# **Administrative Policy**

| Policy Title:       | Standing Medication Orders (SMOs)  |
|---------------------|--|
| Policy #:           | 04-001-0070  |
| Effective Date:     | 11/26/2024   |
| Approved by:        | Telly Delor, Chief Operating Officer   |
| Functional Area:    | Medical Services   |
| Responsible Leader: | Dr. Brandon Moore  |
| Policy Owner:       | Megan DeStefanis, Nursing Supervisor   |
| Applies to:         | Direct Operated Contractors, Community Agency Contractors, Residential Programs, Specialized Foster Care |

**Purpose:** To clarify the use of over-the-counter *medications*.

### I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to have procedures to ensure that over-the-counter medications be administered accordingly as written. Also, enclosed is a list of *over-the-counter medications* that may be administered for specific health conditions.

## **II. Standards**

- **A.** Group homes/foster care homes and SCCCMH locations may purchase over-thecounter medications in bulk or trial sizes.
- **B.** All over-the-counter medications are documented in the individual's Medication Record and Health Care Chronological.
- **C.** *Non-medicated products* for the skin (sunscreen, body lotion, chapstick) can be used as needed. They are not considered over-the-counter medications.
- D. The use of the Standing Medication Order Forms are optional (#0029A Standing Medication Order, #0029B Standing Medication Order List for Children Ages 2 through <u>11 years of Age</u>, #0029C Standing Medication Order List for Individuals 12 years of Age and Older)

# **III.** Procedures, Definitions, and Other Resources

## A. Procedures

## Responsibilities

| Position               | Responsibilities   |  |
|------------------------|--|--|
|                        | 1. Inform prescriber of need for SMO and ensures SMO form is               |  |
| Group Home             | completed. Update SMO on MAR.  |  |
| Supervisor / Qualified | 2. Send copy of SMO to program.  |  |
| Staff / Specialized    | <ol><li>Determine individual's need for OTC medications based on</li></ol> |  |
| Foster Care Provider   | symptoms identified/reported and administers the medication.               |  |
|                        | 4. Keep records up to date.  |  |
| Physician / Nurse      |  |  |
| Practitioner /         | Indicate appropriate medications to pass to individuals using the SMO list |  |
| Physician's Assistant  |  |  |
| Community Based        | Communicate to the group home if an over the counter                       |  |
| Program Supervisor /   | Communicate to the group home if an over-the-counter                       |  |
| Designee               | medication is passed during program.                                       |  |

# Actions

| Action<br>Number | Responsible<br>Stakeholder  | Details   |
|------------------|---|---|
| 1.0              | Group Home<br>Supervisor /<br>Qualified Staff /<br>Specialized<br>Foster Care<br>Provider | <ol> <li>Inform physician about the requirement to have<br/>prescriptions for specific over-the-counter medications with<br/>detailed directions to alleviate minor afflictions utilizing the<br/>Standing Medication Order form <u>#0029A</u>, <u>#0029B</u>, or<br/><u>#0029C</u> (optional forms) or a form of the primary care<br/>physician's choosing. SMOs are renewed annually or any<br/>time a change in the order occurs (i.e. different OTC<br/>medication ordered, different dosage, discontinuation of a<br/>medication, etc.)</li> </ol> |
| 2.0              | Physician /<br>Nurse<br>Practitioner /<br>Physician's<br>Assistant                        | <ol> <li>Indicate appropriate medications to pass to individuals<br/>using the SMO list (forms #0029B or #0029C), by utilizing<br/>the blank SMO form (<u>#0029A</u>), or a form of their choosing.<br/>SMOs are reviewed/updated/distributed annually or at the<br/>time of admission to a group home.</li> </ol>  |
| 3.0              | Group Home<br>Supervisor /<br>Qualified Staff /<br>Specialized<br>Foster Care<br>Provider | <ul> <li>3. Ensure the primary care physician/designee utilizes the blank SMO form (#0029A) if additional or different medications are indicated due to allergies or medical contraindications. The following is indicated for each condition: <ul> <li>a. The specific medication, dosage, and frequency.</li> <li>b. At what point after the symptoms appear to</li> </ul> </li> </ul>  |

