

## Medication Management Policy

### POLICY

It is the policy of the facility to maintain a safe and competent medication management system that is based on best practice and the care process of the residents that includes: recognition of the problem/need, assessment, diagnosis(es), medication administration, management, monitoring and revising the individualized, person-centered approach to care as well as documentation consistent with standards of medication management and administration standards.

### OBJECTIVE OF THE MEDICATION MANAGEMENT POLICY

The objective of the Medication Management Policy is to promote a safe and accurate medication management system for each individual resident, to ensure a system for accurate process of assessment, planning, implementation and monitoring/evaluation and staff competency to promote quality of care, increase resident safety and safeguard against adverse events.

### DEFINITIONS

**“Acquiring medication”** is the process by which a facility requests and obtains a medication.

**“Adverse consequence”** is a broad term referring to unwanted, uncomfortable, or dangerous effects that a drug may have, such as impairment or decline in an individual’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication disease) (adapted from The Merck Manual Professional Version,

<http://www.merckmanuals.com/professional/clinical-pharmacology/adverse-drugreactions/adverse-drug-reactions.>)

**“Adverse Drug Event (ADE)”**: An injury resulting from medical intervention related to a drug. (Source: Institute of Medicine (IOM))

**“Adverse Drug Reaction (ADR)”**: Any response to a drug which is noxious and unintended which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease, or for the modifications of physiological function. (Source: World Health Organization (WHO))

**“Anticholinergic side effect”** is an effect of a medication that opposes or inhibits the activity of the parasympathetic (cholinergic) nervous system to the point of causing symptoms such as dry

mouth, blurred vision, tachycardia, urinary retention, constipation, confusion, delirium, hallucinations, flushing, and increased blood pressure. Types of medications that may produce anticholinergic side effects include: • Antihistamines, antidepressants, anti-psychotics, antiemetics, muscle relaxants; and • Certain medications used to treat cardiovascular conditions, Parkinson’s disease, urinary incontinence, gastrointestinal issues and vertigo.

**“Behavioral interventions”** are individualized, non-pharmacological approaches to care that are provided as part of a supportive physical and psychosocial environment, directed toward understanding, preventing, relieving, and/or accommodating a resident’s distress or loss of abilities, as well as maintaining or improving a resident’s mental, physical or psychosocial wellbeing.

**“Biologicals”** are made from a variety of natural sources—human, animal, or microorganisms. Biologicals are used to treat, prevent, or diagnose diseases and medical conditions. They may include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins.

**“Clinically significant”** refers to effects, results, or consequences that materially affect or are likely to affect an individual’s mental, physical, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status. **“Expressions or indications of distress”** refers to a person’s attempt to communicate unmet needs, discomfort, or thoughts that he or she may not be able to articulate. The expressions may present as crying, apathy, or withdrawal, or as verbal or physical actions such as: pacing, cursing, hitting, kicking, pushing, scratching, tearing things, or grabbing others.

**“Controlled Medications”** are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II—V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence.

**“Dispensing”** is a process that includes the interpretation of a prescription; selection, measurement, and packaging or repackaging of the product (as necessary); and labeling of the medication or device pursuant to a prescription/order.

**“Disposition”** is the process of returning and/or destroying unused medications.

**“Diversion of medications”** is the transfer of a controlled substance or other medication from a lawful to an unlawful channel of distribution or use, as adapted from the Uniform Controlled Substances Act.



**“Dose”** is the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the daily dose.

**“Duplicate therapy”** refers to multiple medications of the same pharmacological class/category or any medication therapy that substantially duplicates a particular effect of another medication that the individual is taking.

**“Excessive dose”** means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer’s label, package insert, and accepted standards of practice for a resident’s age and condition.

**“Harm”**: Impairment of the physical, emotional, or psychological function or structure of the body and pain or injury resulting therefrom. (NCC MERP)

**“Indications for use”** is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident’s condition and therapeutic goals and is consistent with manufacturer’s recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.

