Policies & Procedures

Pharmaceutical Care
in the
Long Term Care Setting

MEDICINE CHEST POLICIES AND PROCEDURES FOR PHARMACEUTICAL CARE IN THE LONG-TERM CARE SETTING

(Revised September 2016)

TABLE OF CONTENTS

III. MEDICATION MONITORING- pgs. 86-95

1. Drug Regimen Review (Monthly Report)
2. Medication Administration Monitoring
3. Psychoactive Drug Monitoring
   Antianxiety/Sedative Medications
   Antidepressants
   Antipsychotics
   Hypnotics
4. Documentation and Communication of Consultant Pharmacist Recommendations

IV. FORMS AND DOCUMENTS **(examples only; can be facility specific)**

1. Pharmacy Hours-General Information
2. Pharmacy Service Guide
3. New Admit Sheet
4. New Prescription Order Form
5. Reorder Form

V. APPENDICES

1. Table of Weights and Measures
2. Medical Abbreviations

MEDICINE CHEST POLICIES AND PROCEDURES FOR PHARMACEUTICAL CARE IN THE LONG-TERM CARE SETTING

ANNUAL AUTHORIZATION FOR PHARMACY POLICIES AND PROCEDURES

Approved By: Date_____

Director of Pharmacy

Name Title

Name Title

Name Title

Name Title

PHARMACEUTICAL SERVICES SUBCOMMITTEE ROSTER

Name Title

Name Title

Name Title

Name Title

Effective Date_____

ORGANIZATIONAL ASPECTS

SUPPLEMENT TO SECTION I.A.
ORGANIZATION OF PHARMACY SERVICES

1. PHARMACEUTICAL SERVICES SUBCOMMITTEE

Policy

The Pharmaceutical Services Subcommittee oversees and evaluates pharmaceutical services and recommends policies and procedures related to medication use to the Quality Assessment and Assurance Committee. These functions are carried out by the (Quality Assessment and Assurance) Committee in the absence of a Pharmaceutical Services Subcommittee.

BACKGROUND

Procedures

The Pharmaceutical Services Subcommittee is composed of the administrator, director of nursing, consultant pharmacist and/or a pharmacist from the provider pharmacy, and a physician. A current member roster is maintained in the facility.

A. The Subcommittee

1) reviews pharmaceutical policies and procedures and their implementation as often as deemed necessary by the chairperson or upon recommendation of the Consultant Pharmacist or Pharmacy Provider and at least annually;
2) reviews information on new drug delivery systems as appropriate and establishes policies and procedures regarding their use within the facility;
3) reviews patient monitoring programs such as those developed for psychotropic drugs and anticoagulants when appropriate, and makes recommendations regarding implementation within the facility, including the development of policies and procedures;
4) reviews reports submitted by the Consultant Pharmacist, regulatory agencies, and nursing and medical staff related to pharmaceutical services and medication administration; and makes appropriate recommendations to the Quality Assessment and Assurance Committee.
    a) Each of the areas reviewed is discussed and an action plan developed for improvement, as appropriate. The plan is submitted to the Quality Assessment and Assurance Committee for approval of implementation.
    b) A copy of MEDICINE CHEST 's Pharmaceutical Services Policies and Procedures Manual is maintained at each facility to assure adequate access by staff. New attending physicians and medical staff are familiarized with MEDICINE CHEST 's Pharmaceutical Services Policies and Procedures at or prior to the time they first admit a resident to the facility. New nursing staff and assistants are familiarized with the facility's Pharmaceutical Services Policies and Procedures at the time of employment.

This subcommittee is optional. **Where its use is not desired, the functions described above may be carried out by the Quality Assessment and Assurance or other designated committee.**

2. MEDICINE CHEST PHARMACY—REQUIREMENTS

Policy

Regular and reliable pharmaceutical service is available to provide residents with prescription and nonprescription medications, services, and related equipment and supplies. A written agreement with MEDICINE CHEST Pharmacy stipulates financial arrangements and the terms of the services provided.

Procedures

a. The Facility maintains a written agreement with MEDICINE CHEST Pharmacy, signed by the administrator and an authorized representative of MEDICINE CHEST pharmacy.

b. MEDICINE CHEST maintains a current pharmacy permit and adequate professional liability insurance, and provides proof of same to the facility at each renewal period.

c. MEDICINE CHEST is responsible for rendering the required service in accordance with local, state, and federal laws and regulations, facility policies and procedures, community standards of practice and professional standards of practice.

d. MEDICINE CHEST agrees to perform the following pharmaceutical services, including but not limited to:

1) Assisting the facility, as necessary, in determining the appropriate equipment and packaging to meet the medication needs of the residents and the facility.

2) Accurately dispensing prescriptions based on authorized prescriber orders.

3) Providing medications packaged in accordance with the facility's needs and equipment requirements.

4) Supplying only USP and NF approved medications, biologicals, and supplies, other than extemporaneously compounded medications or investigational new drugs.

5) Labeling all medications dispensed in accordance with facility requirements, as shown below, and with state and federal requirements.

a) Labels are permanently affixed to the outside of the prescription container. No medication is accepted with the label inserted into a vial.

b) All prescription medications have labels that show:

(1) the innovator or non-innovator brand (generic) name of the product
(2) the strength of the medication, including strength per ml for liquid medications, if appropriate
(3) the quantity dispensed
(4) the medication's expiration date
(5) the resident's name
(6) specific directions for use
(7) prescriber's name
(8) date dispensed
(9) name, address, telephone and facsimile number of the dispensing pharmacy
(10) name of dispensing pharmacist
(11) prescription number
(12) precautionary labels indicating special storage requirements or

procedures

(14) total number of containers if more than one per prescription.

6) Providing routine and timely pharmacy services and emergency pharmacy service 24 hours per day, seven days per week.

7) Performing an initial medication use assessment for each new resident to ensure that the medication regimen meets the resident's needs.

8) Maintaining a medication profile on each resident that includes all medications dispensed and facility-provided information such as resident's age, diagnoses, weight, condition, medication allergies, diet, and any other pertinent information.

9) Screening each new medication order for an appropriate indication or diagnosis; for drug interactions with other medications ordered for the resident; for duplication of therapy with other drugs in the same therapeutic class ordered for the resident; and for appropriate drug dose, dosing interval, and route of administration, based on resident and other pertinent variables. If diagnosis or indication is not available, notifying the nursing staff of the need to obtain the information from the prescriber prior to administering the drug.

10) Providing medication information and consultation to the facility's nursing staff.

11) Providing and maintaining an emergency medication supply in a sealed and properly labeled container.

12) Where appropriate, assisting the physician in documenting the need for a "noncovered" or nonformulary medication ordered for a resident otherwise eligible for medication benefits through Medicaid or other third-party programs.

3. CONSULTANT PHARMACIST SERVICES PROVIDER—REQUIREMENTS

Policy

Regular and reliable consultant pharmacist services are provided to residents. A written agreement with a consultant pharmacist stipulates financial arrangements and the terms of the services provided.

Procedures

a. The facility maintains a written agreement with the consultant pharmacist signed by the administrator and the consultant pharmacist.

b. The consultant pharmacist maintains current licensure and adequate professional liability insurance and provides proof of same to the facility at each renewal period.

c. The consultant pharmacist agrees to render the required service in accordance with local, state, and federal laws, regulations, and guidelines; facility policies and procedures; community standards of practice; and professional standards of practice. The facility agrees to notify the consultant pharmacist of each new resident admitted to the facility, for example, by providing a current census at each consultant pharmacist visit.

d. The consultant pharmacist provides pharmaceutical care services, including but not limited to the following:
   1) Checking the emergency medication supply (at least monthly) to ascertain that it is properly sealed and stored and that the contents are not outdated.
   2) Checking the medication storage facilities (at least monthly), and the medication carts (at least quarterly), for proper storage of medications, cleanliness, and removal of expired medications.
   3) Submitting a written report and recommendations for each review of medication storage.
   4) Reviewing the medication regimen (drug regimen review) of each resident at least monthly, incorporating federally mandated standards of care in addition to other applicable professional standards, and documenting the review and findings in the resident's medical record.
   5) When feasible and appropriate, reviewing the Resident Assessment Instrument (RAI) or care plan and the Minimum Data Set (MDS), and participating in interdisciplinary care planning sessions.
   6) Communicating to the responsible physician and the facility potential or actual problems detected and other findings relating to medication therapy orders. Communicating recommendations for changes in medication therapy and monitoring of medication therapy.
   7) Reviewing medication administration records (MARs) treatment administration records (TARs) and physician orders (at least monthly) to ensure proper documentation of medication orders and administration of medications to residents. This monthly review is documented in the resident's medical record.

8) Submitting a written report of findings and recommendations resulting from the review of medication therapy documentation as described above.
9) Assisting in the assessment and improvement in nursing staff medication administration through medication pass observation as requested by nursing and administration, and through medication record reviews.
10) Working with the provider pharmacy to establish a system of records of receipt and disposition of all controlled substances that produces an accurate reconciliation and account of use on a periodic basis. Assisting in the accounting, destruction, and reconciliation of unused controlled substances and noncontrolled substances as required by state and federal law.
11) Assisting the administrator (Pharmaceutical Services Subcommittee; Quality Assessment and Assurance Committee) in setting standards and developing, implementing, and monitoring policies and procedures for the safe and effective distribution, control, and use of medications and related equipment and services in the facility.
12) Serving on facility committees as required or requested, including but not limited to (Pharmaceutical Services Subcommittee; Quality Assessment and Assurance Committee; Infection Control Committee).
13) Helping to resolve problems with pharmacy providers/suppliers at the request of the administrator or director of nursing.
14) Providing in-service education programs and other educational activities for the facility staff on medication-related topics for a fee or per contract, as follows:
    a) Provide current reviews and updates on federal, state, and local laws pertaining to medications in the nursing facility as part of in-service education.
    b) Use a variety of teaching techniques to keep educational programs informative and entertaining.
    c) Maintain a record of each in-service training program provided, listing subject matter and attendees.
    d) Develop an in-service education program schedule that includes timely topics of relevance to the facility in regard to patient mix, types of therapy or findings of reviews, studies, etc.
15) Participating in other facility activities as requested by Administrator or director of nursing and as agreeable to both parties.
16) The consultant pharmacist maintains a record of time spent in the facility and documents activities performed and services provided on behalf of the residents and the facility.

4. INFUSION THERAPY PRODUCTS PROVIDER

Policy

The facility maintains an agreement with a pharmacy provider qualified in infusion therapy preparation and distribution for infusion therapy products, and for consultation on the use of such products. Infusion therapy products include solutions with no additives, solutions with additives, and supplies for administering solutions and for preparation of emergency or unstable solutions. If appropriate, a supplier other than the contract pharmacy is used.

Procedures

a. The infusion therapy provider furnishes the infusion therapy products on a timely basis.

b. The infusion therapy provider maintains a medication profile for each resident for whom infusion therapy products are provided and reviews the profile prior to dispensing any infusion therapy products.

c. Infusion therapy product preparation is done in a laminar flow clean air center, by qualified personnel.

d. Stringent infection control procedures are followed during preparation and distribution of infusion therapy products, and the provider has a quality assurance program for determining sterility of completed solutions.

e. The infusion therapy product provider contacts the facility daily if needed to obtain updates on resident infusion therapy product needs before delivery to the facility.

f. A knowledgeable pharmacist is available 24 hours a day to the charge nurse and attending physician for consultation on infusion therapy product compatibility, dosing, and other information.

5. ARRANGEMENTS WITH NONCONTRACT PHARMACY

Policy

A resident, or responsible party, may request that medications be obtained from a pharmacy other than MEDICINE CHEST. This policy and procedure for use of a noncontract pharmacy is provided to the noncontract pharmacy prior to approving the use of that pharmacy. Only pharmacies that agree to abide by the policy and procedures are approved.

Procedures

a. The facility business office representative will offer a copy of relevant policies and procedures upon request to residents or responsible parties who wish to purchase medications from a noncontract pharmacy. A second copy is available to MEDICINE CHEST.

b. The person distributing these copies documents this activity and signs and dates the entry. Notification of agreement by the noncontract pharmacy to strictly adhere to the facility policy and procedure for pharmacy services is documented in the resident's business office record. The provider pharmacy is informed about the arrangement with the noncontract pharmacy. A note is displayed prominently on the resident's medical record to inform nursing staff that the resident is using a pharmacy other than MEDICINE CHEST.

c. The noncontract pharmacy provides medications, biologicals, supplies and services in accordance with all applicable requirements of federal, state, and local laws, rules and regulations, and standards of practice.

d. All medications are dispensed by the noncontract pharmacy in containers that meet legal requirements for stability and that are compatible with the medication packaging system in use in the facility.

e. Each medication provided by the noncontract pharmacy is labeled in accordance with facility requirements and with state and federal requirements, as shown below. Any medication improperly labeled is rejected and returned to the pharmacy that issued it.
    1) Labels are permanently affixed to the outside of the prescription container. No medication is accepted with the label inserted into the vial.
    2) All prescription medications have labels that show:
        a) the innovator brand or non-innovator brand (generic) name of the medication
        b) the strength of the medication, including strength per ml for liquid medications, if appropriate
        c) the quantity dispensed
        d) the medication's expiration date
        e) the resident's name
        f) specific directions for use
        g) prescriber's name
        h) date dispensed

i) prescription number
j) precautionary labels indicating special storage requirements or procedures
k) total number of containers if more than one per prescription

f. Nonprescription medications without a prescription label are provided in the manufacturer's original container and labeled with the resident's name.

g. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels are returned to the issuing pharmacy for relabeling.

h. If the prescription label is not accurate or current and it is impractical to return the medication to the pharmacy for relabeling, the pharmacy is to provide a corrected label on the container the next time the medication is dispensed. Under no circumstances are unattached labels requested or accepted from the pharmacy. Only the pharmacy may place a label on the medication container.

The nurse receiving the order change or detecting the label error places a signal label ("order change") on the container to indicate that directions for medication administration on the label are incorrect.

i. When medication is ordered for use at the bedside, the medication label contains, in addition to the instructions for use, a notation that it may be stored at the bedside.

j. When sublingual nitroglycerin is ordered, the noncontract pharmacy dispenses it in an original manufacturer's container containing no more than 100 doses.

k. If the noncontract pharmacy declines to promptly supply an emergency Schedule II medication for any reason, the facility shall be notified as to reason. MEDICINE CHEST may then be requested to fill an emergency request that complies with facility policy and procedure. The facility will assist MEDICINE CHEST by furnishing the necessary information for billing for this service.

l. Controlled medications listed in Schedules II, III, and IV are provided by the noncontract pharmacy in easily accountable quantities and in containers designed for easy counting of contents to facilitate inventory control.

m. Schedule II medications that cannot be refilled and that can be dispensed only upon the receipt of an original written prescription are reordered when a (seven-day) supply remains. The noncontract pharmacy then has the responsibility to obtain a valid prescription from the physician; however, the facility assists in the acquisition of the prescription if possible. If unable to obtain the prescription and provide the medication prior to the depletion of the current supply, the noncontract pharmacy will notify the facility immediately. MEDICINE CHEST may then be asked to obtain and fill the prescription.

n. New medications are received from the noncontract pharmacy on a prompt and timely basis. Prompt and timely availability is interpreted as follows:
   1) Medications ordered from the noncontract pharmacy during its regularly scheduled business hours on an emergency or "stat" basis are available for administration as per facility/pharmacy agreement.
   2) All other new medication orders are received and available for administration on the day they are ordered by the physician or before the time the first dose would ordinarily be administered.

o. All medications delivered to the facility from the noncontract pharmacy are received by a licensed nurse. Medications, whether prescription or nonprescription, are never brought directly to the resident.

p. The noncontract pharmacy bills the resident or responsible party directly for all medications and supplies provided. If the resident is insured through the state Medicaid program, applicable state laws for payment of the noncontract pharmacy apply. If the resident is insured through a non-Medicaid managed care or other type of insurance program, methods of payment are ascertained at the time of admission to the facility.

q. The noncontract pharmacy provides the facility with a delivery and on-call schedule and notifies the facility immediately of any changes in the schedule.

