section
2708 Mail Center, Raleigh, NC 27699-2708 (919) 855-3793

TO ALL INSTRUCTORS:

Unlicensed staff who administer medications and supervisors of staff responsible for administering medications in adult care homes must have a registered pharmacist or registered nurse validate the staff's competency for tasks or skills that will be performed in the facility prior to the unlicensed staff administering medications. Staff is required to successfully pass a written competency test approved by the Department of Health and Human Services no later than 90 days after the successful completion of the clinical skills checklist. The Medication Administration Clinical Skills Checklist is a standardized checklist and the **only one to be used for validating staff**. Refer to regulations 10A NCAC 13F/13G .0403 and .0503.

The guidelines and attachments are provided to assist with training and validation, as well as, provide the minimum standards for staff administering medications in adult care homes. Tasks listed in the left column of the guidelines match the tasks on Medication Administration Clinical Skills Checklist and the right column of the guidelines provides information for training and validation. It will be the instructor's responsibility to determine that the employee has demonstrated competency in performing the tasks or skills by using the guidelines and checklist.

The instructor needs to be knowledgeable of the regulations and interpretations of regulations related to medication administration for adult care homes. As indicated on the checklist, the instructor is to review the guidelines and checklist prior to the observation of the tasks or skills.

Directions for completing checklist

1. The name of the employee and adult care home are to be written on each page of the checklist. The checklist is not transferable.
2. All documentation on the checklist is to be in ink. Items that have an (*) by the tasks or skills must be checked off only by a registered nurse.
3. When the employee has demonstrated competency for a task or skill, the instructor is to complete the "Satisfactory Completion Date" block and the "Inst. Initials/Signature" block to the right next to the completion block. The "Needs More Training" and "Inst. Initials/Signature" is to be completed if the employee needs further training in an area or needs to be observed again.
4. **Sections 1 through 14** - Must be completed for each unlicensed staff person, unless otherwise indicated on the checklist or guidelines. **** Section 13 K through P – tasks under Licensed Health Professional Support. Refer to regulations 10A NCAC 13F/13G .0504, .0505 and .0903 and the instructions on the Guidelines for Completing the Medication Administration Clinical Skills Checklist.**
5. **Section 1**- Competency may be determined by asking the employees questions or by a written test.
6. **Sections 2 through 13** - The employee is to be observed actually performing the task or skill or at least be able to verbalize and demonstrate competency to perform the task or skill. Further instructions are provided in the guidelines for the tasks or skills in Section 13.
7. The employee and instructor are to sign and date the checklist after the completion of tasks.
8. If competency validation for additional tasks on the Medication Administration Clinical Skills Checklist is needed after the employee and instructor have signed the checklist, then the additional tasks/skills may be checked off, initialed and dated by the instructor on the original checklist and signed and dated by the instructor and employee again in the "Comment" section or a new checklist may be used and attached to the original checklist.
9. The "Comment" section may be used to document any additional information, including signatures.
10. The checklist must be maintained on file in the facility.

**If you have any questions about completing the checklist or comments, please call the
Adult Care Licensure Section at the above phone number.**

Medication Administration Clinical Skills Checklist

The unlicensed staff must (without prompting or error) demonstrate the following skills or tasks in accordance with the guidelines on the attachments with 100% accuracy to a registered nurse or pharmacist. Competency validation by the registered nurse or pharmacist is to be in accordance with their occupational licensing laws. Items that are (*) must be checked off **only** by a registered nurse.

Instructor – Refer to attachment on instructions and guidelines for completing this checklist prior to beginning observation of skills or tasks. (Latest revision of guidelines for checklist is dated 10/05)

