

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 7/24

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CHAPTER Health/Medical	CHAPTER 04	SECTION 003	SUBJECT 0060
SECTION Residential and Day Programs	SUBJECT Refused or Omitted Medications		
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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 provide guidelines for situations when a prescribed medication is refused or omitted.

III. DEFINITIONS:

- A. Qualified Staff: A person who has been qualified to administer medication by completing and passing criteria (training procedure) set forth by the appropriate accrediting body and/or SCCCMHA. 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.
- B. Medication: A drug used in the treatment or prevention of a disease or relief of pain, which includes prescription and over-the-counter drugs.

IV. STANDARDS:

- A. An individual has the right to refuse treatment and services, including the taking of medications.

V. PROCEDURES:

A. Refusal of Medications

Supervisor/Qualified Staff

1. Explains the purpose of the medication and its intended benefits, when an individual refuses a medication.
2. Waits up to *one-half hour and tries again to administer the medication. (*See step 3*)

* Note, the window for medication administration is ½ hour before and ½ hour after the designated to time to take the medication.

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3. Implements the instructions on form [#0029 Standing Missed Medication Order \(SMMO\)](#) and/or contacts the Prescriber for instructions if SMMO does not cover situations such as the individual continuing to refuse the medication.
4. Fills out form [#0057 Incident Report](#) if the medication is not administered.
5. Notifies the Case Manager the same week that the refusals occur or as soon as possible, if this becomes a frequent issue such as, two or more days of refusals of the same medication within the same week. Presents the information to the Treatment team.

B. Omitted or Held Medications

Supervisor/Qualified Staff

1. Contacts the Prescriber and follows instructions if the individual is vomiting. Do not administer the medication until instructions are given.
2. Does not administer stool softeners or laxatives when diarrhea associated with flu-like symptoms is present.
3. Does not administer DIGOXIN/LANOXIN if pulse is below 60 beats per minute unless instructed otherwise by the Prescriber. Documents the pre-administration pulse rate on form [#0055 Health Care Chronological \(HCC\)](#), on a facility-created vital signs log, or in space transcribed/designated on the Medication Administration Record (MAR). Contacts the Prescriber for instructions if the medication is not administered and it is not covered on SMMO.
4. Contacts the Prescriber for instructions regarding administration of oral medications if the individual is intoxicated; does not administer medication until instructions are given.
5. Holds medications per Prescriber parameters as ordered, for example, blood pressure medications, insulin.
6. Documents any held or omitted doses, the reason it was held/omitted, and any Prescriber contact and their instructions on form [#0055 Health Care Chronological \(HCC\)](#).

C. Documentation Requirements

Supervisor/Qualified Staff

1. Marks "R" in the appropriate box on the MAR, indicating this to be a refused dose, and initials this notation in ink. (Some electronic MAR's automatically circle refused doses, instead of using the letter, "R".)
2. Documents on individual's form [#0055 Health Care Chronological](#) what took place, including the reason given for the refusal (if reported), action taken, usage of SMMO, and/or Prescriber contact in the HCC. Includes any instructions from the Prescriber.
3. Observes the individual and takes necessary action, if applicable.

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VI. REFERENCES:

- A. Michigan Mental Health Code, "Rights of Recipients of Mental Health Service".
- B. Form [#0029 Standing Missed Medication Order \(SMMO\)](#)
- C. Form [#0055 Health Care Chronological \(HCC\)](#)
- D. Form [#0057 Incident Report](#)

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 05/88, 02/93, 04/96, 06/98, 07/00, 06/02, 06/04, 08/06, 08/08, 08/10, 05/12, 07/13, 07/14, 07/15, 07/16, 09/17, 09/18, 01/19, 01/20, 01/21, 05/22, 5/23.