MEDICATION ORDERS

SUPPLEMENT TO SECTION 1.B.
MEDICATION ORDERS

1. PRESCRIBER MEDICATION ORDERS

Policy

Medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe. Verbal orders are received only by licensed nurses or pharmacists and confirmed in writing by the prescriber within (48) hours. Medication orders from physician assistants, nurse practitioners, clinical nurse specialists and pharmacists are accepted if they comply with the requirements listed below, are in accordance with state law, and comply with applicable formularies or prescribing protocols that have been provided to the facility by the responsible physician.

Procedures

a. Elements of the Medication Order.
   1) Medication orders specify the following:
      a) Name of medication.
      b) Strength of medication, where indicated.
      c) Dosage.
      d) Time or frequency of administration.
      e) Route of administration, if other than oral.
      f) Quantity or duration (length) of therapy. If not specified by prescriber on a new order, the duration is limited by automatic stop order policy.
      g) Diagnosis or indication for use.
   2) Any dose or order that appears inappropriate considering the resident's age, condition, or diagnosis is verified with the attending physician.

b. Documentation of the Medication Order.
   1) Each medication order is documented in the resident's medical record with the date, time, and signature of the person receiving the order. The order is recorded on the physician order sheet or the telephone order sheet if it is a verbal order, and on the Medication Administration Record (MAR) or Treatment Administration Record (TAR).

c. New Handwritten Orders by the prescriber while present at the nurse's station. The charge nurse on duty at the time the order is received enters it on the (physician order sheet /telephone order sheet) if not written there by the prescriber, and notes the order as follows: ("Noted 3:00 p.m., 5/17/98, M. Jones, R.N."). If necessary, the order and the indication for its use is clarified and the prescriber's signature is obtained before the prescriber leaves the nursing station.

d. New Verbal Orders.

The nurse documents an order and the reason for its use by telephone or in person, on the telephone order sheet and the physician's order sheet , notes the order as follows: ("Noted 3:00 p.m. 5/17/87, M. Jones, R.N.") and completes the following steps.

1) Mail the appropriate copy of the telephone order form to the prescriber for signing.
2) Transmit the appropriate copy to the pharmacy for dispensing.
3) Obtain prescriber signature within (48) hours.
4) Place the signed copy on the designated page in the resident's medical record.
5) Accept verbal orders for Schedule II medications only in an emergency, to be followed with a written order from the prescriber within (72) hours.

e. Written Transfer Orders (sent with a resident by a hospital or other health care facility).
   1) Implement a transfer order without further validation if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete or the date signed is different from the date of admission.
   2) If the order is unsigned or signed by another prescriber or the date is other than the date of admission, the receiving nurse verifies the order with the current attending physician before medications are administered. The nurse documents verification on the admission order record by entering the time, date, and signature. Example: "Order verified by phone with Dr. Smith/M. Jones, R.N."
   3) Obtain the indication for each medication ordered.
   4) The nurse who transcribes the orders to the physician order sheet and MAR documents on the admission form the date, the time and by whom the orders were noted, as follows: ("Noted 3:00 p.m., 5/17/98, M. Jones, R.N.")

f. Renewed or Recapitulated (Recapped) Orders (to continue a medication therapy beyond a previous order with limited duration).
   1) The prescriber renews the order either by repeating the entire order process or with a statement such as "continue medication for ten days." The prescriber writes a new order for continued therapies that require a change in directions, dosage form, or strength.
   2) Medication orders are recapped on a (monthly) basis when the prescriber signs the physician order summary. The order summary is reviewed by a designated nurse before giving it to the prescriber to sign.

g. Orders Faxed From the Physician's Office
   1) The charge nurse on duty at the time the order is received notes the order and enters it on the physician order sheet .

   2) The following steps are initiated to complete documentation and receive the medications:

a) Clarify the order.
b) Enter the orders on the Medication Order form.
c) Call or fax the medication order to the provider pharmacy.
d) Transcribe newly prescribed medications on the MAR or treatment record. When a new order changes the dosage of a previously prescribed medication, discontinue the previous entry by (writing "DC'd" and the date and highlighting the entry in yellow.) Enter the new order on the MAR/TAR.
e) After completion, document each medication order entered on the appropriate form with date, time, and signature. (Example: "Noted 1:15 p.m., 5/17/98. M. Jones, R.N.")

3) Standing orders are accepted for nonprescription medications.
4) Scheduling New Medication Orders on the Medication Administration Record (MAR).
   a) Non-Emergency Medication Order
      The first dose of medication is scheduled to be given after the regularly scheduled pharmacy delivery to the facility.
   b) Emergency/STAT Medication Order (Medication Contained in Emergency Supply)
      Schedule the appropriate number of doses to be administered prior to the regularly scheduled pharmacy delivery. Thereafter, doses are scheduled according to facility policy.*
   c) Emergency/STAT Medication Order (Medication not Contained in Emergency Medication Supply)
      An emergency/STAT order is placed with the provider pharmacy, and the medication is scheduled to be given as soon as received as agreed upon in the pharmacy/facility contract. Subsequent doses are scheduled according to facility policy.
   d) Receipt of Orders from Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Pharmacists.
      1) Orders may be accepted from non-physician personnel licensed to work with the resident's physician, if state law permits.
      2) The orders must comply with all the legal requirements for a physician's medication order.
      3) The orders are countersigned by the responsible physician (within (72) hours; at next physician visit).
      4) Applicable formularies, protocols, or prescribing guidelines are kept on file in the facility and are followed closely.

2. RECOMMENDED GUIDE FOR STOP ORDERS

Policy

New medication orders are subject to automatic stop orders unless the medication orders specify the number of doses or duration of medication. A time limit is included in recapped orders.

Procedures

a. The following classes of medications, whether the order is for routine or p.r.n. use, are stopped automatically after the indicated number of days, unless the prescriber specifies a different number of doses or duration of therapy to be given.
   1) Antibiotics for acute conditions (10 days).
   2) Ophthalmic antibiotic and steroid preparations for acute problems (10 days).
   3) Cough and cold preparations (10 days).
   4) Decongestants and antihistamines for acute conditions (10 days).
   5) Controlled substance analgesics for acute conditions (10 days).

b. All other medications are stopped automatically after (45) days unless reordered.

c. All p.r.n. medication orders, except for nitroglycerin and those listed in section a1 through 5 above, are discontinued in 60 days if not utilized at all during that time, unless the prescriber specifically orders them to be continued indefinitely or for a specified period of time. (The prescriber is notified of this discontinuation through the completion of a telephone order form, sent to the prescriber's office for signature.) The discontinue (D/C) order is also entered on the Physician Orders sheet and noted on the MAR.

d. All medication orders that do not specify duration or number of doses are automatically discontinued in accordance with the Stop Order Policy. When the prescriber gives the order for a medication covered by the Stop Order Policy, the nurse requests a specific duration of therapy for that order. This then supersedes the Automatic Stop Order Policy.

e. When implementing the Stop Order Policy for routine medications, the prescriber is notified before the administration of the last dose to allow the alternative of continuing the medication without interruption of the medication regimen.

f. When entering medications covered by the Stop Order Policy on the MAR, the automatic stop date is recorded in the appropriate area on the MAR. (The blocks of time before the medication is given are crossed out, and the blocks of time after the medication is given are "yellowed" out and "D/C" written in, once the last dose is given per facility procedure).

g. A current copy of the Automatic Stop Order Policy is kept in the front of each Medication Administration Book.

h. A copy of the facility "Automatic Stop Order Policy" is sent to all physicians with an explanatory cover letter.

3. STANDING ORDERS

Policy

Certain self-limited conditions are often amenable to treatment with nonprescription medications, using good nursing judgment. To facilitate prompt treatment of such conditions, and to avoid unnecessary telephone calls to those prescribers who approve, standing orders are used.

Procedures

a. Standing orders are implemented by licensed nurses only. Professional judgment is used in the initiation and administration of standing orders.

b. The order is written following the procedure for verbal prescriber orders, as detailed in Section I.B., Medication Orders. In indicating the source of the order, the abbreviation "s.o." is used to indicate a standing order.

c. Documentation of the situation requiring the use of the standing order is placed in the Nursing Notes section of the resident's medical record prior to initiation of the order.

d. All standing orders are countersigned by the authorized prescriber within (48) hours of initiation.

e. The corresponding automatic stop order listed for each condition and treatment is used when initiating a standing order.

f. Standing orders are not renewable. If the condition persists after the stop order deadline, or sooner if professional judgment warrants it, the primary care provider is contacted.

g. A copy of facility "Standing Orders" is sent to all physicians with an explanatory cover letter. The facility "Standing Orders" are posted at each nursing station or placed in the MAR per facility procedure.

h. A signed physician authorization to use standing orders is maintained on file by the facility for each responsible physician who authorizes it.

MEDICATION ORDERING AND RECEIVING
FROM PHARMACY PROVIDER

SUPPLEMENT TO SECTION I.C.
MEDICATION ORDERING AND RECEIVING FROM PROVIDER PHARMACY

1. PHARMACY HOURS AND DELIVERY SCHEDULE

Policy

A schedule of pharmacy hours and delivery times is established and posted in all medication rooms in the facility.

Procedures

a. The administrator, director of nursing, and provider pharmacy establish a daily delivery and pick-up schedule for medication orders

b. The schedule lists the pharmacy's regular and after business hours, applicable telephone numbers, routine medication order, and delivery times, and other pertinent information, such as the poison control center telephone number. (1-800-222-1222)

2. ORDERING AND RECEIVING MEDICATIONS FROM MEDICINE CHEST PHARMACY

Policy

Medications and related products are received from MEDICINE CHEST on a timely basis. The facility maintains accurate records of medication order and receipt.

Procedures

a. Ordering Medications From MEDICINE CHEST Pharmacy.

1) Medication orders are written on a medication order form provided by the pharmacy and transmitted to the pharmacy. The written entry includes:
   a) Date ordered.
   b) Whether the order is new or a repeat order (refill). If the order is a repeat order (refill), include the prescription number.
   c) Resident's name.
   d) Medication name and strength, when indicated.
   e) Directions for use, if a new order, or direction changes to a previous order.
   f) Name of pharmacy supplier if other than MEDICINE CHEST
   g) According to dispensing regulations, all branded oral medications funded by federal pay sources must be dispensed in a 14 day supply or less supply.

2) Repeat medications (refills) are (written on a medication order form/ordered by peeling the top label from the physician order sheet and placing it in the appropriate area on the order form) provided by the pharmacy for that purpose and ordered as follows:
   a) Reorder medication (seven) days in advance of need to assure an adequate supply is on hand. When reordering medication that requires special processing (such as Schedule II controlled substances, Department of Veterans Affairs prescriptions), order at least (seven days) in advance of need.
) The nurse who reorders the medication is responsible for notifying the pharmacy of changes in directions for use or previous labeling errors.
   c) The refill order is called in, faxed, or otherwise transmitted to the pharmacy.

3) New medications, except for emergency or "stat" medications, are ordered as follows:
   a) If needed before the next regular delivery, phone the medication order to MEDICINE CHEST immediately upon receipt. Inform pharmacist of the need for prompt delivery and request delivery within (4) hours.
   b) Timely delivery of new orders is required so that medication administration is not delayed. The emergency kit is used when the resident needs a medication prior to pharmacy delivery.

4) "Stat" and emergency medications are ordered as follows:
   a) During regular pharmacy hours, the emergency or "stat" order is phoned or faxed to the pharmacy. If available, the initial dose is obtained from the emergency kit, when necessary.

5) When phoning or faxing a medication order to the pharmacy, the following information is given:
   a) Resident's name.
   b) Prescription number if a refill.
   c) Complete order if a new medication order or direction changes to a previous order.
   d) Name of prescriber if a new order.
   e) Indication for use.
   f) Name of person calling in order.

6) New Admission Orders:
   a) When calling/faxing medication orders for a newly admitted resident, the pharmacy is also given all allergies, and diagnoses to facilitate generation of a patient profile and computer summary sheet, and permit initial medication use assessment.
   b) The medication order form is also used to notify MEDICINE CHEST of changes in dosage, directions for use, etc. of current medications.
   c) Fax a face sheet with billing information included

b. Receiving Medications from the Pharmacy.

1) A licensed nurse:
   a) receives medications delivered to the facility and documents delivery on the medication delivery receipt.
   b) verifies medications received and directions for use with the medication order form.
   c) promptly reports discrepancies and omissions to the issuing pharmacy and the charge nurse/supervisor.

2) a) delivery records are retained at facility until all discrepancies are solved.

3. CONTROLLED MEDICATIONS—ORDERING AND RECEIPT

Policy

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances, and medications classified as controlled substances by state law, are subject to special ordering, receipt, and recordkeeping requirements in the facility, in accordance with federal and state laws and regulations.

Procedures

a. The director of nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized, licensed nursing and pharmacy personnel have access to controlled medications.

b. Schedule II controlled medications prescribed for a specific resident are delivered to the facility only if a (written/or fax copy of the written) prescription has been received by the pharmacy prior to dispensing. In an emergency situation, MEDICINE CHEST can accept a telephone order. A follow-up written (original) prescription is sent to the provider pharmacy by the facility or the prescriber within (72 hours). A facsimile order may be sent to the provider pharmacy if it is written by the prescriber.

c. New and refill orders for controlled medications other than those in Schedule II are ordered as detailed in the procedure for ordering and receiving medications.

d. Medications listed in Schedules II, III, IV, and V are dispensed by the pharmacy in readily accountable quantities and containers designed for easy counting of contents. When possible, injectable controlled substance medications are dispensed in ampules or vials of the smallest available dosage unit.

e. An individual resident controlled substance record is prepared by the pharmacy or the facility for each controlled substance medication prescribed for a resident. The following information is completed:
   1) Name of resident
   2) Prescription number
   3) Drug name, strength (if designated), and dosage form of medication
   4) Date received
   5) Quantity received
   6) Name of person receiving the medication supply

f. Medications listed in Schedules II, III, IV, and V are stored under double lock. Alternatively, in a unit dose system, Schedule III, IV, and V medications may be distributed with other medications throughout the cart, while the Schedule II medications are kept under double lock. The access key to controlled medications is not the same key that allows access to other medications. The medication nurse on duty maintains possession of a key to controlled medications. Back-up keys to all medication storage areas, including those for controlled medications, are in the control of the Director of Nursing.

g. Schedule II controlled substance medications are reordered when a (seven-day) supply remains to allow for transmittal of the required original written prescription to the pharmacist.

h. The facility may designate a particular drug, which is not mandated as a controlled substance by state or federal laws and subject to abuse or diversion, to be handled under these procedures for controlled medications.

i. The facility obtains and keeps current and on file any permits required by state agencies

j. All controlled substances used in a facility requires a verbal order by a Physician, a verbal order by a documented Designated Agent, a hand delivered original written prescription from a Physician, or a faxed copy of an original prescription from a physician.

4. EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS

Policy

Emergency pharmaceutical service is available on a 24-hour basis. Emergency needs for medication are met by using the facility's approved emergency medication supply or by special order from the provider pharmacy. An emergency supply of medications, including emergency drugs, antibiotics, controlled substances (and products for infusion) is supplied by the provider pharmacy in limited quantities (in portable, sealed containers), in compliance with applicable state regulations.

Procedures

a. Telephone/fax numbers for emergency pharmacy service are posted (at nursing stations)

b. When an emergency or "stat" order is received, the charge nurse:

1) Follows the procedure for order documentation under I.B.1.b.

2) Determines that the order is a true emergency, i.e., cannot be delayed until the scheduled pharmacy delivery.

3) Ascertains whether the ordered medication is contained in the emergency kit by referring to the list of contents posted (at the nursing station or on the box).

4) If the medication is not available, calls/faxes the pharmacy, using the after-hours emergency number(s) if necessary.

c. MEDICINE CHEST supplies emergency or "stat" medications according to their agreement with the facility. Emergency drugs, antibiotics, and infusion products are stored in a sealed box or dispensing machine.

d. Medications are not borrowed from other residents. The ordered medication is obtained either from the emergency box or from MEDICINE CHEST.

e. Consultation about appropriateness of therapy, drug information, etc. If the required information is unavailable, MEDICINE CHEST will determine the appropriate method for obtaining it.

f. When an emergency or starter dose of a medication is needed, the nurse (unlocks the container/cabinet/breaks the container seal) and removes the required medication.

g. As soon as possible, the nurse records the medication use on the medication order form and faxes or calls the pharmacy.

h. Use of the emergency medication is noted on the resident's medication administration record (MAR)

i. Before reporting off duty, the charge nurse indicates the "opened" status of the emergency kit at the shift change report, and transmits the new medication orders to oncoming staff.

j. A perpetual inventory is kept by the pharmacy for each emergency kit. It is imperative that the facility staff notify the pharmacy each time a dose is removed from the kit. Opened emergency kits are replaced, at the next scheduled delivery time, when any one (1) medication within the kit becomes 40 percent of the originally stocked value.

k. If exchanging kits, when the replacement kit arrives, the receiving nurse gives the used kit to the pharmacy personnel for return to the pharmacy. If replacing used doses of medication, the nurse replaces the medication in the appropriate area of the kit. A new seal is placed on the kit after the replacement medication has been added.

l. If exchanging the narcotic emergency kit, the facility charge nurse and pharmacy delivery driver should follow this procedure.

a. The facility nurse and pharmacy driver must verify the count of each medication of the old narcotic kit and initial each page of the count book. Once this has been verified and all of the counts are correct for each medication then the driver and facility nurse must both sign the cover sheet verifying all counts are correct. The kit should be resealed before the pharmacy staff leaves with the old kit. The facility nurse should make a copy of the narcotic book with the signatures of both parties to keep for their facility record.

b. The facility nurse and pharmacy delivery driver must verify the count of each narcotic in the new narcotic kit being received from the pharmacy and initial each page. After the counts have been verified the kit must be resealed with a new lock tag. Once this has been verified and all of the counts are correct for each medication then the driver and facility nurse must both sign the cover sheet verifying all counts are correct.

c. If any of the medication counts are not correct then the narcotic kit may not be exchanged. The medications must be accounted for and signed out for the appropriate residents before the kit may be exchanged.

m. Narcotic emergency kits and narcotic counts

a. A narcotic kit can be viewed by each nurse at shift change to verify that the original lock tag and number are in place and that the kit has not been opened. If this is the case then each nurse may initial the cover sheet and notate the lock number without having to open the kit and count each individual medication.

b. A narcotic kit that has been opened and the lock tag has been changed must be re-opened and each individual narcotic medication must be counted and the corresponding sheet be initialed by both nurses. Once all medications are counted and verified the kit must be resealed with a new lock tag. Once verified and locked both nurses must sign the cover sheet verifying all counts are correct.

n. Kits opened during the weekend or on holidays are reported to the pharmacy (immediately/the following Monday or the first working day after the kit is opened).

o. Attending physicians are informed regarding the availability of emergency medications in the facility

5. MULTIPLE-SOURCE DRUG PRODUCTS

Policy

The cost of medications is controlled, in part, by the use of multiple-source drug products, when appropriate. All provisions of state law, Food and Drug Administration (FDA) bioequivalence guidelines, and the physician's therapeutic objectives are followed in choosing multiple-source drug products.

Definitions

Pharmaceutically Equivalent Drug Products: Drug products that contain the same active ingredient(s), in identical amounts, in identical dosage forms, administered by the same route of administration and that meet existing standards in the United States Pharmacopeia (USP). The products may differ in characteristics such as color, flavor, shape, packaging, inert ingredients, and the method of manufacture.

Bioequivalent Drug Products: Pharmaceutically equivalent drug products that when administered under similar conditions produce comparable bioavailabilities, a similar rate and extent of absorption of the active ingredients, or if the rate is different, it does not affect the drug concentration in a clinically significant manner.

Therapeutically Equivalent Drug Products: Pharmaceutically equivalent drug products that when administered under similar conditions provide the same therapeutic effect as measured by control of a symptom or disease, or other outcome.

Multiple-Source Drug Products: Pharmaceutically equivalent drug products that are marketed by different pharmaceutical companies.

Innovator Brand Products: A drug product manufactured and marketed by the pharmaceutical company that introduces it to the market. In most cases, this is the same company that conducted the research and obtained the patent for the drug product. Often referred to as "brand name" product.

Non-Innovator Brand Multiple-Source ("Generic") Drug Product: A multiple source drug product that is marketed by a company other than the one that introduced it to the market, generally after the patent for the product has expired. Often referred to as "generic" product.

Procedures

a. MEDICINE CHEST dispenses non-innovator multiple-source ("generic") drug products whenever feasible and when required according to Medicaid, Medicare, or other third-party payer programs that dictate multiple-source drug product use in place of innovator products, unless the prescriber complies with item b. below.

b. Physicians may indicate refusal of innovator product substitutes when ordering medications. In the case of a Medicaid resident, the physician complies with the required paperwork to document the necessity of an innovator product, as required by OBRA '90 revisions to Title XIX of the Social Security Act, as follows:
   1) On prescriptions:

a) The physician must certify in his or her own handwriting that a specific brand is "medically necessary" for a particular recipient. The handwritten phrase "brand necessary" or "brand medically necessary" must appear on the face of the prescription.
b) The prescriber must also document in the resident record the reason why the drug is medically necessary.

2) On facility orders:
a) (In addition to the above, the prescriber certification must be made on each order written for that drug for that resident. The certification is good only for the length of time that the order is valid. Updated written certifications are required for each new prescription order written. A cover letter or blanket order for "brand medically necessary" is not sufficient to cover individual residents or individual drugs).
b) MEDICINE CHEST uses sound professional judgment and prudent buying concepts when selecting non-innovator multiple-source ("generic") drug product substitutes for innovator products, including bioequivalence data, FDA comparative data, etc.
c) MEDICINE CHEST labels non-innovator multiple source ("generic") drug products according to applicable state laws.
d) Each attending physician is notified by letter of the facility policy regarding multiple-source ("generic") drug products.
e) Regulations regarding multiple-source drug products may vary by state.

6. DRUG INFORMATION

Policy

The licensed nursing staff has access to reference materials that include current information on medication effects, cautions, available strengths, dosage forms, recommended doses, and nomenclature.

Procedures

a. A copy of the current Physicians' Desk Reference/Facts and Comparisons/Geriatric Dosage Handbook is available for all nursing staff.

b. For unusual nonprescription medications, information on safe and effective use is kept with the medication. Manufacturer information on the label is not covered unless the medication is dispensed as a prescription. In such cases, MEDICINE CHEST 's label supersedes manufacturer directions.

c. When information about a medication is not available, the charge nurse requests it from MEDICINE CHEST .

d. Package literature obtained from MEDICINE CHEST is kept at the nursing station with other medication information.

e. Reference materials or the pharmacist are consulted before administering an unfamiliar medication.

7. MEDICATION LABELS

Policy

Medications are labeled in accordance with facility requirements and state and federal laws. Only the provider pharmacy can modify or change prescription labels.

Procedures

a. Each prescription medication label includes:
   1) Resident's name.
   2) Specific directions for use, including route of administration.
   3) Medication name. Non-innovator multiple-source drug products dispensed in place of innovator brand products are labeled with the non-innovator multiple source drug product (generic) name. If ordered by innovator product name, an explanatory statement is included on the label, e.g., "ordered as," "used for," or "replaces" preceding the brand name.
      Example: Hydrochlorothiazide used for HydroDiuril.
   4) Strength of medication.
      Injectables: strength per ml (cc) and the amount to be given in mls equivalent on label. Example: When furosemide 40 mg is ordered and the pharmacy supplies it in an ampule containing 40 mg/ml, the directions read "Inject 40 mg (1 ml)."
      Liquids: strength per ml, e.g., 125mg/ml. Directions for use are expressed in mls, e.g., "Give 2.5ml."
   5) Physician's name.
   6) Date medication is dispensed.
   7) Quantity.
   8) Expiration date.
   9) Name, address, and telephone number of provider pharmacy.
   10) Prescription number.
   11) Accessory labels indicating storage requirements and special procedures.
      Example: "Shake well" "Take on empty stomach, one hour before or 2 hours after meals."
   12) Container number and total number of containers (e.g., 1 of 3, 2 of 3, 3 of 3) when multiple containers are dispensed for one prescription.
   13) NDC number of medication dispensed.

b. Improperly or inaccurately labeled medications are rejected and returned to the dispensing pharmacy.

c. The provider pharmacy permanently affixes labels to the outside of prescription containers. Medication labels are not inserted into vials.

d. Nonprescription medications not labeled by the pharmacy are kept in the manufacturer's original container and identified with the resident's name. Facility personnel may write the resident's name on the container or label as long as the required information is not covered.

e. Medication labels are not altered, modified, or marked in any way by nursing personnel. Contents are not transferred from one container to another. Only the pharmacy may place a label on the medication container.
   1) If the physician's directions for use change or the label is inaccurate, the nurse may place a "change of order—check chart" label on the container indicating there is a change in directions for use, taking care not to cover important label information.
   2) When such a label appears on the container, the medication nurse checks the resident's medication administration record (MAR) or the physician's order for current information.

f. If directions for use change, the provider pharmacy is informed prior to the next refill of the prescription so the new container will show an accurate label.

g. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels are returned to the issuing pharmacy for relabeling or destroyed in accordance with the medication destruction policy.

h. Medications dispensed by physicians must conform to the above labeling requirements. If the pharmacy or a dispensing physician has labeled medication incorrectly resulting in harm to a resident, a medication discrepancy report is completed.

i. Floor stock medications are labeled as "floor stock" or "house supply" and kept in the original manufacturer's container with the expiration date and lot number clearly evident.

8. INFUSION THERAPY PRODUCT LABELS

Policy

Infusion therapy products are labeled in accordance with facility requirements and applicable state and federal laws. The label includes sufficient additional information as required to assure safe and efficient administration to residents.

Procedures

a. Infusion therapy products are labeled by the provider with:
   1) Resident name
   2) Physician name
   3) Pharmacy name, address, and telephone number
   4) Contents of solution, including:
      a) Name of diluent (e.g. NS)
      b) Name and amounts of each additive
   5) Date dispensed
   6) Directions for administration
   7) Prescription number
   8) Storage instructions
   9) Expiration date and time
   10) Initials of dispensing pharmacist
   11) Container number and total number of containers (e.g., 1 of 3, 2 of 3, 3 of 3) when multiple containers are dispensed for one prescription at one time

b. An auxiliary label is affixed to each infusion therapy product container, which provides for information about its administration to be completed.

9. MEDICATION PACKAGING

Policy

Medications are provided in packaging to facilitate proper administration of the medication.

Procedures

a. Solid oral medication forms (tablets and capsules) are supplied by the provider pharmacy using the Blister Pack and Unit Dose Distribution System.

b. Medications not in or on the medication trays include:
    1) Medications requiring refrigeration
    2) Schedule II controlled substances
    3) Liquid medications
    4) Injectable medications
    5) Externally applied medications, e.g., ointments, sprays, and other treatment
    5) Oversize or irregularly shaped medication containers

Any problems noted with packaging of a medication are reported immediately to MEDICINE CHEST .

10. ORDERING AND RECEIVING MEDICATIONS FROM NONCONTRACT PHARMACIES

Policy

A resident, or responsible party, may request purchase of medications from a pharmacy other than the facility's contract supplier. Such noncontract pharmacies will adhere to facility medication policies and procedures and assure delivery on a timely basis, as detailed in the policy and procedures on arrangements with noncontract pharmacy. This and other relevant policy and procedures are provided to the noncontract pharmacy provider.

Procedures

a. The charge nurse is notified of the resident's choice of a noncontract pharmacy by the business office representative after the noncontract pharmacy has agreed to the terms of the "Arrangement With Noncontract Pharmacy".

b. The charge nurse marks the resident's chart with the name of the selected pharmacy.

c. The provider pharmacy will provide a policy and procedure manual available to the noncontract pharmacy upon request .

d. Medications and related supplies are delivered (to the appropriate nursing station/to the facility office) by the noncontract pharmacy. Delivery of prescription or non-prescription medications directly to a resident's bedside is prohibited.

11. MEDICATIONS BROUGHT TO FACILITY BY RESIDENT OR FAMILY MEMBER

Policy

Medications brought into the facility by a resident or family member are used only upon written order by the resident's attending physician, after the contents are verified, and if the packaging meets the facility's guidelines. Other unauthorized medications are not accepted by the facility.

Procedures

a. Use of medications brought to the facility by a resident or family member is allowed only when the following conditions are met:
    1) The medication name, dosage form, and strength have been verified by:
        (a) consulting a tablet identification reference, e.g., Physician's Desk Reference, or
        (b) calling the dispensing pharmacy for a physical description of the medication.
    2) The medication was ordered by the resident's physician and entered in the resident's medical record for bedside storage and self-administration by the resident.
    3) The medication container is clearly labeled in accordance with facility procedures for medication labeling and packaged in a manner consistent with facility guidelines for medications.
    4) The medications are received directly from another health care facility, e.g., discharge medications arriving with the resident from an acute hospital in the interim until medications for the resident are received from the provider pharmacy.

MEDICATION STORAGE IN THE FACILITY

SUPPLEMENT TO SECTION 1.D.
MEDICATION STORAGE IN THE FACILITY

1. STORAGE OF MEDICATIONS

Policy

Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.

