

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued 7/24

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<b>WRITTEN BY</b> Residential Policy Committee	<b>REVISED BY:</b> Belinda Raymo	<b>AUTHORIZED BY</b> Telly Delor	

I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall have guidelines to provide accurate and safe administration of all medications to the individuals we serve by qualified staff. Also, to ensure a separate Medication Administration Record is maintained for each individual.

III. DEFINITIONS:

- A. Controlled Substance: Includes those drugs that have potential for abuse or psychological or physical dependence. Those classified as “sleeping pills”, sedatives, mild tranquilizers, and potent pain killers mainly of the barbiturate, benzodiazepine and opium-derivative families are included in Schedule II-V, Chapters 1-2, Drug Control Act, State of Michigan. Amphetamines and some stimulants are classified as controlled substances and are included in CFR - Code of Federal Regulations Title 21.
- B. Medication Administration Record: (MAR) Form used to facilitate documentation of each medication or treatment administered. A printed original MAR or electronic Medication Administration Record (that is printable) provided by a pharmacy licensed to do so, or AFC Resident Medication Record #BCAL-3267 may be used in place of form [#0048 Medication Administration Record](#).
- C. Medications: A drug used in the treatment or prevention of a disease or relief of pain, which includes prescription and over-the-counter drugs.
- D. Over-the-counter Medications: Includes all drugs which can be purchased over-the-counter at a store and do not need to be prescribed by a person licensed to do so. This includes but is not limited to the following: aspirin, cold medications, milk of magnesia, etc. However, all medication administered by this agency and contracted providers must be prescribed by a person licensed to do so.

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- E. PDR: Physician's Desk Reference is a drug reference book published annually by Medical Economics with the cooperation of drug manufacturers.
- F. Prescription Medications: Includes all drugs which must be prescribed by a person licensed to do so by the Michigan Department of Health and Human Services (MDHHS).
- G. PRN: Is an abbreviation used to describe a medication that can be administered if ordered by a person licensed to do so, on an "as needed" or "as requested" basis.
- H. Qualified Staff: A person who has been qualified to administer medications by completing and passing criteria (training procedure) set forth by the appropriate accrediting body and/or SCCCMH. All Prescribers (doctors, nurse practitioners, etc.) and Registered Nurses (RNs and LPNs) are qualified staff according to licensure and are exempt from the training process.
- I. Registered Nurse: A professional nurse licensed by the Michigan Department of Health and Human Services to practice nursing in the State of Michigan.
- J. Responsible Person: Guardian, parent, care provider or Supervisor of a group home who has been designated responsible for the individual.
- K. Medical Marijuana: The use of cannabis or marijuana, including constituents of cannabis, THC and other cannabinoids, as a physician recommended form of medicine or herbal therapy.
- L. Informed Consent: All of the following are elements of informed consent:
1. Legal Competency: An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
  2. Knowledge: To consent, a recipient or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
    - a. The purpose of the procedures.
    - b. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
    - c. A disclosure of appropriate alternatives advantageous to the recipient.
    - d. An offer to answer further inquiries. Page 2 CHAPTER Recipient Rights CHAPTER 05 SECTION 002 SUBJECT 0010 SECTION Recipient Rights SUBJECT Psychotropic Medication and Informed Consent
  3. Comprehension: An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under item B.2.
  4. Voluntariness: There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.

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IV. STANDARDS:

- A. All medication, including over-the-counter medication, must be prescribed by a person licensed to do so and a copy of a doctor's order/prescription should be kept with the MAR or with the individual's accessible medical record. The copy of the doctor's order/prescription should be updated annually (controlled substances every 6 months) or anytime there is a medication change.
- B. The preparation and administration of medication is to be done for ONE individual at a time. Medications remain in the pharmacist-filled packaging until immediately prior to administration of the medication. No pre-setting of medication.
- C. Oral and Topical Medications will be administered in a safe and efficient manner whether at day program or residential program following the five rights.
- D. Group homes may use a Master Signature List in the Medication Record book. In this case, a copy of this list must be maintained in each individual's permanent file.
- E. Medications may be administered to individuals **only** in the case of an emergency placement without a copy of the physician's prescription.
1. Medication must be in a pharmacy labeled container.
  2. Medications must be administered only as indicated on the pharmacy labeled container.
  3. A copy of the prescription must be obtained within forty-eight (48) hours.
- F. SCCCMH does not condone or support the use of medical marijuana but respects an individual's choice to use it if they so desire. Medical marijuana will not be administered by staff.
- G. Literacy is an essential skill needed to safely and effectively administer medication. Therefore, anyone administering medication must be able to read the medication labels, the MAR, and the prescriptions/physician orders.
- H. Medications shall not be administered unless:
1. The individual, or their guardian, gives informed consent.
  2. Administration is necessary to prevent physical injury to recipient or others, or
  3. It is Court Ordered.

V. PROCEDURES:

A. Medication Administration Preparation

**Designated Qualified Staff**

1. Ensures the Medication Administration Record lists all prescription and over-the-counter medications, treatments, stat and single dose medications, and Standing Medication Order

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(SMO) medications administered on form [#0048 Medication Administration Record](#), pre-printed pharmacy Medication Administration Record., electronic MAR, or AFC Resident Medication Record #BCAL-3267 (Exhibit A).

2. Does the following, if the MAR is unclear or it appears the information has not been transcribed correctly:
  - a. Checks MAR with physician's prescription or written order.
  - b. Contacts supervisor/designee for clarification and/or direction if a discrepancy is noted.
  - c. **Does not proceed until order is clarified.**
3. Refers to an updated reference resource/SCCCMH Drug Formulary, or other drug handbook for desired effect, benefits as it relates to the individuals symptoms, side effects, contraindications, risks of drug interactions, recommended dosage, etc., for those medications not already known.
4. Ensures that if the individual has a guardian or activated Power of Attorney, they have a copy of form [#0018 Telephone Authorization Guardian Consent](#) or signed OASIS generated Medication Consent prior to administering a new medication.

**B. Medication Administration Preparation at Program**

**Responsible Person/Group Home/or Family**

1. Provides program with an adequate supply of medication in containers filled by a pharmacist and appropriately labeled. Notifies program of any medication changes or adjustments and provides program with appropriately labeled containers.
2. Obtains a copy of the prescription or written instructions reflecting a new order or change from a person licensed to do so and submits to program within 24 hours.

**Program Designee/Qualified Staff**

3. Ensures all prescription drugs are received in containers filled by a pharmacist only, and that they remain in that container until administered.
4. Notes medication changes on individual's MAR per receipt from responsible person.
5. Notifies responsible person one week in advance of the need to have medication supply at program replenished.

**C. Administration of Oral Medications**

**(Follow procedure below whether at residence or program)**

**Designated Qualified Staff**

1. Completes the preparation and administration of medication for ONE individual at a time. Medications remain in the pharmacist-filled packaging until immediately prior to administration of the medication. No pre-setting of medication.

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2. Washes off workstation.
3. Washes hands.
4. Compares the label of the medication container with the MAR three (3) times, immediately prior to administering the medication, in order to ensure accuracy as follows:
  - a. Check #1: As the drug card/bottle is being removed from the medication cart or cabinet (example: when medications are being gathered for the medication pass).
  - b. Check #2: Immediately prior to the medication being removed from pharmacy packaging and placed into the medication cup.
  - c. Check #3: As the medication card/bottle is returned to the medication cart or cabinet. Re-lock the medication cart/cabinet prior to taking the prepared medication dose(s) to the appropriate individual.
5. Follows the 5 rights of Medication Administration:
  - a. Right medication.
  - b. Right dosage.
  - c. Right time.
  - d. Right route.
  - e. Right individual.
6. Follows special instructions written on the label or attached to container (i.e., shake well, do not take with milk, check (and document) BP prior to administering, etc.).
7. Pours capsules, tablets, pills, etc., into the lid of the medication container, and then pours into disposable medicine cup from lid. If bubble packs are used, pushes pills into soufflé cup to administer medication.
8. Cuts scored tablets only with the appropriate cutting device.
9. Pours liquids from the bottle with the label up, wipes off excess medication from the rim of the bottle.
10. Measures liquid medication in graduated medicine cup or graduated medicine spoon using metric measurements for greatest accuracy.
11. Measures liquid medication at eye level, checks for accuracy on level surface.
12. Ensures a full glass of water or juice, whichever is applicable, is prepared.
13. Explains to the individual why the physician ordered the medication, gives information about side effects, possible allergic reactions if appropriate each and every time medication is passed.
14. Assists individual in taking his/her medication if necessary (i.e., repositioning head, etc.).
15. Remains with the individual until he/she swallows the medication. Checks the mouth to ensure

