

MEDICATION MONITORING – Procedures

Adult Day Services

Purpose

To support persons served in the Adult Day Services Programs at ERC with their medication monitoring needs.

Scope

This procedure applies to all Adult Day Services clients and employees who have completed competency based training in medication monitoring.

*Note-this does not apply to clients enrolled in the ICFs. See ICF Medication Procedures.

Definitions

1. "Medication monitoring" is defined as the practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. The person served must take the medication without any assistance, other than ancillary aid, from personnel.
2. "Medication Assistance/Ancillary Aid" may include the following activities:
 - Remind the person served when to take the medication and observe to confirm that the person served follows the medication order.;
 - Assist a person served in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication to the individual.
 - If the person served is physically unable to open the container, the unlicensed person may open the container for the person served; and,
 - Assist, upon request by or with consent of, a physically impaired but cognitively able person served, in removing oral medication from the container.
 - If a person served is physically unable to place a dose of oral medication in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the person served.
 - Ancillary aid will not include calculation of medication dosages or altering the form of the medication by crushing, dissolving or any other method.
3. Arkansas State Board of Nursing defines "assistance with medication" as ancillary aid needed by an individual to self-administer oral medication. Ancillary aid does not include calculation of medication dosage, or altering the form of the medication by crushing, dissolving or any other method. Ancillary aid does not include the assistance with topical creams, eye drops, or suppository medications.
4. "PRN" is defined as "as needed". Instructions for use are in accordance with the bottle or physician orders.

Staff Training and Staff Monitoring

1. Program Supervisor and assigned DSP(s) must complete ERC's Medication Monitoring Training Program.
2. Nursing Service Coordinator, or designee, is to observe session of medication assistance and document competency. Additional training or observations may be recommended as deemed necessary.
3. Nursing Services Coordinator will complete an assessment if indicated by the Self Administration of Medication Assessment.

Medication Monitoring Plan

A current Medication Monitoring Plan includes:

- 1) The name of the medication(s) – prescription and over the counter;
- 2) The dosage, including strength or concentration;
- 3) The frequency;
- 4) The purpose of the medication;
- 5) Instructions for use, including administration route;
- 6) Potential side effects;
- 7) Drug interactions;
- 8) For prescribed medications:
 - a. The prescribing professional and phone number; and,
 - b. Dispensing pharmacy and contact information.
- 9) Drug allergies;
- 10) Self-Administration of Medication (SAM) Assessment;
- 11) SAM's Goals/Training (if needed); and,
- 12) Medication Monitoring Log.
- 13) Informed Consent.

Persons served or the responsible party is required to notify the Case Manager of any new medications so that the Medication Monitoring Plan can be updated.

Persons served have the right to refuse. Refusals should be immediately reported to the Case Manager.

Medication Packaging and Labeling

1. All medications must be contained in a properly labeled container to include: single dose, client name, medication name, dose, quantity, administration instructions, and date.
2. The label must be clear, legible, and properly affixed to the container.

Medication Storage

1. All medications must be kept in a secure location accessible only to Program Supervisors or assigned DSP who has been trained in medication monitoring or the person served.

2. Topical and oral medications must be stored separately.
3. Medications requiring cold storage must be refrigerated. The refrigerator must be secured and only medications may be stored in this refrigerator. The refrigerator temperature must be maintained between 36 and 46 degrees Fahrenheit. A daily log must be recorded daily with variances reported to maintenance as indicated.
4. Medications requiring protection from light will be stored in a darkened secured location.
5. Controlled medications will be stored in a double locked cabinet.

Safe Handling of Medications

1. Persons served who must take medication while receiving services may bring one dose of prescription medications. *Note: PRN Psychotropic Medications are not permitted for use at the ERC day programs.*
2. Persons served or responsible party will take the medication to their Program Supervisor or their assigned DSP for safe storage upon arriving to the program each day.
3. Expiration dates will be monitored and entered on the Medication Monitoring Log.
4. Any suspected loss, theft, and/or diversion of any controlled substance shall be reported immediately to the local Police Department and to the Arkansas Department of Health (501-661-2769).
5. Infection control practices will be used when handling medications:
 - a. Ensure clean surface where medications will be taken.
 - b. Wash hands, or use hand sanitizer, before handling medications.
 - c. Staff will wash hands and apply gloves before handling any medications.
6. PRN over the counter medications may be used as a last resort. Informed consent must be on file and non-pharmacological inventions attempted as a primary method. Trends of more than three usages of PRN over the counter medications in a one week period will require notification of the guardian/advocate with physician intervention recommended.

Safe Disposal of Medications

Medications that become contaminated (i.e., dropped on ground) or has expired will be disposed of (flushed or dissolved in cat litter) by two staff members, documented on the medication log, and case manager notified.

If person has exited the program and has left medication(s) behind, the Program Supervisor or Case Manager will attempt to contact the guardian for removal. If contact is not made within 24 hours, medication will be disposed of at the Springdale Police Department.

Maintenance of Adequate Supply of Medications

Staff responsible for providing assistance with medications will notify the Case Manager of any "forgotten" medication. The Case Manager will then contact the responsible party.

Medication Assistance / Ancillary Aid

An unlicensed person assisting with the self-administration of medication may only do the following:

- 1) Remind the person served when to take the medication and observe to confirm that the person served follows the directions on the container;
- 2) Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication to the individual.
- 3) If the person served is physically unable to open the container, the unlicensed person may open the container for the person served; and,
- 4) Assist, upon request by or with consent of, a physically impaired but cognitively able person served, in removing oral medication from the container and in taking the medication.
- 5) If a person served is physically unable to place a dose of oral medication in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the person served.

All needed assistance will be documented in the persons served Medication Monitoring Plan.

Documentation of Medication Use

The assigned DSP will document medication use on the Medication Monitoring Log. The log will be stored with the medications.

PRN Medications will be documented on the log to include the reason and follow-up.

SAMs goals will be charted on.

Adverse Medication Reactions and Side Effects

1. An adverse medication reaction may be either:
 - a) A secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication
 - b) Any response to a medication that is noxious and unintended and occurs at a normal dose amount
2. Adverse medication reactions should not be confused with side effects. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.
3. If staff members suspect a side effect or an adverse reaction, they shall immediately make contact with the responsible party. Staff members will provide basic first aid and monitoring until guardian or responsible party arrive.
4. If staff members believe the event is life threatening, 911 will be called.
5. After the event has passed, staff members will complete a GER in Therap.

Medication Errors

Medication errors occur any time a medication was not given as it was prescribed (or any of the six rights were violated).

Six (6) Rights:

- 1) Right person served
- 2) Right dose
- 3) Right route
- 4) Right medication
- 5) Right time (1 hour before or after time listed on prescription)
- 6) Right documentation

If a medication error occurs:

- 1) Notify the person served and/or family/guardian/responsible party.
- 2) Monitor the person served and follow direction from nurse and/or physician.
- 3) Complete a Critical Incident Report on the General Events Record (GER).
- 4) The Director of Adult Services will investigate all medication errors and recommend appropriate corrective action.

The Case Manager will report medication errors as required to DDS.

Reviewed / Approved by

- Program Directors and Director of Administration reviewed and approved procedures on 3/2014, 4/2014, 6/2017, 11/2019.

Zaran Reed

Asst. Executive Director

11/13/19

Date

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Corporate Compliance Officer

11/13/19

Date

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