Procedures

a. The provider pharmacy dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices. Medications are kept in these containers. Transfer of medications from one container to another is done only by the pharmacy.

b. Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications (such as medication aides) are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.

c. Orally administered medications are kept separate from externally used medications, such as suppositories, liquids, and lotions.

d. Intravenously administered medications are kept separate from orally administered medications.

e. Eye medications are kept separate from ear medications.

f. Except for those requiring refrigeration, medications intended for internal use are stored in a medication cart or other designated area.

g. Medications labeled for individual residents are stored separately from floor stock medications when not in the medication cart.

h. Potentially harmful substances (such as urine test reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in a locked area separately from medications.

i. Schedule III and IV controlled medications are stored separately from other medications in a locked drawer or compartment designated for that purpose. In a unit-dose system, Schedule III-V medications may be stored in the trays with the other medications. Schedule II medications are then stored in a separate area under double lock.

j. Medications requiring storage at “room temperature” are kept at temperatures ranging from 15ºC (59ºF) to 30ºC (86ºF).

k. Medications requiring “refrigeration” or “temperatures between 2ºC (36ºF) and 8ºC (46ºF)” are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage “in a cool place” are refrigerated unless otherwise directed on the label.

l. Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated and separate from fruit juices, applesauce, and other foods used in administering medications. (Other foods such as employee lunches, activity department refreshments are not stored in this refrigerator.)

m. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy if a current order exists.

n. Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures.

o. Medication storage conditions are monitored on a (monthly) basis and corrective action taken if problems are identified.

2. INFUSION THERAPY PRODUCTS STORAGE

Policy

Infusion therapy products and supplies are stored (separately from other medications and biologicals), under appropriate temperature and sterility conditions, and following the manufacturer's recommendations or those of the supplier.

Procedures

a. Infusion therapy products prepared by the infusion therapy provider are stored at room temperature or in refrigerator as noted on the label.

b. If refrigerated, one liter infusion therapy solution containers are removed from the refrigerator (one (1) to two (2) hours) before use. Smaller containers are removed (up to one (1) hour) before use. Some infusion therapy products may be stored frozen. Frozen products should be thawed (six (6) to eight (8) hours) in the refrigerator before administration.

c. Infusion therapy solutions not prepared or modified by the infusion therapy products provider ("stock solutions") are stored at temperatures not exceeding 86ºF (16ºC).

d. The infusion therapy product storage area is kept clean and free of clutter.

e. Infusion therapy product's expiration dates and storage conditions are monitored by the consultant pharmacist during the inspection of medication storage areas.

3. CONTROLLED MEDICATION STORAGE

Policy

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations.

Procedures

a. The director of nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed/and or certified nursing and pharmacy personnel have access to controlled medications.

b. Medications listed in Schedules II, III, IV, and V are stored under double lock in a locked cabinet or safe designated for that purpose, separate from all other medications. Alternatively, in a unit dose system, Schedule III, IV, and V medications may be kept with other medications in the cart or in a separate locked drawer on the cart. The access key to controlled medications in not the same key giving access to other medications. The medication nurse on duty maintains possession of the key to controlled medication storage areas. Back-up keys to all medication storage areas, including those for controlled medications, are kept by the director of nursing.

c. A controlled medication accountability record is prepared when receiving or checking in a Schedule II, III, IV, or V medication. The following information is completed.
   1) Name of resident
   2) Prescription number
   3) Name, strength (if designated), and dosage form of medication
   4) Date received
   5) Quantity received
   6) Name of person receiving medication supply

d. At each shift change, a physical inventory of all controlled medications is conducted by licensed nurses and/or certified medication aides and is documented on the controlled substances accountability record. The licensed and/or certified staff member "A" will look at the medication itself and call out the resident's name, medication, and the amount of medication that is there. Staff member "B" will look at the controlled medication count record form to verify that the amount and all information is exactly the same as the amount that staff member "A" has called out. Also, at each shift change the nurse and/or certified medication aides that is going off and the nurse and/or certified medication aides that is coming in to work will sign the controlled drugs-count record which acknowledges that each of them have counted the controlled drugs on hand and have found that the quantity of each medication counted is in agreement with the quantity stated on the controlled drugs-count record.

e. Any discrepancy in controlled substance medication counts is reported to the director of nursing immediately. The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies. Irreconcilable discrepancies are documented by the director of nursing in a report to the administrator. If a major discrepancy or a pattern of discrepancies occurs or if there is apparent criminal activity, the director of nursing notifies the administrator and the consultant pharmacist immediately. A determination is made by the administrator, the consultant pharmacist, and the director of nursing concerning possible notification of police or other enforcement agencies and any other actions to be taken.

f. Current controlled medication accountability records are kept with the MAR. When completed, accountability records are submitted to the director of nursing and kept on file for 3 years at the facility.

g. Controlled medications are not surrendered to anyone, including the resident's physician other than releasing controlled medications for a resident on pass or therapeutic leave, to a resident or responsible party upon discharge from the facility, or to DEA or other law enforcement officials functioning in a professional capacity in exchange for a receipt documenting the transaction.

h. Controlled medications remaining in the facility after the order has been discontinued are (retained in the facility in a securely locked area with restricted access until destroyed by a DEA representative; destroyed by the facility's director of nursing or administrator, and consultant pharmacist; or as otherwise directed by state law).

i. Controlled medication storage, records and expiration dates are routinely monitored by (the consultant pharmacist during medication storage inspection).

j. Safety of facility personnel and residents is to be assured in the event of entry to the facility for the purpose of stealing controlled medications. This may necessitate surrendering controlled medications if bodily harm is threatened. The local public safety agency, the administrator, and the director of nursing are immediate notified, in that order, once the intruder has gone.

4. BEDSIDE STORAGE OF MEDICATIONS

Policy

Bedside medication storage is permitted for residents who are able to self-administer medications, upon the written order of the prescriber and when it is deemed appropriate in the judgment of the facility's interdisciplinary resident assessment team.

Procedures

a. A written order for the bedside storage of medication is present in the resident's medical record.
b. Bedside storage of medications is indicated on the resident medication administration record (MAR) for the appropriate medications.
c. For residents who self-administer medications the following conditions are met for bedside storage to occur:
    1) The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if unlocked storage is ineffective.
    2) The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy (or in the original container if a nonprescription medication).
    3) The bedside medication record is reviewed according to individual facility policy.
d. The resident is instructed in the proper use of bedside medications, including what the medication is for, how it is to be used, how often it may be used, proper cleaning of inhalers where applicable, proper storage of the medication, and the importance of communicating to the licensed staff when a medication has been used . The completion of this instruction is documented in the resident's medical record. Periodic review of these instructions with the resident are undertaken by the nursing staff as deemed necessary.
e. At least once during each shift, the nursing staff checks for usage of the emergency medications by the resident, with the exception that the resident is not awakened to obtain this information. If the resident remains asleep at the end of the shift, the incoming shift nurse is informed that this information was not obtained so that the resident may be questioned upon arising.
f. All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of this procedure and related policy when necessary.
g. Medications stored at the bedside are reordered in the same manner as other medications. The nursing staff is responsible for proper rotation of bedside stock and removal of expired medications.
h. Bedside medication storage is routinely monitored by the consultant pharmacist during medication storage review.
i. Candy, cough drops, mouthwashes, aftershave lotions, colognes and perfumes, hair sprays, dentifrices, deodorants, lotions, and dry skin creams not considered medications may be stored at the bedside in small quantities in accordance with the facility's policy

and procedures for personal items, and are not included in the provisions of this policy and procedure.

DISPOSAL OF MEDICATIONS, SYRINGES, AND NEEDLES

SUPPLEMENT TO SECTION I.E.
DISPOSAL OF MEDICATIONS, SYRINGES, AND NEEDLES
Regulations and Standards Addressed In This Section

1. CONTROLLED MEDICATIONS—DISPOSAL

Policy

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations.

Procedures

a. The director of nursing and the consultant pharmacist are responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.

b. When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presence of (two licensed nurses), and the disposal is documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules and doses of controlled substances wasted for any reason.

c. Schedule II medications remaining in the facility after a resident has been discharged, or the order discontinued, are disposed of (either in the facility by the administrator and/or director of nursing and/or consultant pharmacist; by returning to the Drug Enforcement Administration (DEA); or by retaining for destruction by an agent of the DEA), as directed by state laws, regulations, and/or the DEA.

d. Schedule III, IV, and V controlled substances are (disposed of at the facility by two licensed personnel), as directed by state law.

e. Fentanyl Patches – When a Fentanyl patch is removed from a resident there is 28% to 84.4% of original drug present on the patch. The patch is destroyed in the presence of two licensed nurses and the patch should be placed in a storage method awaiting final disposition. (Sharps container is appropriate.)

2. DISCHARGE MEDICATIONS

Policy

Medications are sent with the resident upon discharge only under conditions that protect the resident and assure compliance with applicable state laws.

Procedures

a. Medications may be sent with the resident on discharge if this has been authorized by the prescriber.

b. The labels of discharge medications are verified for completeness and accuracy by checking them against the most recent physician's orders. Directions for use are reviewed with the resident or responsible party. If current directions for use are not the same as those on a prescription label, the medication name, strength, and the correct directions for use are written on a separate piece of paper. The correct directions are given to the resident or responsible party, not affixed to the container. If the discharging nurse is unable to answer a MEDICINE CHEST ion about these medications, the provider pharmacy is called for the information before releasing the medications. The telephone number of the provider pharmacy is given to the resident or responsible party to use in the event that additional information is needed regarding drug therapy.

c. Discharge medication information is entered on the discharge instructions form or continuity of care form.

d. The resident or responsible party is informed if the container is not child-resistant. This is documented on the discharge instruction form or in the resident's medical record.

e. If medications were brought into the facility by a resident or responsible party and not returned or destroyed, the nurse returns these medications to the resident and documents return of the medications to the resident or responsible party along with other property or valuables upon discharge.

3. DISCONTINUED MEDICATIONS

Policy

When medications are discontinued by physician order, a resident is transferred or discharged and does not take medications with him/her, or in the event of resident's death, the medications are marked as "discontinued" and destroyed.

Procedures

a. Medications awaiting disposal are stored in a locked secure area designated for that purpose until destroyed. Medications are removed from the medication cart immediately upon receipt of an order to discontinue (to avoid inadvertent administration).

4. MEDICATION DESTRUCTION

Policy

Discontinued medications and medications left in the facility after a resident's discharge, which do not qualify for "Return to Pharmacy" for credit.

Procedures

a. Unreturnable discontinued medications should be removed from the storage area and secured until destroyed.

b. Disposal of prescription drugs include:
    a. Remove medications from original container
    b. Mix drugs with an undesirable substance to render them unfit for human consumption.
    c. Place mixture in a disposable container with a lid or in a sealable bag.
    d. Dispose of drug packaging in the trash, making sure that no resident identifiers are on the package or label.

c. Then place the unwanted, sealed medication mixture in the facility's biohazard waste bin for destruction pickup.

d. Medication destruction occurs only in the presence of (the facility administrator), (two) licensed nurses or (one) licensed nurse and a pharmacist.

e. The (administrator), nurse(s) and/or pharmacist witnessing the destruction ensures that the following information is entered on the (medication disposition form) for individual resident medications:
    1) Date of destruction
    2) Name and strength of medication
    3) Prescription number
    (Additional information is available at the pharmacy if needed)
    4) Amount of medication destroyed
    5) Signatures of witnesses

e. The (medication disposition form) with controlled substances disposal information is kept on file in the facility for (two) years.

MISCELLANEOUS SPECIAL SITUATIONS

SUPPLEMENT TO SECTION I.F.
MISCELLANEOUS SPECIAL SITUATIONS

1. OUT-ON-PASS MEDICATIONS

Policy

The charge nurse on duty assures that residents have their necessary medications before leaving the facility on pass or therapeutic leave.

Procedures

a. When receiving a physician's order for a resident to go out on pass, the charge nurse on duty reviews the resident's medication orders and directions for use (with the physician). It may be possible to alter administration times to eliminate the need for out-on-pass medications if the resident's physician concurs and gives an order to do so.

b. All medications provided to the resident or responsible party for administration while on pass are properly labeled with full directions for use. If an entire medication container is to be taken on pass, the resident or responsible party must sign out for it on a record of medication release.

c. Current medication orders and directions for use are reviewed with the resident or responsible party before the resident leaves the facility. If there is a question about the medication that the charge nurse is unable to answer, the provider pharmacy is called for the information before releasing the medication.

d. If the provider pharmacy has advance notice of the resident's intent to go out on pass when dispensing the regular medication supply, the pharmacy may provide a portion of the resident's medication in a separate container for that purpose. In no case will a nurse repackage medications in this manner, since this constitutes dispensing.

e. The out-on-pass medication(s) taken by the resident are recorded on the resident's current medication administration record (MAR) or similar form. Doses are not documented on the front of the MAR unless the nurse administers the medication. However, the licensed nurse on duty at the time the resident returns to the facility may enter, in the nurse's notes, a summary of the resident's or responsible party's report of compliance with the dosage instructions. (Example: "5/17/98, 7:00 p.m., Sally Johnson, daughter of Mrs. Johnson, states that resident took digoxin, as directed, each morning. (signed) M. Jones, R.N.")

f. A circled initial is placed on the MAR for each dose of regularly scheduled medications that would normally have been administered by the facility while a resident is out on pass. The reason for the circled initial (for example, "out on pass with meds") is explained in the nursing comments section on the back of the MAR for each medication dose due.

g. Medications may be self-administered by residents participating in facility-sponsored activities away from the building under the following conditions:
   1) A self-administration order was given by the resident's physician.
   2) The medications are kept by a facility staff person until time for administration.
   3) A staff member observes self-administration and notes it in the resident's medical records. (If the staff member is lawfully authorized to administer medications administration is noted on the MAR. If not, the charge nurse initials and circles the dose on the front of the MAR and on the reverse side documents the staff member's comments.)

2. MEDICATION ERROR AND ADVERSE DRUG REACTION REPORTING

Policy

Significant medication errors and adverse drug reactions are assessed, documented, and reported as appropriate to the resident's attending physician, the (Pharmaceutical Services Subcommittee and/or the Quality Assessment and Assurance Committee), and the pharmacy.

Definitions

Medication Error/Discrepancy: An incorrect medication prescribed, dispensed, or administered to a resident; an omission of a vital medication due to a prescribing, dispensing, or administering error; medication administered to an individual with a documented allergy to that medication.

Adverse Drug Reaction: An undesirable or unintended harmful effect occurring as a result of a medication; an allergic reaction in a patient with no documented history of allergy to the medication.

Significant: Medication errors and adverse drug reactions that:

- require discontinuing a medication or modifying the dose
- require hospitalization
- result in disability
- require treatment with a prescription medication
- result in cognitive deterioration or impairment
- are life threatening
- result in death

Procedures

a. In the event of a significant medication error or adverse drug reaction, immediate action is taken, as necessary, to protect the resident's safety and welfare.

b. The attending physician is notified promptly of any significant error or adverse medication reaction.

c. The physician's orders are implemented, and the resident is monitored closely for 24 to 72 hours or as directed.

d. The incident is described on the shift change report to alert staff of the need to monitor the resident.

e. The following information is documented (in the resident's medical record) and/or on the incident report):
   1) Factual description of the error or adverse reaction
   2) Name of physician and time notified
   3) Physician's subsequent orders
   4) Resident's condition for 24 to 72 hours or as directed

f. The consultant pharmacist reviews all medication error reports. For medication errors involving pharmacy and for adverse drug reactions, the consultant pharmacist and/or the

provider pharmacist are involved in completing the incident report. When an incident appears to involve a problem with drug formulation or other aspects of drug quality, the information is given to MEDICINE CHEST for investigation of the incident and report to the drug quality reporting program.

g. Medication Error and Adverse Drug Reaction Reports are reviewed on a (quarterly) basis by the (Pharmaceutical Services Subcommittee and/or the Quality Assessment and Assurance Committee) and acted upon as appropriate.

h. Adverse drug reactions and medication errors identified by the consultant pharmacist during drug regimen review are reported to the director of nursing.