**“Medication Error”**: A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. (Source: National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP))

**“Neuroleptic Malignant Syndrome (NMS)”** is a syndrome related to the use of medications, mainly antipsychotics, that typically presents with a sudden onset of diffuse muscle rigidity, high fever, labile blood pressure, tremor, and notable cognitive dysfunction. It is potentially fatal if not treated immediately, including stopping the offending medications.

**“Pharmaceutical Services”** refers to:

- The process (including documentation, as applicable) of receiving and interpreting prescriber’s orders; acquiring, receiving, storing, controlling, reconciling, compounding (e.g., intravenous antibiotics), dispensing, packaging, labeling, distributing, administering, monitoring responses to, using and/or disposing of all medications, biologicals, chemicals (e.g., povidone iodine, hydrogen peroxide);



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- The provision of medication-related information to health care professionals and residents;
- The process of identifying, evaluating and addressing medication-related issues including the prevention and reporting of medication errors; and
- The provision, monitoring and/or the use of medication-related devices.

**“Pharmacy assistant or technician”** refers to the ancillary personnel who work under the supervision and delegation of the pharmacist, consistent with state requirements.

**“Psychotropic drug”** is defined in the regulations at §483.45(c)(3), as “any drug that affects brain activities associated with mental processes and behavior.” Psychotropic drugs include, but are not limited to the following categories: anti-psychotics, anti-depressants, anti-anxiety, and hypnotics.

**“Receiving medication”** is the process that a facility uses to ensure that medications, accepted from the facility’s pharmacy or an outside source (e.g., vending pharmacy delivery agent, Veterans Administration, family member), are accurate (e.g., doses, amount).

**“Reconciliation”** refers to a system of recordkeeping that ensures an accurate inventory of medications by accounting for controlled medications that have been received, dispensed, administered, and/or, including the process of disposition

**“Serotonin Syndrome”** is a potentially serious clinical condition resulting from overstimulation of serotonin receptors. It is commonly related to the use of multiple serotonin-stimulating medications (e.g., SSRIs, SNRIs, triptans, certain antibiotics). Symptoms may include restlessness, hallucinations, confusion, loss of coordination, fast heartbeat, rapid changes in blood pressure, increased body temperature, overactive reflexes, nausea, vomiting and diarrhea.



## **SAMPLE INDIVIDUAL POLICY and PROCEDURE**

### **Medication Administration**

#### **Policy**

Medications will be administered to residents as prescribed and by persons lawfully authorized to do so in a manner consistent with good infection control and standards of practice. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. The facility has sufficient staff to allow administering of medications without unnecessary interruptions.

#### **Procedures**

##### **Preparation:**

1. Only licensed nursing or other lawfully authorized staff may prepare, administer, or record medication administration.
2. An adequate supply of disposable containers and equipment is maintained on the medication cart for the administration of medications. Disposable containers are never reused.
3. Prior to administration, the medication and dosage schedule on the MAR is compared with the medication label. If the label and the MAR are different and the container is not flagged indicating a change in directions or if there is any other reason to question the dosage or directions, the physician's orders are checked for correct dosage schedule.
4. If breaking tablets is necessary to administer the proper dose, hands are washed with soap and water or alcohol gel prior to handling tablets and the following guidelines are followed:
  - a. A tablet splitter is used to avoid contact with the tablet
  - b. If the tablet is scored, every attempt is made to break along score lines.
  - c. If using only one-half of the tablet from a unit dose package, the remainder is disposed of if not used within 24 hours according to facility procedure. If in a vial the half-tablet is returned to the vial.
  - d. Administration of partial tablets is clearly identified or highlighted on the resident's MAR.
  - e. Since unscored tablets may not be accurately broken, their use is discouraged if a suitable alternative is available.
  - f. Where possible, the provider pharmacy is requested to package half tablets.
5. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines.
  - a. Long-acting or enteric coated dosage forms should generally not be crushed; an alternative should be sought.
  - b. Each medication preparation area includes a device that is specifically used for crushing medications.
  - c. Medications are crushed between two soufflé cups, or plastic bag made specifically for this purpose, to prevent contact between the medication and the crushing device. If contact occurs, the crushing device is to be properly cleaned prior to further use.

