

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
POLICY AND PROCEDURE MANUAL

Date of Issue: 2/5/91

Section Number 149

**Date Revised: 12/16/91; 4/20/92; 5/8/95; 1/26/00; 5/7/02; 7/21/09; 7/22/10; 3/24/16,
2/10/21**

Policy 149 – Residential Drugs/Prescriptions

I. POLICY

Southern Highlands Community Mental Health Center has the responsibility to provide for the safety, health and well-being of the residents in their residential facilities.

It is, therefore, considered a basic requirement to ensure that the residents receive legally prescribed medication(s) and required health care services.

II. PROCEDURES

A. Prescribed Medications

1. Residents, who are capable, are to be allowed to self medicate.
2. All prescribed medications for those not self medicating are to be administered by a Center nurse, physician, or duly licensed staff in compliance with state law.
 - a. All medication will be kept in a locked cabinet. Controlled drugs will be double locked in the cabinet. Oral and non-oral medication will be stored separately to reduce the possibility of error in route of administration or use.
3. Each case record shall contain a medication sheet to make specific, written record of medications or provisions of medical service to house residents. Completed medication records shall become a permanent, official document of Southern Highlands CMHC.
4. Initial prescriptions will be issued by the attending physician. The staff person accompanying the consumer to the medical appointment will be responsible for giving the original prescription to the Residential Nurse or pharmacist immediately following the appointment. Upon receiving the prescription, the Residential Nurse will ensure delivery of the prescription to the pharmacy. Residential LPN staff will pick up prescriptions at the pharmacy.

5. When refills are needed, the assigned residential LPN will assume the responsibility for this activity by calling the pharmacy and/or completing the refill request form.
6. When the last refill has been called or faxed into the pharmacy, the nurse will check for upcoming appointment with the provider and schedule if needed.
7. Case Managers and the Residential Director will be notified by the Residential RN of doctor's visits. This notification is by a calendar of appointments distributed at the beginning of each month.
8. Each new prescription will be counted and recorded in accordance with procedures established by the residential nurse.
9. If medication is to be dispensed in any Day Treatment setting, the LPN will take steps to ensure that the medication is transferred to that setting in an efficient and sanitary manner.
 - a. The pharmacy will be contacted by the Residential LPN or Residential RN to dispense two labeled containers for the medication. The containers will have no more than a one month supply for any Day Treatment setting.
 - b. The labeled container for Day Treatment will be taken to the dispensing LPN prior to the next dosage that is due in Day Treatment.
 - c. A medication count will be completed by the Day Treatment dispensing LPN and designated personnel. If an overage is found, the pharmacy and residential nurse will be notified.
10. If a resident is signing out of the home/ facility for an extended period, he/she will take their medications with them. Medications will be counted upon leaving and returning. The medications will be listed on a modified medication sheet which must be completed by the residential LPN or Residential RN prior to the visit.
 - a. The resident will leave the home/ facility only as per Section 174 of the Southern Highlands' Policy and Procedure Manual. The Resident Responsibility Form must be signed by a responsible party.

11. Orders for antibiotics will be stopped after 14 days and orders for controlled substances for pain will be stopped after 10 days unless otherwise specified by physician. See Section D – Disposing of Medications.

B. Training

Staff in the group homes, ISS homes, or other facilities operated by Southern Highlands will receive specific training to include, but not limited to, medications, diet, ability to evacuate, CPR, First Aid and side effects of medications. Other training will be provided when identified as needed.

C. Medication Side Effects

Southern Highlands plays an important role in helping consumers maintain themselves on prescribed medication and assuring that they get required psychiatric care.

It is incumbent on the medical staff at Southern Highlands to explain to the consumer, who has been prescribed medications, any particular side effects likely to occur to the particular consumer taking the medication in compliance with Section 173.

If at any time a consumer shows any indication he/she is having an adverse reaction to medication, the following procedure is to be used:

1. Observe the symptoms the consumer is exhibiting.
2. Check the listing of medications showing possible side effects.
3. If the consumer has the listed symptoms, call the residential nurse, Center nurse or emergency room at the local hospital.
4. Follow instructions given by the medical person.
5. Document all the above.
6. Notify the Program Director.
7. In case of a life threatening adverse event, emergency medical services should immediately be accessed and the consumer transported to the emergency room before contacting the Residential Nurse.