PREPARATION FOR MEDICATION ADMINISTRATION

SUPPLEMENT TO SECTION II.A.
PREPARATION FOR MEDICATION ADMINISTRATION

1. EQUIPMENT AND SUPPLIES FOR ADMINISTERING MEDICATIONS

Policy

The facility maintains equipment and supplies necessary for the preparation and administration of medications to residents.

Procedures

a. The following equipment and supplies are acquired and maintained by the facility for the proper storage, preparation, and administration of medications:
   1) Lockable medication carts and medication cabinets, drawers, or rooms with well-lit dose preparation areas.
   2) A refrigerator with a thermometer.
   3) Counter space for medication preparation with access to a convenient water source.
   4) Oral syringes, parenteral syringes, needles, droppers, soufflé cups, water pitchers, and calibrated glass or plastic medication cups.
   5) A device for crushing tablets.

b. The charge nurse on duty ensures equipment and supplies relating to medication storage and use are clean and orderly.

c. The charge nurse is notified if supplies are inadequate or equipment fails to work properly. The charge nurse reports equipment and supply deficiencies to the director of nursing.

2. MEDICATION ADMINISTRATION—GENERAL GUIDELINES

Policy

Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.

Procedures

Preparation

a. Medications are prepared only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to prepare medications.

b. An adequate supply of disposable containers (such as soufflé cups) is maintained on the medication cart for the administration of medications. Disposable containers are never reused.

c. Prior to administration, the medication and dosage schedule on the resident's MAR is compared with the medication label. If the label and MAR are different and the container is not flagged indicating a change in directions or if there is any other reason to MEDICINE CHEST ion the dosage or directions, the physician's orders are checked for the correct dosage schedule.

d. 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:
   1) A tablet-splitter is used to avoid contact with the tablet.
   2) If the tablet is scored, every attempt is made to break along score lines.
   3) Unused tablet portions are disposed of per facility procedure. If using only one-half of the tablet from a unit-dose package, the remainder is used within 24 hours or disposed of. If in a vial, the 1/2 tablet is returned to the vial.
   4) The administration of partial tablets is clearly identified or highlighted on the resident's MAR (using bold print, different color ink).
   5) Since unscored tablets may not be accurately broken, their use is discouraged if a suitable alternative is available (such as liquid or half-strength tablet).
   6) Where possible, the provider pharmacy is requested to package half tablets.

e. 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.
   1) Long-acting or enteric coated dosage forms should generally not be crushed; an alternative should be sought.
   2) Each medication preparation area includes a device that is specifically used for crushing medications.
   3) Medications are crushed (in two soufflé cups) to prevent contact between the medication and the crushing device.

4) For residents able to swallow, tablets which can be appropriately crushed may be ground coarsely and mixed with the appropriate vehicle (such as applesauce) so that the resident receives the entire dose ordered.

5) 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.

6) 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 and alternatives, if appropriate, during drug regimen reviews.

f. 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 the applicable payment program. (The physician is contacted for a new order before changing the dosage form).

g. 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, (e.g., oral syringes) are used to allow accurate measurement of doses.

h. When administering 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

i. Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications.

j. Medications are administered in accordance with written orders of the attending physician. 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 diagnosis or condition, the nurse calls the provider pharmacy for clarification prior to the administration of the medication. If necessary, the provider pharmacy contacts the physician for clarification. This interaction with the pharmacy and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate.

k. Medications are administered at the time they are prepared. Medications are not pre-poured.

l. The person who prepares the dose for administration is the person who administers the dose.

m. Residents are identified before medication is administered. Methods of identification include:
   1) Checking identification band
   2) Checking photograph attached to medical record
   3) Calling resident by name
   4) If necessary, verifying resident identification with other facility personnel

n. Hands are washed before and after administration of topical, ophthalmic, otic, parenteral, enteral, rectal, and vaginal medications.

o. At least (4 ounces) of water or other acceptable liquid are given with oral medications.

p. Medications are administered within (60 minutes) of scheduled time, except before or after meal orders, which are administered (based on mealtimes). Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.

q. Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.

r. Medications supplied for one resident are never administered to another resident.

s. 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.

t. For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR is "flagged" with (tags, colored plastic strips, drinking straws, or paper clips). After completing the medication pass, the nurse returns to the missed resident to administer the medication.

u. 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

v. 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 administered the medications report off-duty without first recording the administration of any medications.

w. Current medications, except topicals used for treatments, are listed on the resident's medication administration record (MAR)

x. Topical medications used in treatments are listed on the treatment administration record (TAR)

y. The resident's MAR is 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 are verified with a full signature in the space provided.

z. When PRN medications are administered, the following documentation is provided:
   1) Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site.
   2) Complaints or symptoms for which the medication was given.
   3) Results achieved from giving the dose and the time results were noted.
   4) Signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication.

aa. If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time (for example, the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), (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.

3. VIALS AND AMPULES OF INJECTABLE MEDICATIONS

Policy

Vials and ampules of injectable medications are used in accordance with the manufacturer's recommendations or the provider pharmacy's directions for storage, use, and disposal.

Procedures

a. Vials and ampules sent from the provider pharmacy in a box or container with the label on the outside are kept in that box or container.

b. The date opened and the initials of the first person to use the vial are recorded on multidose vials (on the vial label or an accessory label affixed for that purpose).

c. Ampules and single-use vials (containing no preservative) are discarded immediately after use.

d. The solution in multidose vials is inspected prior to each use for unusual cloudiness, precipitation, or foreign bodies. The rubber stopper is inspected for deterioration.

e. If a multidose vial shows visible evidence of precipitation or contamination or the rubber stopper is deteriorating, it is not used, and it is returned to the provider pharmacy. A replacement vial is ordered from the provider pharmacy. The provider pharmacy determines the need for reporting a defective solution to the manufacturer and/or filing a Drug Product Problem Report with the Food and Drug Administration MedWatch program.

f. Medication in multidose vials may be used (until the manufacturer's expiration date/for the length of time allowed by state law/by facility policy for six months) if inspection reveals no problems during that time.

4. PREPARATION OF EMERGENCY OR UNSTABLE INFUSION THERAPY PRODUCTS

Policy

Infusion therapy products are prepared and delivered by the infusion therapy product provider.

Procedures

a. The infusion therapy product provider notifies the charge nurse about any transfer instability of an infusion therapy product.

b. Such notification is documented and the need for a nurse to prepare the admixture is indicated on the infusion therapy record and on the care plan.

c. The infusion therapy product provider supplies complete preparation and handling instructions along with the products to be mixed, and a label to be completed and affixed to the infusion therapy product container.

d. Preparation of the infusion therapy product is documented in the resident's medical record.

e. Infusion therapy products are prepared in accordance with infection control standards and with equipment and medication manufacturer's recommendations.

f. The area in which infusion therapy supplies and products are stored is kept clean and free of clutter.

5. INFUSION THERAPY PRODUCTS: GENERAL INFORMATION

Policy

Infusion therapy products are safely and accurately administered by a facility-certified nurse using a method approved by the Quality Assessment and Assurance Committee or other designated patient care committee.

Procedures

a. Prior to administration of infusion therapy products, information about the stability, storage, and/or diluent is obtained from the manufacturer package insert and labeling, The Handbook of Injectable Drugs, AHFS Drug Information, or other reference approved by the (Pharmaceutical Services Subcommittee).

b. The infusion therapy products provider is contacted for information about the stability, storage, and/or diluent, if not available from the above-named references.

c. The resident's medical record is checked for known allergies, and the resident is monitored closely for any signs of adverse reactions after the first and second doses of the medication. The lack of adverse reaction is charted in the resident's medical record.

d. "Piggyback" solutions are prepared and labeled by the infusion therapy products provider in the same manner as other medications in solution.

e. The method of infusion therapy administration selected is consistent with the resident's care plan and facility policy.

6. CONTROLLED MEDICATIONS

Policy

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations.

Procedures

a. The Director of Nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.

b. Medications are obtained from the locked cabinet or safe, or medication cart (if a Schedule III, IV, or V medication).

c. Preparation of the dosage form occurs following the procedures detailed in Guidelines for Medication Administration, steps a-q, s-u, and w-y.

d. When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record:
   1) Date and time of administration
   2) Amount administered
   3) Signature of the nurse administering the dose, completed after the medication is actually administered

e. When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It must be destroyed (in the presence of two licensed nurses) and the disposal documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules.

f. Schedule II controlled medications are reordered when a (seven-day) supply remains to allow time for transmittal of the required original written prescription to the provider pharmacy.

7. IRRIGATION SOLUTIONS

Policy

Irrigation solutions are used in accordance with label directions for storage, use, and disposal. Aseptic technique is used in the handling and application of irrigation solutions.

Procedures

a. Irrigation solutions are labeled with the date and time immediately upon opening.

b. Solutions prepared by the provider pharmacy, if unopened, are disposed of by the expiration date indicated. Solutions without an expiration date indicated are not accepted. Solutions prepared by the provider pharmacy are discarded within (72) hours after opening.

c. Solutions prepared in the facility (such as Neosporin G.U., hydrogen peroxide solutions) are disposed of within (24) hours.

d. Solutions without preservatives, in the original manufacturer's container (such as water and sodium chloride for irrigation), are disposed of within (24) hours after opening.

e. When expired, unused solutions are (poured down the drain). It is not necessary to record disposal of partial containers.

8. ENTERAL TUBE MEDICATION ADMINISTRATION

Policy

The facility assures the safe and effective administration of enteral formulas and medications. Selection of enteral formulas, routes and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist.

Procedures

a. Enteral formulas, equipment, route of administration, and rate of flow are selected based on an assessment of the resident's condition and need.

b. Interactions between medications and feeding formulas, and interactions of multiple medications, are considered before administering medications through the enteral tube. If necessary, information is obtained from the provider pharmacy or consultant pharmacist.

c. Inservice training on bacteriological safety, administration, and monitoring of enteral solutions and medications via the enteral tube is provided by the facility to nursing personnel.

d. The manufacturer's written recommendations regarding suggested time period for hanging of the product are consulted when determining the schedule for enteral feeding administration.

e. When new medication orders are received from the prescriber, the intended route of administration is also obtained. The provider pharmacy is informed that the resident is receiving medications through the enteral tube. Medications for enteral administration are obtained in easily pulverized or liquid form. The provider pharmacy is consulted to determine the best method for preparing dosage forms for enteral tube administration when liquid formulations are not available.

f. Enteral tubes are flushed before administering medications and after all medications have been administered with at least 30 ml of water.

g. Prior to crushing tablets for administration through the enteral tube, the Crushing Guidelines and list are consulted.
    1) A mortar and pestle are preferable to a tablet crusher, since they can reduce the tablet to a finer powder than can the tablet crusher.
    2) Crushed medications are not mixed together. The powder from each medication is mixed with water, or other suitable diluent if water is unacceptable, before administration. Each medication is administered separately to avoid interaction and clumping.
    3) The medication cup is rinsed with water to get all of the medication.
    4) The enteral tubing is flushed with at least 5 ml of water between each medication to avoid physical interaction of the medications.

h. The provider pharmacy or consultant pharmacist is consulted when changing to a different formulation or when initiating enteral therapy for necessary dose scheduling adjustments of the medications or feeding schedule adjustments.
    1) If on continuous feeding, it may be necessary to change to intermittent feeding to avoid an interaction between enteral solution and some medications.
    2) If on intermittent feeding, it may be necessary to delay feeding up to two hours to avoid a medication interaction (for example, phenytoin) with enteral solution.

i. Medications that are GI irritants (such as potassium chloride solution) are diluted as recommended for oral administration, since there is a high potential for gastric irritation when medications are administered directly into the stomach through enteral tubes.

SPECIFIC MEDICATION ADMINISTRATION PROCEDURES

SUPPLEMENT TO SECTION II.B.
SPECIFIC ADMINISTRATION PROCEDURES

1. GENERAL PROCEDURES TO FOLLOW FOR ALL MEDICATIONS

a. Note any allergies or contraindications the resident may have prior to drug administration.

b. Check expiration date on package/container.

c. Read medication label three (3) times before pouring.

d. Identify resident before administering medication.

e. Provide privacy for resident if appropriate.

f. Medication cart is to be kept locked at all times unless in use and within nurse's sight.

g. Cleanse hands before handling medication and before contact with resident.

h. Explain to resident the type of medication being administered.

i. Obtain and record any vital signs as necessary prior to medication administration.

j. After administration, return to cart and document administration in Medication Administration Record (MAR) or Treatment Administration Record (TAR).

k. If resident refuses medication, document refusal on MAR or TAR.

l. Observe for medication actions/reactions and record on the PRN effectiveness sheet when appropriate.

m. Once removed from the package or container, unused doses should be disposed of according to facility policy. If the medication is a controlled substance, the medication is given to the director of nursing for disposal as per regulations.

These guidelines refer to all medications, in addition to specific procedures for each type of medication.

2. ORAL MEDICATION ADMINISTRATION PROCEDURE

Purpose
To administer oral medications in an organized and safe manner.

Equipment Required
1. Medication cart with medications
2. Medication book containing Medication Administration Record
3. Medication cups
4. Drinking cups
5. Mortar and pestle/tablet crusher/tablet splitter
6. Pitcher of water
7. Controlled substances records (if appropriate)
8. Towelettes or handwashing solution

Special Considerations
1. Refer to crushing guidelines prior to crushing any medication for assurance that it can be pulverized.
2. Refer to medication reference text for administration of any medication when added to any substance such as applesauce, juice, milk, etc.
3. Mortar and pestle/tablet crusher/tablet splitter should be cleaned after each use.

Procedures
1. Pour the correct number of tablets or capsules into the medication cup.
2. If medication is liquid, pour correct amount directly into a graduated medication cup or measuring device provided with liquid.
3. Crush medications if indicated for this resident only after checking the Crush List. Crush in tablet crusher or mortar and pestle or with other appropriate device and clean immediately after use.
4. Wipe rim and sides of bottle with tissue or towelette and replace cap after pouring.
5. Liquid medications may be diluted in any fluid indicated by the physician's order. Liquid potassium supplements, bulk laxatives, and liquid stool softener may be diluted in juice at nurse's discretion.
6. Administer medication and remain with resident while medication is swallowed.
7. If resident is in bed, head of bed should be elevated to greater than 45 degrees prior to administration of medication and for at least two minutes after.
8. Follow all medication with 4 to 8 ounces of water.

3. SUBLINGUAL AND BUCCAL MEDICATION ADMINISTRATION PROCEDURE

Purpose

To administer sublingual medications under the resident's tongue safely and accurately. To administer buccal medications in the resident's cheek safely and accurately.