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- d. For residents able to swallow, tablets which can be appropriately crushed may be ground coarsely and mixed with the appropriate vehicle (ex: applesauce, pudding) so the resident receives the entire dose ordered.
  - e. If the resident is tube-fed, medications are crushed finely to prevent clogging the tube. This is best accomplished using a mortar and pestle. If it is not possible to use paper cups to prevent direct contact of medications with the mortar and pestle, the mortar and pestle are cleaned thoroughly after each use. If paper cups are used, paper is not ground into the medication.
  - f. The need for crushing medications is indicated on the resident's orders and the MAR so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety issues and alternatives, if appropriate, during medication regimen reviews.
6. Liquid dosage forms may be a practical alternative in place of solid tablets, especially if tablets have a coating and will not crush finely. The nurse checks with the provider pharmacy to determine if a liquid form is available and covered by applicable payment programs.
  7. When administering potent medications in liquid form or those requiring precise measurement such as Digoxin, devices provided by the manufacturer or obtained from the provider pharmacy (oral syringes) are used to allow accurate measurement of doses.
  8. When administering as needed (PRN) medications at times other than the medication pass, the dose may be prepared in the medication cart storage area and taken to the resident's bedside, leaving the cart locked and secured.

### **Administration:**

1. Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications.
2. Medications are administered in accordance with written orders of the attending physician or physician extender.
3. If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnoses or conditions, the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary contacts the prescriber for clarification. This interaction with the pharmacy and /or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate.
4. Medications are administered at the time they are prepared. Medications are not pre-poured.
5. Medications are administered without unnecessary interruptions.
6. The person who prepares the dose for administration is the person who administers the dose.
7. Residents are identified before medication is administered. Methods of identification include:
  - a. Checking identification band
  - b. Checking photograph attached to medical record
  - c. Asking resident to say and/or spell his/her name
  - d. If necessary, verifying resident identification with other facility personnel
8. Hands are washed before and after administration of topical, ophthalmic, otic, parenteral, enteral, rectal, and vaginal medications.

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9. At least 4 (four) ounces of water or other acceptable liquid are given with oral medications unless fluid restrictions apply.
10. Medications are administered within one hour before or one hour after scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by prescriber, routine medications are administered according to the established medication administration schedule for the facility.
11. Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.
12. Medications supplied for one resident are never administered to another resident.
13. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.
14. For resident's not in their rooms or otherwise unavailable to receive medication on the pass, the MAR is "flagged" with colored plastic strips, drinking straws, tags, or paper clips. After completing the medication pass, the nurse returns to the missed resident to administer the medication.
15. The resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.

#### **Documentation:**

1. The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administers the medication report off-duty without first recording the administration of any medications.
2. Current medications, except topicals used for treatments, are listed on the MAR.
3. Topical medications used in treatments will be listed on the Treatment Administration Record (TAR) using the same format and procedures as the MAR.
4. The resident's MAR and TAR are initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR and TAR are verified with a full signature in the space provided.
5. When PRN medications are administered, the following documentation is provided:
6. Date and time of administration, dose, route of administration (if other than oral) and, if applicable, the injection site.
7. Complaints or symptoms for which the medication was given.
8. Results achieved from giving the dose and the time results were noted.
9. Signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication.

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10. If a dose of regularly scheduled medication is withheld, refused, or given at a time other than the scheduled time, the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for PRN documentation. If two consecutive doses of a vital medication are withheld or refused, the physician is notified.
11. A standard list of conversions and abbreviations will be maintained and used in the facility.

Adapted from Hometown Pharmacy at <http://hometownpharmacy.com/ltc/wp-content/uploads/2016/03/SNF-PP-Manual-2016.pdf>

### **EXAMPLES OF MEDICATION MANAGEMENT POLICIES AND PROCEDURES:**

#### Committees, Contracts, and Reports

- Quality Assessment and Assurance
- Pharmaceutical Services Agreement
- Consultant Pharmacist
- Medication Regimen Review
- Consultant Pharmacist Monthly Reports
- Documentation and Communication of Consultant Pharmacist Recommendations
- Consultant Pharmacist Quarterly Reports

