

<b>Facility Name:</b> Middlesex Therapeutic Community Residence (MTCR)	
<b>Policy:</b> Medication Overview	
<b>Replaces Version Dated:</b> 4/9/13	<b>Effective Date:</b> 2/19/15

**A. Medication Management:**

1. Medications will be overseen by State of Vermont licensed nursing staff. Medications will be supplied through Health Direct Institutional Pharmacy Services. Administration may be delegated to non-licensed staff by an RN. Middlesex Therapeutic Community Residence (MTCR) will be using Health Direct Institutional Pharmacy.

**B. Who is Responsible for Delegation**

1. Medication administration will be carried out by licensed nursing staff or non-licensed staff delegated by an RN. Non-licensed staff delegated to administer medication by the RN will have reviewed medication administration policies and procedures, documentation, side effects and medication administration protocol.

**C. What Does Training Involve**

1. Training for medication administration for licensed and non-licensed designated staff, includes the following:
  - a. The resident's right to direct their own care, including the right to refuse medications.
  - b. Proper techniques for administration of medications, including hand washing, and checking the physician's orders for medications to be dispensed.
  - c. Checking the medication for the right resident, medication, dose, time and route, right reason, right documentation, right to refuse.
  - d. Documents any signs, symptoms and likely side effects to be aware of for any medication a resident receives.
  - e. MTCR's policies and procedures for medication administration.
  - f. On-call procedures to consult with the MTCR doctor on call or nurse on call if necessary.

**D. Maintaining List of Delegated Staff:**

1. MTCR will maintain a list of all licensed and non-licensed staff delegated by the RN to assist with the administration of medication.

**E. Controlled Drug/Narcotic Accounting:**

1. Controlled drugs ordered for the resident will be stored in the double-locked containment system. Doses will be signed out as routine or PRN on the Controlled Drug Record. Two nurses, or delegated non-licensed staff, will count the total medications in each resident's controlled drug prescription to confirm that all doses are accounted for. Nurses or designated non-licensed staff will sign off on the Daily Control Substance Count Record at the change of each shift. In the case of discrepancies, the procedure for Medication Errors will be followed.

**F. Psychoactive Medication Addressed:**

1. All direct care staff will receive training in the purpose, actions, side effects and adverse effects of psychoactive medications commonly prescribed for people with severe and prolonged mental illness. Training will be done by an RN.
2. Residents will be observed by the nurse or designee on each shift for changes in health or mental status, and vital signs will be taken as ordered.
3. Nurses or their designee will respond to changes in resident status by documentation, communication with nurses (on call) or designees, or by notifying the physician.

**G. PRN Medications/Documentation:**

1. PRN medications require a licensed practitioner's order (MD, APRN, or PA) that specifies the purpose of the medications, the observable indicators for the resident to take the medication, frequency, dosage, route, and maximum amount of the medication the resident can use in a twenty-four (24) hour period. PRN medications administered and the result will be documented on the PRN Medication Administration Record and will be conveyed during shift report. The resident's response to the PRN Medication must be documented in the progress notes, on the PRN Medication Record and communicated in shift report.

2. When Medication Administration Records and PRN Medication Administration Records are filled, they will be filed in the resident's chart.

**H. Documentation of Meds Given:**

1. All medications will have a practitioner's (MD, APRN, or PA) signed order within 15 days.
2. Medications will be checked against the Medication Administration Record prior to administration.
3. Administered medications will be documented on the Medication Administration Record.

**I. Medication Refusals:**

1. Refusals of medications will be documented on the Medication Administration Record (MAR) and the medication, dose and reason for refusal will be documented on the reverse side of the residents MAR. The nurse or delegated staff person will circle their initials and include the corresponding code on the Medication Administration Record.
2. Medications that are to be wasted will be crushed and washed down the sink.

**J. Medication Errors:**

1. All medication errors require the completion of a Medication Error Report. The nurse or delegated staff person will describe the medication error on the Medication Error Report Form. The nurse or designee will give the Med Error Report Form to the Nurse Manager, as well as report the error to the nurse or designee at the change-of-shift report.
3. In the event of adverse effects that appear related to the medication error, the nurse or delegated staff person will notify the practitioner who prescribed the medication. If adverse effects are severe, the nurse or designee will respond by initiating a medical emergency.