| Action<br>Number | Responsible<br>Stakeholder  | Details  |
|------------------|---|--|
|                  |   | <ul> <li>administer the medication.</li> <li>c. How long to administer the medication and exactly when to stop.</li> <li>d. When to contact the physician if symptoms continue or worsen.</li> <li>4. Send a copy of Standing Medication Order to community-based program/school each time it is renewed.</li> <li>5. Maintain Standing Medication Orders with the other Medication Records and include the SMO medications on the Medication Administration Record (MAR). Verify that medications on the Standing Medication Orders have not been discontinued or changed as the result of discharge paperwork following any doctor appointment, hospital or nursing home stay, or emergency center or urgent care center visits. Update the MAR on the</li> </ul>  |
| 4.0              | Group Home<br>Supervisor /<br>Qualified Staff /<br>Specialized<br>Foster Care<br>Provider | <ul> <li>same date any changes occur.</li> <li>6. Determine individual's need for over-the-counter medications.</li> <li>7. Review the Standing Medication Orders to identify a medication to best meet the individual's needs, and check individual's allergies.</li> <li>8. Use only the OTC medications that are prescribed.</li> <li>9. Use OTC medications only for the prescribed reasons/symptoms. (Example: if Benadryl is prescribed for allergy symptomsdefined by the prescriber as runny nose, itchy eyes, sneezingit cannot be used for sleep or insect bites unless the prescriber writes for this application.)</li> <li>10. Administer the right medication at the right dose by the right route to the right individual at the right time according to the over-the-counter medication product instructions or as directed by prescriber.</li> <li>11. Record the medication, dosage, date, and time, on the medication administrations record; and provides rationale for giving the medication on the Health Care Chronological.</li> </ul> |
| 5.0              | Community<br>Based Program<br>Supervisor /<br>Designee                                    | <ul> <li>12. Communicate to the group home via verbal, phone, or<br/>encrypted email if an over-the-counter medication is<br/>passed during community-based program.</li> </ul>  |
| 6.0              | Group Home<br>Supervisor /  | 13. Maintain most recent SMO in individual's record and destroys when new annual SMO is obtained.  |

| Action<br>Number | Responsible<br>Stakeholder | Details |
|------------------|----------------------------|---------|
|                  | Qualified Staff /          |         |
|                  | Specialized                |         |
|                  | Foster Care                |         |
|                  | Provider                   |         |

#### **B. Related Policies**

N/A

## C. Definitions

- 1. *Medication:* A drug used in treatment or prevention of a disease or relief of pain, which includes prescription and over-the-counter drugs.
- 2. *Non–Medicated Products:* Products for the skin such as sunscreen, body lotion, chapstick, etc. and are not considered over-the-counter medications.
- 3. Over-the-Counter (OTC) 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 must be prescribed by a person licensed to do so.
- 4. *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).
- 5. *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 for licensing and/or SCCCMH. All Prescribers (doctors, nurse practitioners, etc.) and Registered Nurses are qualified staff according to licensure and exempt for the training process.
- 6. Standing Medication Orders (SMOs) Forms #0029A, #0029B or #0029C: Individualized physician's orders authorizing staff and specialized foster care providers to administer specific over-the-counter medications and/or treatments to alleviate minor conditions (this is an optional forms). It is not required or necessary that the physician be notified each time an over-the-counter ordered medication is administered.

#### D. Forms

<u>#0029A Standing Medication Order</u>
 <u>#0029B Standing Medication Order List for Children Ages 2 through 11 years of Age</u>
 <u>#0029C Standing Medication Order List for Individuals 12 years of Age and Older</u>

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E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

N/A

# **IV. History**

- Initial Approval Date: 05/1988
- Last Revision Date: 11/2023
- Last Reviewed Date: 10/2024
- Non-Substantive Revisions: N/A
- Key Words: SMO, Drugs, Medications