#### Ordering and Receiving Drugs

- Medication Packaging
- Multisource Drug Products (Generic Medications)
- Medication Information
- House/floor Stock Medications
- Automatic Stop Orders
- Physician Medication Orders Pharmacy Delivery
- Pharmacy Hours and Delivery Schedule
- Orders/Delivery of Medications
- New medication orders
- Special/Stat deliveries
- Schedule II Controlled Substances
- Order and Receipt of Medications from Non-contract Suppliers
- Leave of Absence Medications
- Emergency Pharmacy Service
- Emergency Drug Kit
- Emergency Drug Kit Contents
- Medications Brought into Facility by Resident of Family Member
- Medication Labels
- Prescription Label Changes
- Checking Physician's Order Recaps
- Storing Medications
- Infusion Therapy Products Storage
- Equipment and Supplies





## Administering Medications

- Crushing Medications
- Self- Administration of Medication
- Bedside Medications
- Controlled Medication- Security
- Controlled Medications- Receipt
- Controlled Medications- Prescription/Ordering Requirements
- Controlled Medications- Accountability
- Controlled Medication-Disposal of Unused of Discontinued Drugs
- List of Common Controlled Substances
- Discontinued Medications
- Return of Medications
- Destruction of Medications
- Medication Expiration
- Storage and Stability Reference
- Discharge Medications
- Investigational Drugs
- Patient Package Insert
- SDS
- Medications Not Covered by Third Party Payers
- Physician's Medication Samples
- Non-use of Medications
- Medication Error Reporting
- Adverse Drug Reaction Reporting
- Drug Product Problem Reporting
- Emergency Drug Recall
- Influenza and Pneumococcal Disease Prevention
- Medication Management (A)
- Preventing and Detecting Adverse Consequences (B)
- Continuous Quality Improvement (CQI) of Medication Use Process ©
- Monitoring of Medication Administration (D)
- Appendix 1: Medication Issues of Particular Relevance in Older Adults
- Policy for RPh Medication Review Off-Site
- Recommended Lab Monitoring Guidelines

Adapted from Hometown Pharmacy at <http://hometownpharmacy.com/ltc/wp-content/uploads/2016/03/SNF-PP-Manual-2016.pdf>

## References

Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

Medication Administration Observation QIS Tool  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/CMS-20056-Medication-Administration.pdf>

Note: This link will take you to the tool last updated 5/2013

A Systems Approach to Quality Improvement in Long-Term Care: Safe Medication Practices Workbook  
[http://www.macoalition.org/Initiatives/docs/safe\\_medication\\_practices\\_wbk-2008.pdf](http://www.macoalition.org/Initiatives/docs/safe_medication_practices_wbk-2008.pdf)

Just Culture: Healthcare Services Overview  
<https://www.outcome-eng.com/wp-content/uploads/flipbooks/healthcare/healthcare.html>

QAPI At A Glance  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtAGlance.pdf>

AHQR (Agency for Healthcare Research and Quality) Patient Safety Network  
<https://psnet.ahrq.gov>

“Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation”  
<https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/match/index.html>

Institute for Safe Medication Practices <http://www.ismp.org>

- ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings  
<https://www.ismp.org/Tools/LTC-High-Alert-List.pdf>
- Oral Dosage Forms That Should Not Be Crushed 2016  
<http://www.ismp.org/tools/DoNotCrush.pdf>
- ISMP’s List of Error-Prone Abbreviations, Symbols, and Dose Designations  
<http://www.ismp.org/tools/errorproneabbreviations.pdf>
- ISMP Guidelines for Optimizing Safe Subcutaneous Insulin Use in Adults 2017  
<http://www.ismp.org/tools/guidelines/Insulin-Guideline.pdf>
- ISMP Safe Practice Guidelines for Adult IV Push Medications  
<http://www.ismp.org/tools/guidelines/IVSummitPush/IVPushMedGuidelines.pdf>
- ISMP’s List of Confused Drug Names  
<https://www.ismp.org/Tools/confuseddrugnames.pdf>