Equipment Required

1. Medication administration cup
2. Medication administration record (MAR)
3. Medication
4. Towelettes or handwashing solution

Procedures

1. Pour proper number of sublingual/buccal tablets/capsules into medication cup.
2. Have resident take a sip of water to moisten his or her mouth, and instruct resident to swallow water.
3. Place medication in the resident's mouth or help resident to do so if capable, following the directions shown below.
    a. Place buccal tablet in the pouch between cheek and upper or lower gum.
    b. Place sublingual tablet under the tongue.
4. Instruct resident to close his/her mouth and to not swallow or chew until the tablet has completely dissolved. Eating, drinking, and smoking should be avoided while the tablet is dissolving.
5. Instruct the resident to avoid rinsing the mouth for several minutes after the tablet has dissolved.
6. Wash your hands.

4. NASAL INHALERS, SPRAYS, AND PUMPS ADMINISTRATION PROCEDURE

Purpose
To administer nasal medications in a safe and accurate manner.

Equipment Required
1. Inhalation or spray medication
2. Medication Administration Record (MAR)

Procedures
1. Determine that an adequate amount of medication is remaining in the aerosol canister or pump.
2. Have resident blow his/her nose gently to clear the nostrils.
3. Shake the medication container.
4. Administer medication to resident or help resident to do so if capable, following the directions shown below.
    a. Have resident keep head upright. Press a finger against the side of the nose to close one nostril. Keeping mouth closed, tip of pump, spray or inhaler is inserted into the nostril. Have resident sniff in through open nostril while pump or inhaler is quickly and firmly squeezed or activated.
    b. Instruct resident to hold his/her breath for a few seconds and then breathe out through mouth.
    c. Repeat for other nostril if indicated.
5. Wash your hands.

5. NOSE DROPS ADMINISTRATION PROCEDURE

Purpose
To relieve inflammation and/or congestion of the mucous membranes through the administration of medications into the nasal cavity.

Equipment Required
1. Prescribed Solution
2. Tissues or Sterile Gauze
3. Medication Administration Record (MAR)

Procedures
1. Have resident gently blow his/her nose to clear the nostrils.
2. Have resident lie on a bed with the head tilted back and the neck supported, as shown.
3. Shake the nose drops container.
4. Insert the dropper tip into the nostril about 1/3 inch, and place the prescribed dose or number of drops in the nostril. Avoid touching dropper tip to nose.
5. Instruct resident to remain in the same position for at least five (5) minutes.
6. Repeat with other nostril if indicated.
7. Wash your hands.

6. EYE DROPS ADMINISTRATION PROCEDURE

Purpose
To administer ophthalmic solution into and around the eye in a safe and accurate manner.

Equipment Required
1. Bottle of Eye Drops
2. Sterile Gauze Pad
3. Medication Administration Record (MAR)

Procedures
1. Shake the eye drops container.
2. Remove the cap, taking care to avoid touching the dropper tip.
3. Have resident tip his/her head back slightly.
4. Pull the lower eyelid down and away from the eyeball to form a pocket, as shown.
5. Hold the dropper tip directly over the eye, taking care to avoid touching the eye or eyelid.
6. Instruct resident to look upward, and place one drop into the pocket, continuing to hold the eyelid for a moment to allow the medication to distribute.
7. Release the eyelid and instruct the resident to close the eye for one or two minutes. Do not allow the resident to squeeze the eye shut or rub the eye. If stinging or burning occurs, reassure the resident that this is temporary.
8. Use gauze to remove any excess drops on the resident's face.
9. Replace the cap on the eyedrops container.
10. Wash your hands.

7. EYE OINTMENT AND GEL ADMINISTRATION PROCEDURE

Purpose
To administer ophthalmic ointment or gel into and around the eye in a safe and accurate manner.

Equipment Required
1. Tube of Ophthalmic Ointment or Gel
2. Sterile Gauze Pad
3. Medication Administration Record (MAR)

Procedures
1. Remove the cap from the medication tube, taking care to avoid touching the tip of the tube.
2. Have the resident tilt his/her head back slightly.
3. Pull the lower eyelid down and away from the eyeball as shown, to form a pocket.
4. Squeeze the tube and apply the prescribed amount of ointment or gel to the inner surface of the lower eyelid. Do not touch the tip of the medication tube to the eye or the eyelid.
5. Release the eyelid and instruct the resident to gently close the eye, and to keep it closed for one (1) to two (2) minutes. While the eye is closed, it may be gently rotated to distribute the medication.
6. Instruct the resident to avoid squeezing the eye shut or rubbing the eye.
7. Replace the cap on the medication tube.
8. Wipe off any excess gel or ointment with the gauze pad.
9. Inform the resident that eye ointments/gels can temporarily blur the vision.
10. Wash your hands.

8. EAR DROPS ADMINISTRATION PROCEDURE

Purpose
To administer medication into the auditory canal.

Equipment Required
1. Medication in Dropper Bottle
2. Cotton Balls
3. Medication Administration Record (MAR)

Procedures
1. Warm the ear drops, if cold, by holding the container in your hand for a few minutes. Do not warm the container in hot water, since instillation of a hot liquid into the ears can cause pain, nausea and dizziness.
2. Shake the container.
3. Have the resident tilt his/her head to one side, or lie down with the affected ear facing up.
4. Open the container and position the dropper tip near, but not inside, the ear canal opening, to avoid contamination.
5. Pull the resident's ear backward and upward to open the ear canal.
6. Place the proper number of drops into the ear canal, and replace cap on container.
7. Gently press the small, flat skin flap over the ear canal to force out air bubbles and encourage drops down the ear canal.
8. Instruct resident to stay in the same position for at least five (5) minutes. If the resident is unlikely to be able to comply with this requirement, place a clean piece of cotton ball into the ear canal opening to prevent medication from draining out.
9. Repeat the procedure for the other ear if indicated.
10. Gently wipe any excess medication off the outside of the ear.
11. Wash your hands.

9. ORAL INHALATION ADMINISTRATION PROCEDURES

Purpose
To allow for correct administration of oral inhalers to residents, and for instruction in proper technique for those residents able to administer the medication to themselves.

Equipment Required
1. Metered Dose Inhaler
2. Aerochamber or Spacer Device

Procedures
1. Determine that an adequate amount of medication is remaining in the aerosol canister.
2. Remove the cap and hold the inhaler upright.
3. Shake the inhaler.
4. Attach the aerochamber or spacer device.
5. Instruct the resident to tilt his/her head back slightly, stand or sit up as straight as possible, and breathe out through mouth.
6. Place aerochamber with inhaler attached into mouth.
7. Instruct resident to inhale slowly as you depress the canister to release the medication.
8. Breathe in and out normally for one (1) minute, keeping aerochamber in place in the mouth.
9. Repeat doses as prescribed (see below for general guidelines on spacing of doses/medications).
10. Have resident rinse his/her mouth and spit out the rinse water.
11. Wash your hands.

*Aerochambers or spacers should be used with most inhalers to facilitate proper dosing in this patient population.

Spacing and Proper Sequence of the different inhalers is important for maximum drug effectiveness. If more than one inhaler is used, following the sequence below provides the most benefit to the patient.

1. Bronchodilators/Beta Agonists
   (albuterol/Ventolin, Proventil; metaproterenol/Alupent; pirbuterol/Maxair; bitolterol/Tornalate)
   - These agents work by promoting bronchodilation by relaxing bronchial smooth muscle

2. Anticholinergic Agents
   (ipratropium/Atrovent)
   - Antagonizes the action of acetylcholine with resulting bronchodilation
   - Minimal systemic activity
   - Is used for maintenance therapy only, not acute episodes
   - May be more useful than traditional bronchodilators in chronic bronchitis

3. Miscellaneous Agents
(cromolyn/Intal; nedocromil/Tilade)
- Stabilizes mast cells and inhibits the release of histamine from these cells
- Must be used on a regular basis, not useful on a PRN basis
- May be used prophylactically prior to exercise

4. Corticosteroids
(beclomethasone/Beclovent, Vanceril; triamcinolone/Azmacort; flunisolide/AeroBid; dexamethasone/Decadron)
- Anti-inflammatory agents that may have a variety of actions useful in management of COPD
- Must be used on a regular basis, not PRN agents
- Minimal systemic activity

10. RECTAL SUPPOSITORY ADMINISTRATION PROCEDURE

Purpose
To administer medication rectally in a safe and accurate manner; to maintain and regulate a therapeutic regimen of bowel evacuation.

Equipment Required
1. Rectal Suppository as ordered
2. Disposable Glove
3. Lubricant
4. Tissue
5. Paper Towel
6. Medication Administration Record (MAR)
7. Bedpan or Commode where applicable

Procedures
1. Assist resident in turning to left side with knees bent.
2. Remove wrapper from suppository.
3. Put glove on right or left hand.
4. Lubricate index finger and suppository.
5. Separate buttocks.
6. Insert suppository gently into rectum beyond sphincter about 3 inches.
a. Ask the resident to take a deep breath, to relax the anal sphincter.
7. Apply pressure with tissue over anus briefly until desire to expel suppository has passed.
a. Instruct resident to retain suppository for 10–15 minutes if possible.
8. Place tissue and glove in paper towel.
9. If suppository was for bowel evacuation, assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.
    a. Leave call signal with resident or check back at intervals.
10. Elevate head of bed to Fowler's position if the resident remains in bed.
11. Remove soiled articles. Place in covered, plastic-lined container in utility room.
12. Wash your hands.
13. Document effect of suppository if for bowel evacuation.

11. RECTAL ENEMA ADMINISTRATION PROCEDURE

Purpose
To administer medication rectally in a safe and accurate manner; to maintain and regulate a therapeutic regimen of bowel evacuation.

Equipment Required
1. Rectal enema as ordered
2. Disposable Gloves
3. Lubricant
4. Tissue
5. Paper Towel
6. Medication Administration Record (MAR)
7. Bedpan or Commode where applicable

Procedures
1. Assist resident in turning to left side with knees bent.
2. Prepare enema for administration.
3. Put gloves on.
4. Separate buttocks.
5. Insert enema tip gently into rectum beyond sphincter about 3 inches.
    a. Ask the resident to take a deep breath, to relax the anal sphincter.
6. Slowly empty the contents of the enema into the colon.
    a. Instruct resident to resist urge to expel colon contents while enema is being administered, and afterward for as long as possible.
    b. If resident is uncomfortable, flow may be too fast.
    c. Enema solution should be retained until definite lower abdominal cramping is felt.
7. Remove gloves and discard appropriately.
8. If enema was for bowel evacuation, assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.
    a. Leave call signal with resident or check back at intervals.
9. Elevate head of bed to Fowler's position if the resident remains in bed.
10. Remove soiled articles. Place in covered, plastic-lined container in utility room.
11. Wash your hands.
12. Document effect of enema if for bowel evacuation.

12. VAGINAL MEDICATION ADMINISTRATION PROCEDURE

Purpose
To administer vaginal medication safely and accurately for therapeutic effect.

Equipment Required
1. Medication
2. Sterile Glove
3. Water-Soluble Gel, if appropriate
4. Applicator, if appropriate
5. Tissue
6. Paper Towel
7. Medication Administration Record (MAR)

Procedures
1. Place tablet/suppository in applicator or draw cream/gel into applicator.
2. Have resident lie on back with knees flexed and legs spread apart, or on left side with knees bent.
3. Wearing sterile gloves, examine perineum.
    a. Clean area if discharge is noted.
4. With one hand, spread apart the labia.
    a. Place applicator into vagina and advance the plunger to instill gel or cream or to release tablet or suppository.
    b. If without applicator, insert lubricated tablet or suppository approximately 3-4 inches into vaginal area.
5. Wipe lubricant from vaginal area with tissue.
6. Advise resident to remain lying down for about 30 minutes.
7. Place tissue and glove in paper towel.
8. Place wrapped, soiled articles in covered, plastic-lined container in utility room.
9. Wash your hands.

13. ENTERAL TUBE MEDICATION ADMINISTRATION PROCEDURES

Purpose
To safely and accurately administer oral medications through an enteral tube.

Equipment Required
1. Medication(s)
2. Feeding (50cc) Syringe
3. 75–100 ml water
4. Clamp
5. Stethoscope
6. Drinking cup

Procedures
1. If resident is in bed, elevate head of bed to 45-degree angle.
2. Inflate trach cuff if necessary.
3. Verify tube placement.
    a. Unclamp tube and use either of the following procedures:
        1) insert a small amount of air into the tube with the syringe and listen to stomach with stethoscope for gurgling sounds; or
        2) aspirate stomach contents with syringe.
4. Reclamp tube to maintain a closed system. Check that breathing tube is not clamped.
5. Prepare medications for administration.
    a. Mortar and pestle are preferable to tablet crusher for preparing tablets for enteral administration to allow smaller particle size.
    b. Consult "Crush Guidelines" before crushing tablets
    c. Crush tablets and dissolve in 10–15 ml of water or other appropriate liquid.
    d. Empty capsule contents into 10–15 ml of water or other appropriate liquid.
    e. Dilute liquid with 10–15 ml of water, using up to 60 ml of water as for oral administration.
    f. Dilute gastric irritants in water for highly concentrated solutions.
6. Flush the tube with 30ml of water prior to medication administration.
7. Administer each medication separately, flushing tube with 5 ml of water after each dose.
    a. Administer liquid medications first, then those that need to be diluted. Reserve thick medications, e.g., antacids, for last.
    b. Allow medication to flow down tube via gravity.
    c. Give gentle boosts with the plunger (approximately 1 inch down) if the medication will not flow by gravity. Repeat if necessary. Do not push medications through the tube.
8. Flush the tube with 30 ml of water and clamp for 30 minutes before reattaching.
9. Leave head of bed elevated for 30 minutes to prevent aspiration of stomach contents.
10. Leave trach cuff inflated for 30 minutes.
11. Clean feeding syringe and return to bedside stand.
12. Wash your hands.

14. TRANSDERMAL DRUG DELIVERY SYSTEM (PATCH) APPLICATION PROCEDURES

Purpose
To administer medication through the skin for continuous absorption while the patch is in place, through proper placement of the patch and care of the application sites.

Equipment Required
1. Medication Patch
2. Alcohol Wipes

Procedures
1. Identify the location on the body for patch placement.
2. Remove old patch from body.
3. Cleanse area of old patch with alcohol wipe.
4. Remove new patch from package and envelope.
5. Apply new patch firmly against skin.
6. Wash your hands.
7. Document placement site on MAR as follows:

SITE	CODE
Left upper arm	LA
Right upper arm	RA
Left upper thigh	LT
Right upper thigh	RT
Left chest	LC
Right chest	RC
Left upper back	LB
Right upper back	RB
For transdermal scopolamine:	
Behind left ear	LE
Behind right ear	RE

15. INTRAMUSCULAR MEDICATION ADMINISTRATION

Purpose
To administer an aqueous suspended medication into the intramuscular tissue.

Equipment Required
1. Medication as ordered, reconstituted if appropriate.
2. Syringe capable of holding the medication.
3. Sterile needle (size depends on the size of the resident, viscosity of drug, comfort of the drug).
4. Alcohol wipes.

Sites of Administration
1. Ventriogluteal (front of hip area).
2. Deltoid (arms).
3. Dorsogluteal (back buttock).
4. Vastus lateralis (upper lateral area of leg).
5. Rectus femoris (medial upper leg).