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the medication has been swallowed.

16. Documents administration of medication on MAR accurately immediately following administration. (See administrative procedures - Medications and Treatment Records). Documents doses administered on ONE Medication Administration Record only (i.e.: handwritten MAR or electronic MAR, but not on both MAR's).
17. Washes hands prior to passing medication to the next individual and at the end of the medication administration session.

#### **D. Administration of Topical Medications**

**(Follow procedure below whether at residence or program)**

##### **Designated Qualified Staff**

1. Completes the preparation and administration of medication for **one** individual at a time. Medications remain in the pharmacist-filled packaging until immediately prior to administration of the medication. There is **no pre-setting of medication.**
2. Provides privacy, if appropriate.
3. Washes hands.
4. Puts on disposable gloves.
5. Cleanses the skin of any residue from previous medication applications or exudate (clean) with mild soap and water.
6. Removes and disposes of contaminated gloves appropriately.
7. Washes hands.
8. Compares the label of the medication container with the MAR three (3) times immediately prior to administering the medication to ensure accuracy; (As noted in Procedures C. #4. (above) items a., b., and c).
9. Places the cap on counter, with the grooved side up, when uncapping the container.
10. Puts on disposable gloves.
11. Removes medication from jar with tongue blade or cotton tipped applicator.
12. Inserts applicator or tongue blade into container only once. Never reinserts.
13. Applies medication as directed.
14. Disposes of tongue blade or cotton tipped applicator appropriately.

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15. Removes and disposes of contaminated gloves appropriately.
16. Washes hands.
17. Documents immediately following administration of topical medication administration.  
Documents doses administered on ONE Medication Administration Record only (i.e.: handwritten MAR or electronic MAR, but not on both MAR's).

**Designated Qualified Staff**

18. Follows the link below for the list of Controlled Substances Schedule II–V  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=1308>

VI. REFERENCES:

- A. [#0018 Telephone Authorization Guardian Consent](#)
- B. [#0048 Medication Administration Record](#)

VII. EXHIBITS:

- A. AFC Resident Medication Record #BCAL-3267

VIII. REVISION HISTORY:

Dates issued 05/88, 03/91, 03/93, 09/93, 03/97, 02/99, 12/00, 02/01, 02/03, 02/05, 4/07, 06/09, 01/12, 09/12, 01/14, 01/15, 1/16, 01/17, 01/18, 09/18, 09/19, 09/20, 09/21, 07/22, 07/23.

**A.F.C. RESIDENT MEDICATION RECORD**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems

Medication Name And Instructions For Use	Time Of Day	Resident Name: _____ Month: _____ Year: _____																																			
		DAY OF THE MONTH																																			
		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					
Medication Name (Single Dose Only)	Time of Day	DAY OF THE MONTH																																			
		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					
<b>Signature and Initials of Each Person Signing Initials Above</b>																																					
LARA is an equal opportunity employer/program.																AUTHORITY: 1979 PA 218 COMPLETION: Mandatory. Family Home and Group Home Rule Requirements PENALTY: Violation of Rule R 400.1418 (4) (a) Family Rules, R 400.14312 (4) or R 400.15312 (4) Group Home Rules																					