D. Disposing of Medications

Often medications are prescribed and then discontinued, resulting in a supply of unusable medications in the group home. When this occurs, the following procedure is to be followed:

1. Non-controlled medications:

The Residential LPN will complete the “Medications to be Destroyed Form” which includes the name of the medication, the dosage of the medication, and the number of medications that are to be destroyed. The Residential LPN then disposes of the medications in the approved RX drug buster. An incident report will be completed citing which medication was destroyed, the reason for destroying the medication, number of pills destroyed, and signature of the nurse. The form and incident report are sent to the program RN.

Controlled Medications:

The Residential LPN will complete a “Medications to be Destroyed Form” and a count of the medication and take it to the Program RN. The Program RN and the Residential LPN will count the medication and dispose of the medication in the approved RX drug buster. An incident report will be completed citing which medication was destroyed, the reason for destroying the medication, number of pills destroyed, and signature of both nurses as witnesses.

E. Inventory of Medications

Monthly, The program RN and one assigned LPN will complete the inventory at each site. Inventory forms/reports are kept on hand for review for appropriate individuals.

In the programs where prescribed to consumers, one time each week two LPN’s or one LPN and assigned staff will conduct a medication count. One time each month, the Program Registered Nurse and Licensed Practical Nurse will complete a medication count for each site which includes Day Program medications maintained at the Center. Any discrepancy will be reported to the Chief Nursing Officer immediately. Inventory forms/reports are kept on hand for review for appropriate individuals.

All Schedule II – V controlled substances that are obtained or dispensed are to be recorded on the declining count log furnished by the pharmacy for each consumer. A

separate log is kept verifying that all controlled substances have been counted. Shift counts are to be done by two nurses at the beginning and end of each shift. When it is not possible for two staff to conduct the count, it must be recorded on the count log. Any error committed should be found and corrected. If the error cannot be found, the supervisor and consulting pharmacist should be notified and an Adverse Incident Form completed.

Medications for the CSU and HOPE facilities are maintained in an electronic dispensing Cubex machine (Medication dispenser). Controlled medications in the Cubex are counted by the administering nurse each time the medication is pulled from the machine. The machine keeps a current count of all medications in the machine. Cycle counts can be completed by the Program RN at any time. (*This protocol will be utilized for further sites if more Cubex are implemented*).

STORAGE

All drugs will be kept in a locked secure area. Controlled drugs will be double locked. No more than two (2) keys will be maintained for the cabinet, one by each of the two (2) nurses or one by a nurse and the other by the physician or supervisor. In residential group and/or ISS sites the medication key is kept in a locked box that has a code only known by the nurses administering medications at the site. Oral and non-oral medications must be stored separately to prevent error in administration of the medication. At least monthly all medications stored at SHCMHC will be checked for expiration date and those expired will be handled as outlined in Section D – Disposing Of Medications

- f. All medications on hold for residents who are outside the facility shall be retained at the facility until the disposition of the resident (upon commitment).
- g. If a consumer signs out of facility against medical advice and leaves their medication SHCMHC will hold the medication up to five days unless other medications are made.

F. Self- Medication

Residents in residential facilities, who are capable, are responsible for handling their own medications, though some may need assistance in doing so. This determination is made by completing a “Self-Administration of Medication Assessment” form (see attached). This form will be completed by the Registered Nurse and reviewed with the treatment team.

Once the self-administration assessment has been conducted, the resident should be continuously reminded of the importance of acquiring this skill as it relates to successful independent community living.

Caution should be taken so that a resident does not become dependent upon staff assistance when it is not necessary. To ensure that continuous progress is achieved, evaluations of a resident's self-education skills should occur every 90 days and findings presented during the interdisciplinary team meetings and an appropriate reduction in the degree of supervision should follow.

If it is necessary for a resident's medication to be supervised, other medication will be stored in a locked medicine cabinet provided for that purpose. All supervised medication plans will assure that the resident is observed administering his own medication according to the prescribing physician's dosage schedule.