Skill/ Tasks	Satisfactory Completion Date	Inst. Initials/ Signature	Needs More Training	Inst. Initials/ Signature
1. Basic Medication Administration Information and Medical Terminology (Refer to attachment)				
A. Matched common medical abbreviations with their meaning				
B. Listed/Described common dosage forms of medications and routes of administration				
C. Listed the 6 rights of medication administration				
D. Described what constitutes a medication error and actions to take when a medication error is made or detected				
E. Described resident's rights regarding medications, i.e., refusal, privacy, respect				
F. Defined medication "allergy"				
G. Demonstrated the use medication resources or references				
2. Medication Orders (Refer to attachment)				
A. Listed or Recognized the components of a complete medication order				
B. Transcribed orders onto the MAR 1. Used proper abbreviations 2. Calculated stop dates correctly 3. Transcribed PRN orders appropriately 4. Copied orders completely and legibly and/or checked computer sheets against orders and applied to the MAR 5. Discontinued orders properly				
C. Described responsibility in relation to telephone orders				
D. Described responsibility in relation to admission and readmission orders and FL-2				
E. Described or Demonstrated the process for ordering medications and receiving medications from pharmacy				
F. Identified required information on the medication label				
3. Demonstrated appropriate technique to obtain and record the following: (Refer to Attachment)				
A. * Blood Pressure				
B. * Temperature				
C. * Pulse				
D. * Respirations				
E. Fingerticks/Glucose Monitoring (Only required to be validated if the employee will be performing this task.)				

EMPLOYEE NAME : _____

ADULT CARE HOME NAME: _____

Medication Administration Clinical Skills Checklist

Skill/ Tasks	Satisfactory Completion Date	Inst. Initials/ Signature	Needs More Training	Inst. Initials/ Signature
4. If medications are prepared in advance, procedures, including documentation, are in accordance with regulation 10A NCAC 13F/13G .1004. (Refer to Attachment)				
5. Administration of Medications (Refer to attachment)				
A. Identified resident				
B. Gathered appropriate equipment and keeps equipment clean				
C. MAR utilized when medications are administered and also when medications are prepared or poured (if prepouring is allowed)				
D. Read the label 3 times; Label is checked against order on MAR				
E. Used sanitary technique when pouring and preparing medications into appropriate container				
F. Offered sufficient fluids with medications				
G. Observed resident taking medications and assures all medications have been swallowed.				
6. Utilized Special Administration/Monitoring Techniques as indicated(vital signs, crush meds. check blood sugar, mix with food or liquid) (Refer to Attachment)				
7. Administered medications at appropriate time (Refer to attachment)				
8. Described methods used to monitor a resident's condition and reactions to medications and what to do when there appears to be a change in the resident's condition or health status (Refer to Attachment)				
9. Utilized appropriate hand-washing technique and infection control principles during medication pass (Refer to Attachment)				
10. Documentation of Medication Administration (Refer to Attachment)				
A. Initialed the MAR immediately after the medications are administered and prior to the administration of medications to another resident. Equivalent signature for initials is documented.				
B. Documented medications that are refused, held or not administered appropriately				
C. Administered and documented PRN medications appropriately				
D. Recorded information on other facility forms as required				
E. Wrote a note in the resident's record when indicated				

EMPLOYEE NAME: _____

ADULT CARE HOME NAME: _____

Medication Administration Clinical Skills Checklist

Skill/ Tasks	Satisfactory Completion Date	Inst. Initials/ Signature	Needs Training	Inst. Initials/ Signature
11. Completion of Medication Pass (Refer to Attachment)				
A. Stored medications properly				
B. Disposed of contaminated or refused medications				
C. Rechecked MARs to make sure all medications had been given and documented				
12. Medication Storage (Refer to Attachment)				
A. Maintained security of medications during medication administration				
B. Stored controlled substances appropriately and counted and signed controlled substances per facility policy				
C. Assured medication room/cart/cabinet is locked when not in use				
13. Administered medications using appropriate technique for dosage form/route & administered accurate amount: (Refer to Attachment)				
A. Oral tablets and capsules				
B. Oral liquids				
C. Sublingual medications				
D. Oral Inhalers				
E. Eye drops and ointments				
F. Ear drops				
G. Nose drops				
H. Nasal Sprays/Inhalers				
I. Transdermal medications/Patches				
J. Topical (creams and ointments; not dressing changes)				
K. *Clean dressings				
L. *Nebulizers				
M. *Suppositories 1. Rectal 2. Vaginal				
N. *Enemas				
O. *Injections 1. Insulin** 2. Other subcutaneous medications				
P. *Gastrostomy Tube				

EMPLOYEE NAME: _____

ADULT CARE HOME NAME: _____