Procedures
1. Prepare medication as follows:
    a. Calculate correct amount of medication.
    b. Shake well if required.
    c. Prepare syringe and needle.
        1) Swab rubber cap with alcohol sponge.
        2) Pull back plunger to draw a volume of air into the syringe equal to volume of medication to be given. Inject air into vial.
        3) Withdraw correct amount of medication.
        4) Create air lock in syringe.
        5) Recap needle.
2. Select an appropriate site for injection.
3. Adjust resident's position.
4. Cleanse skin with alcohol sponge, using circular motion from center of chosen site until an area about 3 inches in diameter has been prepared
5. Expel air from syringe.
6. Expose site to be injected.
7. Gently tap the area to stimulate nerve endings and minimize initial pain.
8. Stretch the skin so that it is taut, to ease needle insertion.
9. Using the other hand to hold the syringe, insert the needle at a 90-degree angle; use a quick, dart-like thrust.
10. Pull back on plunger to see if needle is in a blood vessel. If so, withdraw needle, secure new equipment and medication, and repeat procedure.
11. Hold the needle steady and inject the medication at slow, even rate.
12. Withdraw needle rapidly.
13. Swab the area with an alcohol wipe in a circular motion.
14. Discard syringe and needle in designated area. Do not recap needle.

15. Wash hands.
16. Document the injection on the MAR along with site used, as follows:

SITE	CODE
Left Buttock	LB
Right Buttock	RB
Left Arm	LA
Right Arm	RA
Left Thigh	LT
Right Thigh	RT

16. SUBCUTANEOUS MEDICATION ADMINISTRATION PROCEDURES

Purpose
To administer a parenteral medication into the subcutaneous tissue in order to promote slow medication absorption and prolong medication action.

Equipment Required
1. Sterile syringe and appropriate gauge needle
2. Alcohol wipes
3. Medication container

Procedures
1. Prepare medication as follows:
    a. Calculate correct amount of medication.
    b. Shake well if required.
    c. Prepare syringe and needle.
        1) Swab rubber cap with alcohol sponge.
        2) Pull back plunger to draw a volume of air into the syringe equal to volume of medication to be given. Inject air into vial.
        3) Withdraw correct amount of medication.
        4) Create air lock in syringe.
        5) Recap needle.
2. Select an appropriate site for injection.
3. Adjust resident's position.
4. Cleanse skin with alcohol sponge, using circular motion from center of chosen site until an area about 3 inches in diameter has been prepared.
5. Expel air from syringe.
6. Expose site to be injected.
7. Gently tap the area to stimulate nerve endings and minimize initial pain.
8. Grasp and pinch a cushion of flesh.
9. Hold needle with bevel side up and insert at a 45-degree angle.
10. Insert needle quickly.
11. Pull back on plunger to see if needle is in a blood vessel. If so, withdraw needle, secure new equipment and medication, and repeat procedure.
12. Inject medication slowly.
13. Remove needle quickly.
14. Wipe area with alcohol sponge. Apply pressure over the injection site for 2 minutes.
15. Discard syringe and needle in designated area. Do not recap needle.
16. Wash hands.
17. Document the injection on the MAR along with site used, as follows:

SITE	CODE
Left Buttock	LB
Right Buttock	RB
Left Arm	LA
Right Arm	RA

Left Thigh	LT
Right Thigh	RT
Left Abdomen	LS
Right Abdomen	RS

17. INFUSION THERAPY MEDICATION ADMINISTRATION PROCEDURES

Purpose
To provide for the safe and accurate administration of parenteral medications through the vein.

Equipment Required
1. Infusion therapy medication prepared by provider pharmacy.
2. Emergency or unstable IV medication prepared in the facility, if not prepared by provider pharmacy.
3. Alcohol wipes.

Procedures
1. Obtain infusion therapy medication.
2. Draw required amount of medication into syringe.
3. Complete "Infusion Therapy Solution/Additive" label and place on IV bag or bottle
4. Clamp tubing.
5. Wipe rubber stopper of infusion therapy solution container with alcohol swab.
6. Follow procedures for adding medication directly to solution or via "piggyback" according to type of system in use.
7. Unclamp tubing and allow fluid to flow through.
8. Regulate flow of medication infusion as prescribed.
9. Discard syringe and needle in designated area. Do not recap needle.
10. Wash hands.
11. Document in Nursing Progress Notes:
    a. type of solution and medication
    b. duration of medication infusion
    c. any untoward reactions

MEDICATION MONITORING

SUPPLEMENT TO SECTION III.A.
MEDICATION MONITORING

1. DRUG REGIMEN REVIEW (Monthly Report)

Policy
The facility supports pharmacy services that promote quality care including drug regimen review (DRR). DRR is defined as the systematic evaluation of drug therapy viewed within the context of resident-specific data. The consultant pharmacist reviews the medication regimen of each resident at least monthly and a medication review must be performed for any resident whose length of stay is less than 30 days. Findings and recommendations are reported to the administrator, director of nursing, the attending physician, and the medical director, where appropriate.

Procedures

a. The facility assures that the consultant pharmacist has access to residents and the residents' medical records; the provider pharmacy's resident medication profiles, if requested; the facility's records of medication receipt and disposition; medication storage areas; and controlled substances records and supplies.

b. DRR activities include but are not limited to the following:
   1) Evaluating medication orders to determine that the resident's orders represent optimal therapy for that individual:
      a) A written diagnosis or indication supports each medication order.
      b) Indications for use and therapeutic goals are consistent with current medical literature and clinical practice guidelines.
      c) Medications demonstrate a favorable benefit-to-risk ratio in that resident, and this is reevaluated on a periodic basis.
      d) Generic drug products are listed as bioequivalent to the innovator product according to the FDA product equivalence publication (Orange Book).
      e) Duplication of medication orders include a written rationale for the duplication.
      f) Route of administration is appropriate for the resident, considering absorption, bioavailability, onset of action, metabolism and excretion.
      g) Dosage form is compatible with the resident's needs, considering texture, taste, and ability to consume.
      h) The prescribed dose is appropriate to the resident's clinical status.
      i) The administration schedule is appropriate for the resident, considering side effects (such as sedation) and compatibility with other medications and diet.
      j) The duration of therapy is indicated and is appropriate for the resident.
   2) Evaluating response to drug therapy to assure that each resident receives optimal drug therapy:

a) The resident's response to drug treatment is evaluated through the use of laboratory data, physical assessment, medication administration record, and other data to determine if therapeutic goals are achieved.
b) Side effects, adverse reactions, and interactions (drug–drug, drug–diet, drug–lab test and drug–disease) are evaluated, and modifications or alternatives are considered.
c) Medical condition and response to drug therapy are used to evaluate the drug regimen for unnecessary medications.

c. In performing drug regimen review, the consultant pharmacist incorporates federally mandated standards of care, in addition to other applicable professional standards, such as the American Society of Consultant Pharmacists (ASCP) Practice Standards, and clinical standards such as the Agency for Health Care Policy and Research (AHCPR) Clinical Practice Guidelines and American Medical Directors Association (AMDA) Clinical Practice Guidelines.

d. Resident-specific DRR recommendations and findings are documented and acted upon by the facility and/or physician.

e. The consultant pharmacist compiles and analyzes data collected during DRR and presents findings to the (Quality Assessment and Assurance Committee or Pharmaceutical Services Subcommittee) as a part of the facility continuous quality improvement (CQI) program.

*Simonson, W. Consultant Pharmacy Practice, available through Roche Laboratories or the American Society of Consultant Pharmacists

Resources for Drug Regimen Review

Agency for Health Care Policy and Research
Executive Office Center
2101 East Jefferson Street, Suite 501
Rockville, MD 20852
www.ahcpr.gov

American Medical Directors Association
800-876-2632

American Society of Consultant Pharmacists
Guidelines for Assessing the Quality of Drug
Regimen Review in Long-Term Care Facilities
1321 Duke Street
Alexandria, VA 22314-3563
703-739-1300
www.ascp.com

2. MONITORING OF MEDICATION ADMINISTRATION

Policy
The consultant pharmacist evaluates medication administration to verify that the resident has received medications in accordance with the prescriber's orders and facility policy. Procedures, personnel, and techniques are monitored, and intervention is provided when necessary. Medication monitoring includes, but is not limited to, medication pass observation, which is conducted by the consultant pharmacist or other designated facility or pharmacy personnel.

Procedures

a. The consultant pharmacist reviews written records to determine that:
   1) Medications are administered at the frequency and times indicated in the prescriber orders.
   2) "Stop order" policies, where utilized, are observed.
   3) "Standing orders," where utilized, are implemented appropriately.
   4) Refusal or inability of the resident to take medications is evaluated, documented and responded to appropriately.
   5) Alteration of dosage forms, such as pill crushing, has not impaired therapeutic response.
   6) Administration of medications is documented, including the frequency and reason for administration of as needed (PRN) medications.
   7) Residents who self-administer medications are counseled regarding technique. The consultant pharmacist routinely evaluates the resident's response to therapy, refill frequency, storage conditions, and medication information needs.

b. The consultant pharmacist observes the medication administration techniques of staff and/or assists and advises the facility in conducting medication administration ("med pass") observations as follows:
   1) The facility (Pharmaceutical Services Subcommittee/Quality Assessment and Assurance Committee) establishes the methodology, schedule of frequency, and responsibility for conducting medication pass observations.
   2) The medication pass observation may include, but not be limited to:
      a) identification of the drug product given
      b) observation and recording of the administration of drugs, including:
         (1) identification of patient
         (2) preparation for administration
         (3) time of administration
         (4) technique of administration
         (5) documentation of administration
      c) reconciliation of observation with prescriber's orders, including:
         (1) identification of any orders omitted
         (2) verification of current orders for drug given
      d) calculation of medication error rate
      e) determination of significance of medication errors observed
   3) Medication error rates are monitored and addressed as a part of the facility continuous improvement (CQI) program.

3. PSYCHOACTIVE DRUG MONITORING

Policy
Residents who receive antidepressant, hypnotic, antianxiety, or antipsychotic medications are monitored to evaluate the effectiveness of the medication. Every effort is made to ensure that residents receiving these medications obtain the maximum benefit with the minimum of untoward effects.

Procedures

a. Residents receive a psychoactive medication only if designated medically necessary by the prescriber. The medical necessity is documented in the resident's medical record and in the care planning process.

b. The continued need for the psychoactive medication is reassessed regularly by the prescriber and the care planning team. If continuation is deemed necessary, this is indicated in the medical record. Effects of the medications are documented as a part of the care planning process. Unless medically contraindicated, periodic dosage reductions are attempted and the results documented.

c. Nonpharmacological interventions such as behavior modification or social services and their effects are documented as a part of the care planning process, and are utilized by the prescriber in assessing the continued need for psychoactive medication.

d. Therapy with psychoactive drugs is initiated at a low dose and gradually increased as necessary whenever possible.

e. Dose scheduling of the psychoactive medications takes into account the resident's lifestyle and habits; for example, a resident should not be awakened to receive a medication for insomnia.

f. Initiation and dosing of the psychoactive medication follows recommendations from the medical literature, clinical practice guidelines, and regulations and standards.

g. All of the following conditions are satisfied prior to initiation and/or continuation of therapy:
    1) Possible reversible causes for the resident's distress have been ruled out.
    2) Use results in maintenance or improvement in the resident's functional status.
    3) Long-term daily use has been accompanied by unsuccessful gradual dosage reductions.
    4) The need for and response to therapy are monitored and documented in the resident's medical record.

h. For deviation from the recommended dosage and dosage reduction criteria, the clinical record contains evidence to support justification for use of a drug not meeting the dosage criteria but considered clinically appropriate by the physician. Examples include:

1) a medical or psychiatric consultation or evaluation supporting confirming physician's conclusion.
2) physician, nurse, or other health professional documentation that the resident is being monitored for adverse consequences or complications of therapy.
3) documentation that previous dosage reductions have been unsuccessful.
4) documentation of resident's subjective or objective improvement or maintenance of function while on the regimen in MEDICINE CHEST ion.
5) documentation that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine that the regimen in MEDICINE CHEST ion is not the cause.
6) documentation that the resident's age, weight, or other factors require a unique drug dose or duration.
7) other evidence that may be used to justify the regimen in MEDICINE CHEST ion.

i. The consultant pharmacist compiles, analyzes, and presents data related to psychoactive drug use in the facility as a component of the CQI process.

j. The facility utilizes the data presented by the consultant pharmacist (and others) to formulate and monitor psychoactive drug use improvement plans.

k. Psychoactive drug monitoring guidelines include but may not be limited to:

Antianxiety/Sedative Drugs

1) Residents receive antianxiety/sedative drugs only when:
   a) the resident has been diagnosed with one of the following indications, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or subsequent editions:
      (1) Generalized anxiety disorder.
      (2) Organic mental syndrome (delirium, dementia, and amnestic and other cognitive disorders) with associated agitated behaviors.
      (3) Panic disorder.
      (4) Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder.
   b) Use of antianxiety/sedative drugs is equal to or less than the total daily dose shown below unless higher doses are necessary for the improvement or maintenance in the resident's functional status:

DRUG	RECOMMENDED DOSE/DAY (mg) FOR THE ELDERLY
Short-acting Benzodiazepines	
Alprazolam	0.75
Estazolam	0.5

Lorazepam	2
Oxazepam	30
Long-acting Benzodiazepines	
Chlordiazepoxide	20
Clonazepam	1.5
Clorazepate	15
Diazepam	5
Flurazepam	15
Halazepam	40
Quazepam	7.5
Other antianxiety/sedative drugs	
Chloral hydrate	750
Diphenhydramine	50
Hydroxyzine	50

c) The above dosage guidelines do not apply to the following conditions:
   (1) diazepam used for neuromuscular syndromes.
   (2) clonazepam used for bipolar disorders, tardive dyskinesia, nocturnal myoclonus, or seizure disorders.
   (3) long-acting benzodiazepines being used to withdraw residents from short-acting benzodiazepines.

2) Behavioral monitoring charts or a similar mechanism are used to document the resident's need for and response to drug therapy.

3) A gradual dosage reduction is attempted at least twice in one year before concluding that dosage reduction is clinically contraindicated.

Antidepressants

1) Residents receive antidepressant drugs only when:
   a) The resident has been diagnosed with a medical or psychiatric condition for which an antidepressant is clinically appropriate.
   b) The resident has no coexisting medical conditions for which antidepressant drugs would be a contraindication; or the risk/benefit ratio has been considered and documented.
2) Sufficient time is allowed to observe the effect of an antidepressant dosage before determining that a given dose is ineffective. When changing from one antidepressant to another, a "washout" period is allowed, as appropriate.
3) The resident's subjective and/or objective improvement or maintenance of function is documented.
4) The resident is evaluated periodically for continued need for the antidepressant medication, which may include a dosage reduction trial.