- ISMP Medication Safety Self-Assessment for Antithrombotic Therapy  
[https://www.ismp.org/selfassessments/Antithrombotic/2017/2017\\_ISMP\\_Antithrombotic\\_Self\\_Assessment.pdf](https://www.ismp.org/selfassessments/Antithrombotic/2017/2017_ISMP_Antithrombotic_Self_Assessment.pdf)

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) “Do No Use” List of Abbreviations [https://www.jointcommission.org/facts\\_about\\_do\\_not\\_use\\_list/](https://www.jointcommission.org/facts_about_do_not_use_list/)

National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP)  
([http://www.nccmerp.org/sites/default/files/nccmerp\\_fact\\_sheet\\_2015-02-v91.pdf](http://www.nccmerp.org/sites/default/files/nccmerp_fact_sheet_2015-02-v91.pdf))

ASPEN Safe Practices for Enteral Nutrition Therapy  
<http://journals.sagepub.com/doi/pdf/10.1177/0148607116673053>

Administration of Eye Drops  
[http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/NEW-WEBSITE-LOGOeyedropinstruction\\_orig\\_HI.pdf](http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/NEW-WEBSITE-LOGOeyedropinstruction_orig_HI.pdf) and  
[http://journals.lww.com/nursing/Citation/2007/05000/Administering\\_eyedrops.14.aspx](http://journals.lww.com/nursing/Citation/2007/05000/Administering_eyedrops.14.aspx)

Guidance for Industry: Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors  
<https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM349009.pdf> and <https://www.ismp.org/tools/guidelines/labelFormats/comments/default.asp>

Centers for Disease Control and Prevention

- Disinfection and Sterilization  
<https://www.cdc.gov/infectioncontrol/guidelines/Disinfection/index.html>
- Fingerstick Safety  
<https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html> and  
[https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring\\_faqs.html](https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html)
- Blood Glucose Meters  
<https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

National Alliance for Model State Drug Laws (NAMSDL)  
<http://www.namsdl.org/library/A6E61ABB-F923-A510-F44FA458B898567B/>

Drug Enforcement Administration (DEA) Disposal Act  
[https://www.dea diversion.usdoj.gov/drug\\_disposal/fact\\_sheets/disposal\\_ltcf.pdf](https://www.dea diversion.usdoj.gov/drug_disposal/fact_sheets/disposal_ltcf.pdf)

Prescribing Controlled Substances in LTC  
<http://www.tmda.org/sites/default/files/Tip+Sheet+on+Prescribing+CS+in+LTC.pdf>

Narcotic Drugs: Handling and Documentation Course  
<http://www.rn.org/courses/coursematerial-10004.pdf>



MDS 3.0 RAI Manual (BIMS and PHQ-9 and PHQ-9 OV)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

AIMS (Abnormal Involuntary Movement Scale) with Instructions

[http://www.cqaimh.org/pdf/tool\\_aims.pdf](http://www.cqaimh.org/pdf/tool_aims.pdf)

DISCUS (Dyskinesia Identification System: Condensed User Scale) with Instructions

<http://hrstonline.com/wp-content/themes/healthrisk/article/DISCUS.pdf>

Mini-Mental Status Exam (MMSE) with Instructions

<http://www.heartinstitutehd.com/Misc/Forms/MMSE.1276128605.pdf>

Geriatric Depression Scale (Short Form) with Instructions

[http://geriatrictoolkit.missouri.edu/cog/GDS\\_SHORT\\_FORM.PDF](http://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF)

Health Care Association of New Jersey Medication Management Guideline Sample Test Monitoring Policy on page 32)

[https://afmc.org/aippdocs/cchome/medicine\\_cabinet/Medication%20Management%20Guideline.pdf](https://afmc.org/aippdocs/cchome/medicine_cabinet/Medication%20Management%20Guideline.pdf)

Controlled Substances -Quick Reference

<https://www.dhs.wisconsin.gov/publications/p01807.pdf>

INTERACT (Interventions to Reduce Acute Care Transfers)

<http://www.pathway-interact.com/>

Beers Criteria of Potentially Inappropriate Medication Use in Older Adults

<http://onlinelibrary.wiley.com/doi/10.1111/jgs.13702/full>

Clinical Procedures for Safer Patient Care

<https://opentextbc.ca/clinicalskills/>