**K. Medication Storage and Labeling:**

1. Medications will be secured in the med room in the secure containment system. Medications requiring refrigeration will be stored in the locked med room refrigerator which will only be used for medication storage. Only authorized personnel will have access to keys.
2. Controlled drugs ordered for the resident will be stored in the double-locked containment system. Doses will be signed out as routine or PRN doses on the Controlled Substance Record. Two medication delegated mental health specialists will count the total of medication in each resident's controlled drug prescription to confirm that all doses are accounted for. Two medication delegated mental health specialists will sign off on the Daily Controlled Substance Count Record at the change of each shift. In the case of discrepancies, the procedures for medication errors will be followed.

**L. Discontinued and expired Medication:**

1. Discontinued and expired non-controlled medications will be placed in an identified receptacle located in the medication room and returned to the pharmacy.
2. Disposal of discontinued and expired controlled medications (crushed and washed down the sink) must be witnessed by two certified medication administrators and documented.

**M. Over the Counter Medication:**

1. All over-the-counter medications require a physician's order and will be stored in the same manner as all medications in the residence.

**N. Insulin Administration:**

1. Preparation and administration of insulin, or supervising or teaching self-administration to a resident, may only be carried out by a licensed nurse.
2. Any medications ordered by injection must be administered by a licensed nurse, with the exception that the licensed nurse may teach or supervise self-administration of an injectable medication if this has been ordered by the resident's practitioner. The resident will be assessed by the treatment team for his or her ability to administer insulin with nursing supervision.

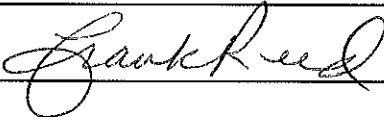
3. Medications given by injection will be recorded on the MAR for the resident. The site of each injection will be included in the record.

**O. Procedures for Emergencies:**

1. **Medical:** Medical emergencies occurring in the residence will be immediately assessed and receive indicated emergency medical treatment by the staff. Life-threatening emergencies, fractures, marked changes in cardiovascular or respiratory status, signs of severe infection, severe injuries, or changes in level of consciousness will necessitate a 911 call and ambulance transport. Staff will call the Physician, and the CVMC ER ASAP to report the incident, resident's medications, and other pertinent data. A staff person will follow the ambulance in a state vehicle to the ER if staffing is adequate. The staff will then notify the MTCR administrator on duty. The staff will complete an event report and document the incident in the progress notes.
2. A staff member will call 911 for medical emergencies that occur during outings or while transporting residents in the van. The staff member will notify the staff at the residence, who will call the ER with the necessary clinical information to support emergency care. The staff will notify the MTCR administrator on duty. The staff will complete an event report and document the event in the progress notes.
3. Basic first aid supplies as well as gloves and masks for the practice of universal precautions will be located in the med room.
4. Resident needs will be identified to ensure that MTCR's supplies contain all necessary equipment.
5. Direct care staff will be certified in Basic First Aid and CPR. Nursing staff will have BLS level of CPR training.

**P. Procedures That Direct Care Staff Are Expected To Carry Out Related To Nursing Services:**

1. Observing residents for changes in behavioral and physical health status; reporting changes in a timely fashion to nursing staff.
2. Assisting licensed nursing staff and following the direction of nursing staff or designee in managing medical and behavioral health emergencies.
3. Accompanying residents to appointments with physicians and for diagnostic tests; reporting information from the appointment back to nursing staff or designee.
4. Following the direction of nursing staff or designee in implementing the treatment plan.
5. Assisting with serving meals, monitoring nutritional intake and reporting to nursing staff.
6. Participating in the treatment milieu, individual and group activities and skills training for residents.
7. Monitoring residents' performance of ADLs and reporting progress to nursing staff.
8. Following the direction of licensed nursing staff or designee in providing first aid measures.
9. Keeping the resident sleep log and making routine sixty (60) minute checks.
10. Following the direction of nursing staff or designee in performing other duties as assigned.

Approved by DMH Commissioner	Approval Date:
	10/11/16