Antipsychotics

1) Antipsychotics are given only if the resident has been diagnosed with one of the following indications, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or subsequent editions and the diagnosis is documented in the medical record, or if the resident is under psychiatric care for a diagnosis not included on the list:
    a) schizophrenia
    b) schizo-affective disorder
    c) delusional disorder
    d) psychotic mood disorders (including mania and depression with psychotic features)
    e) acute psychotic episodes
    f) brief reactive psychoses
    g) schizophreniform disorder
    h) atypical psychosis
    i) Tourette's disorder
    j) Huntington's disease
    k) organic mental syndromes (including dementia, delirium, and amnestic and other cognitive disorders) with associated psychotic and/or agitated behaviors
2) Residents receive antipsychotic medication only for behaviors that are quantitatively and objectively documented through the use of behavioral monitoring charts or a similar mechanism.
3) Residents receive antipsychotic medication only for behaviors that are persistent, that are not caused by preventable reasons, and are causing the resident to:
    a) present a danger to self or others
    b) continuously scream, yell, or pace
    c) experience psychotic symptoms (such as hallucinations, paranoia, delusions)
4) The above guidelines and recommended dosages below do not apply to the following conditions:
    a) Short-term symptomatic treatment (7 days) for residents with hiccups, nausea, vomiting, or pruritus.
    b) Residents with nausea and vomiting secondary to cancer or cancer chemotherapy.
5) Antipsychotics are not used solely for the following conditions if there is no other indication:
    a) wandering
    b) poor self-care
    c) restlessness
    d) impaired memory
    e) anxiety
    f) depression without psychotic features
    g) insomnia
    h) unsociability

i) indifference to surroundings
j) fidgeting
k) nervousness
l) uncooperativeness
m) agitated behaviors that do not represent danger to the resident or others

6) Antipsychotic drugs are not used in excess of the doses shown for residents with "organic mental syndromes" as shown in 1) k) above, unless higher doses are necessary to maintain or improve the resident's functional status:

DRUG	RECOMMENDED DOSE/DAY (mg) FOR THE ELDERLY
Chlorpromazine	75
Promazine	150
Triflupromazine	20
Thioridazine	75
Mesoridazine	25
Acetophenazine	20
Perphenazine	8
Fluphenazine	4
Trifluoperazine	8
Chlorprothixene	75
Thiothixene	7
Haloperidol	4
Molindone	10
Loxapine	10
Clozapine	50
Prochlorperazine	10
Risperidone	2
Olanzapine	10
Quetiapine	200

7) Residents receive gradual dose reductions of the antipsychotic drug, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
   a) Clinical contraindication means that:
      (1) the resident has a specific condition as listed in 1) a) through k) above and a history of recurrent psychotic symptoms that have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects.
      (2) the resident has "organic mental syndrome" and has had a gradual dose reduction attempted twice in one year that resulted in the return of symptoms for which the drug was prescribed to a degree that cessation was discontinued, or a return to a higher dose was required.
      (3) the resident's physician provides a justification for the continued use of the drug and dosage as clinically appropriate, and this

justification appears somewhere in the resident's medical record. The justification includes:

(a) a diagnosis with description of symptoms
(b) a discussion of the psychiatric and medical differential diagnosis
(c) a description of the rationale for the choice of a particular treatment(s)
(d) a discussion of why the present dose is necessary to manage the resident's symptoms

8) Residents who are receiving antipsychotic drug therapy are adequately monitored for significant side effects of such therapy, through the use of the AIMS, or DISCUS and other appropriate tests.

Hypnotics

1) Residents receive hypnotic drugs only when:
   a) the dose of the drug is equal to or less than shown below unless higher doses, as evidenced by resident response and/or clinical record, are necessary for maintenance or improvement in resident's functional status:

DRUG	RECOMMENDED DOSE/DAY (mg) FOR THE ELDERLY
Alprazolam	0.25
Chloral hydrate	500
Diphenhydramine	25
Estazolam	0.5
Hydroxyzine	50
Lorazepam	1
Oxazepam	15
Temazepam	7.5
Triazolam	0.125
Zolpidem	5

2) A gradual dosage reduction is attempted at least three times within six months before a clinical contraindication is documented.
3) The drugs listed below are not initiated for any resident. If a resident is admitted to the facility using one of these drugs, a gradual dosage reduction is attempted.

Barbiturates	Ethchlorvynol
Glutethimide	Meprobamate
Methprylon	Paraldehyde

4. DOCUMENTATION AND COMMUNICATION OF CONSULTANT PHARMACIST RECOMMENDATIONS

Policy
The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding residents' drug therapy are communicated to those with authority and/or responsibility to implement the recommendations, and responded to in an appropriate and timely fashion.

Procedures

a. A record of the consultant pharmacist's observations and recommendations is made available in an easily retrievable form to nurses, physicians, and the care planning team. This should include:
    1) Documentation of the date each medication regimen review is completed on the appropriate form and notation of the findings in the medical record or other designated site.
    2) A standard format utilized by clinical care providers, such as SOAP or FARM notes may be used to record and/or communicate pharmacist findings.
    3) The consultant pharmacist documents potential or actual medication therapy problems and other drug regimen review findings appropriate for prescriber and/or nursing review.

b. Comments and recommendations concerning drug therapy are communicated in a timely fashion. The timing of these recommendations should enable a response prior to the next drug regimen review. In the event of a problem requiring the immediate attention of the prescriber, the responsible physician or physician's designee is contacted by the consultant pharmacist or the facility, and prescriber response is documented on the consultant pharmacist review record or elsewhere in the resident's medical record.

c. The consultant pharmacist and the facility follows up on his/her recommendations to verify that appropriate action has been taken.

d. Recommendations to residents who self-administer medications are presented in a clear and concise manner, including written as well as verbal information when appropriate.

e. Recommendations regarding implementation of facility policies, procedures, and/or methods of medication administration are made by the consultant pharmacist when appropriate

f. (A copy of the drug regimen review notification form is sent to each attending physician new to the facility, with an explanatory cover letter.

g. The consultant pharmacist compiles, analyzes, and presents aggregate data about recommendations, response to recommendations, and outcomes as part of the pharmacy CQI program in the facility.

APPENDIX 1: TABLE OF WEIGHTS AND MEASURES

1 milligram	equals	.001 gram (gm)
1 milliliter	equals	1 cc
1 pint	equals	16 ounces (oz)
1 quart	equals	2 pints
1 gallon	equals	4 qts
5 grains (gr)	equals	325 mg
1 grain	equals	65 mg
1/2 grain	equals	32 mg
1/4 grain	equals	16 mg
1/100 grain	equals	0.6 mg
1/150 grain	equals	0.4 mg
1/200 grain	equals	0.3 mg
1 teaspoonful (tsp)	equals	5 ml
1 tablespoonful (tbsp)	equals	15 ml
1 fluid ounce (oz)	equals	30 ml

APPENDIX 2: MEDICAL ABBREVIATIONS

The (Pharmaceutical Services Subcommittee of the) Quality Assessment and Assurance Committee has adopted the following list of abbreviations and symbols to be used in the facility for ordering and charting medications:

Orders relating to the forms of medications

Abbreviation	Meaning	Abbreviation	Meaning
Cap.	Capsules	sl.	Sublingual
comp.	Compound	Ext.	Extract
Elix.	Elixir	Ung.	Ointment
I.M.	Intramuscular	Syr.	Syrup
I.V.	Intravenous	Subcu,SQ, SC	Subcutaneous
Liq.	Liquid	S.O.S.	If required
Tab.	Tablet	O2	Oxygen
Tinct.	Tincture	Aq.	Water
p.o.	By mouth	C	With
N.P.O.	Nothing by mouth	S	Without
I.V.P.B.	Intravenous piggyback	Amp.	Ampule
Gtts.	Drops	Supp.	suppository

Times of medication administration

Abbreviation	Meaning	Abbreviation	Meaning
a.c.	Before meals	q.h.	Every hour
Ad lib	Freely, as desired	q.2h	Every two hours
a.m.	Morning	q.3h	Every three hours
h.,hr.	Hour	q.4h	Every four hours
h.s.	At bedtime	q.i.d.	Four times daily
p.c.	After meals	Stat	Immediately
p.m.	Afternoon	t.i.d.	Three times daily
p.r.n.	Whenever necessary	b.i.d.	Two times daily
q.	Each, every	q.a.m.	Every morning
u.d.	As directed		

Weights and measurement abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
Amt.	Amount	mEq.	Milliequivalents
Cc	Cubic centimeter	Oz.	Ounce
C.	Centigrade	#	Number
F.	Fahrenheit	q.s.	Quantity sufficient
Gm.	Gram	Tbsp.	Tablespoon
Gal.	Gallon	Tsp.	Teaspoon
Gr.	Grain	U.	Unit
Kg.	Kilogram	Wt.	Weight
M.	Meter	aa.	Of each

Mcg.	Microgram	ml.	Milliliter
mm.	Millimeter	mm Hg	Millimeters of mercury
M mol	Millimole	Mosm	Milliosmole
Mg.	Milligram	m.	Minim
ss.	One half	Ng.	nanogram

Abbreviations associated primarily with the history and admission of the patient

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
ADM	Admission, admit	NKA	No Known Allergies
O	Objective	P	Plan
A&W	Alive and Well	PTA	Prior to admission
CC	Chief complaint	RXN	Reaction
C/O	Complaints of	SH	Social History
D/C, DC	Discontinue, discharge	S&S	Signs and symptoms
PMH	Past medical history	TPR	Temperature, pulse, respiration
DX	Diagnosis	UK	Unknown
ER	Emergency Room	WM	White male
FH	Family history	WNL	Within normal limits
F/U	Follow up	W/U	Work up
S	Subjective	YO	Year(s) old
H/O	History of	WDWN	Well developed, well nourished
H&P	History & physical	VS	Vital signs
HPI	History of present illness	WF	White female
Hx	History	NEF	Negative
N	Normal	NC	Non-contributory
NA	Not applicable	NAD	No acute distress

Laboratory Test Abbreviations

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
Alb.	Albumin	Hgb	Hemoglobin
ASO	Antistreptolysin O titer	CBC	Complete blood count
Bili	Bilirubin	BUN	Blood urea nitrogen
CPK	Creatine phosphokinase	Diff.	Differential blood count
ESR	Erythrocyte sedimentation test	FBS	Fasting blood sugar
GTT	Glucose tolerance test	HAA	Hepatitis Australian antogen
Hct	Hematocrit	SGOT	Serum-glutamic oxaloacetic

			transaminase
K	Potassium	TIBC	Total iron binding capacity
LFT	Liver function tests	SGPT	Serum glutamic-pyruvic transaminase
Lytes	Serum electrolytes	MCH	Mean corpuscular hemoglobin
RBC	Red blood cell	MCHC	Mean corpuscular hemoglobin concentration
WBC	White blood cell	Chol	Cholesterol
Na	Sodium	CO2	Carbon dioxide
Cl	Chloride	MCV	Mean corpuscular volume
PFT	Pulmonary function tests	PMN	Polymorphonuclear monocyte
Plt	Platelets	PT	Prothrombin time
PTT	Partial thromboplastin time	Retic	Reticulocyte
RF	Rheumatoid factor	Fe	Iron
Sp. Gr.	Specific gravity	RFT	Renal function tests
Segs	Polymorphonuclear leukocytes	SMAC	Sequential multiple analyzer computer
BCP	Blood chemistry profile	SR	Sedimentation rate
T3	Triiodothyronine	T4	THYROXINE
TBG	Thyroid binding globulin	TNTC	Too numerous to count
UA	Urinalysis	TP	Total protein

X-ray Studies Abbreviations

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
CXR	Chest x-ray	UGI	Upper gastrointestinal study
IVP	Intravenous pyelogram	BE	Barium enema
CAT	Computerized axial tomography	MRI	Magnetic resonance imaging

Abbreviations associated with prescription directions

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
A.D.	Right ear	O.D.	Right eye
Ad lib	As desired	O.S.	Left eye
A.S.	Left ear	O.U.	Both eyes
A.U.	Both ears	QS	As much as desired
NG	Nasogastric	R	Rectal
Sig	Directions for use	TO	Telephone order

VO	Verbal order	SO	Standing order

Medical Conditions

Abbreviation	Meaning	Abbreviation	Meaning
AF	Atrial fibrillation	PA	Pernicious anemia
AI	Aortic insufficiency	PAC	Premature atrial contraction
AKA	Above knee amputation	PAT	Paroxysmal atrial tachycardia
ARF	Acute renal failure	PND	Paroxysmal nocturnal dyspnea
ASCVD	Arteriosclerotic coronary vascular disease	PUD	Peptic ulcer disease
ASHD	Arteriosclerotic heart disease	PVC	Premature ventricular contraction
BBB	Bundle branch block	PVD	Peripheral vascular disease
BPH	Benign prostatic hypertrophy	RA	Rheumatoid arthritis
CA	Carcinoma	RF	Renal failure
CAD	Coronary artery disease	RSR	Regular sinus rhythm
CHF	Congestive heart failure	RVH	Right ventricular hypertrophy
CLL	Chronic lymphocytic leukemia	SIADH	Syndrome of inappropriate ADH secretion
CML	Chronic myelogenous leukemia	SLE	Systemic lupus erythematosus
COLD	Chronic obstructive lung disease	SOB	Shortness of breath
COPD	Chronic obstructive pulmonary disease	SVT	Supraventricular tachycardia
CRF	Chronic renal failure	TB	Tuberculosis
CVA	Cerebrovascular accident	TIA	Transient ischemic attack
DJD	Degenerative joint disease	URI	Upper respiratory infection
DM	Diabetes mellitus	UTI	Urinary tract infection
ECG	Electrocardiogram	VF	Ventricular fibrillation
FX	Fracture	DVT	Deep vein thrombosis
HH	Hiatal hernia	FUO	Fever of unknown origin

IHSS	Idiopathic hypertrophic subartic stenosis	HA	Headache
MI	Myocardial infarction	HTN	Hypertension
IDDM	Insulin dependent diabetes mellitus	LAH	Left atrial hypertrophy
LES	Lower esophageal sphincter	NIDDM	Non-insulin dependent diabetes mellitus
GERD	Gastroesophageal reflux disease		

Abbreviations for Anatomy and Physiology

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
Abd.	Abdomen	LS	Limbo-sacral
BM	Bowel movement	LUE	Left upper extremity
BP	Blood pressure	LUQ	Left upper quadrant
CNS	Central nervous system	RLE	Right lower extremity
GI	Gastrointestinal	LLE	Left lower extremity
Ax.	Axillary	Os.	Mouth
GU	Genitourinary	RUE	Right upper extremity
RUQ	Right upper quadrant	RLQ	Right lower quadrant
LLQ	Left lower quadrant	TPR	Temperature, pulse, respiration
VS	Vital signs		

Abbreviations for drug names

Abbreviation	**Meaning**	**Abbreviation**	**Meaning**
ACTH	Adrenmocorticotropic hormone	5-FU	5-fluorouracil
ASA	Aspirin	HC	Hydrocortisone
D5S	5% dextrose in normal saline	MOM	Milk of magnesia
D5W	5% dextrose in water	KCl	Potassium chloride
D10S	10% dextrose in normal saline	MVI	Multiple vitamin infusion
D10W	10% dextrose in water	NPH	Neutral protamine hagedorn insulin
D.S.S.	Dioctyl sodium sulfosuccinate	NS	Normal saline
EC	Enteric-coated	PCN	Penicillin
FA	Folic acid	PPD	Purified protein derivative
FeSO4	Iron	PZI	Protamine zinc insulin

Reg	Regular insulin	SSKI	Saturated solution of potassium iodide