1. Each resident has the right to self administer drugs unless the interdisciplinary team has determined that this practice is unsafe for that resident.
2. Self-administration of medication assessment is to be administered by the Registered Nurse (SH110) and the interdisciplinary team further evaluates the resident's cognitive, physical, psychological/psychiatric, and visual ability to carry out this responsibility. This will be completed for any consumer that utilizes pill planners.
3. If resident is determined to be incapable of carrying out responsibilities because it would be a danger to the resident or others, the team may withdraw this right.
4. The medication will be stored in the medication cabinet.
5. The residential LPN will monitor to see that the resident takes the medication. In supported sites where consumers have been determined to be able to self medicate, the ACT RN/LPN will assist the consumer in filling up their pill planner and monitor compliance with taking medications.
6. Residents not able to self-medicate will be assisted in taking their medication by residential LPN or staff licensed to dispense medications.

Name: _____

SELF MEDICATION ASSESSMENT (For consumers over age 12 years)

INSTRUCTIONS:

If a consumer is able to self-medicate, all items listed in Part I must be completed independently. Part II must be completed to determine medication program needs and supports.

Part I. Self Medication Requirements

- | | | |
|---|------------------------------|-----------------------------|
| 1. Able to independently read and understand drug labels for medication ordered | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Able to independently open and access medication container. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Able to correctly identify and take the correct dosage of medication. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Able to correctly take medication at the correct time it is ordered. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Able to correctly take medications as ordered at correct circumstance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

Based on Part 1 of this assessment, this consumer is able to self-medicate. Yes No

Part II. Medication Program Skill Assessment

A. Cognitive Skills

- | | | |
|---|------------------------------|-----------------------------|
| 1. Displays recognition of name when called to take medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Responds correctly to one step command | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Responds correctly to two step commands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Able to obtain a glass of water from sink, with verbal prompts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Able to independently obtain a glass of water from sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Able to pour drink into a cup | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Recognizes own name in print | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is able to read simple sentences | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Identifies common shapes and sizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is able to count up to five (5) objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Able to tell time up to the hour and/or half hour | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Follows daily schedule independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Follows daily schedule with prompts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Identifies the days of week/month | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

B. Sensory Skills

- | | | |
|---|------------------------------|-----------------------------|
| 1. Able to visually discriminate a variety of sized objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Able to visually discriminate between different colors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Requires visual aides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Responds to voices spoken in a normal tone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Requires auditory aides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SELF MEDICATION ASSESSMENT

Name: _____

Comments: _____

C. Motor Skills

- 1. Able to grasp with either hand a variety of sized objects Yes No
- 2. Able to bring either hand to his/her mouth Yes No
- 3. Has functional use of either arm Yes No
- 4. Has functional use of either hand/fingers Yes No
- 5. Consumer is ambulatory Yes No
- 6. Able to open containers Yes No

Comments: _____

D. Communication Skills

- 1. Verbalizes single words Yes No
- 2. Verbalizes simple sentences Yes No
- 3. Verbally indicates wants/needs Yes No
- 4. Speech is intelligible Yes No

Comments: _____

E. Behavioral

- 1. Consumer is resistive to opening his/her mouth Yes No
- 2. Consumer often refuses to take medications Yes No
- 3. Has a history of suicide attempt with use of medications Yes No

Comments: _____

Part III. Current Medication Skills

- 1. Takes medication from caregiver and puts in his/her mouth without prompting Yes No
- 2. Takes medication from caregiver and puts in his/her mouth with prompting Yes No
- 3. Swallows with verbal cues or readily swallows after medication is inserted Yes No
- 4. Can tell general times of day medications are to be taken (i.e., lunch, bedtime) Yes No
- 5. Correctly states the purpose of medication(s) Yes No
- 6. Correctly identifies side effects/adverse reactions of medication(s) Yes No
- 7. Dispenses correct amount of medication Yes No

Part IV. Self Medication Program Recommendations

Self Medication Assessment Administered By:

_____ RN
Signature

Date

_____ RN
Printed Name

Credentials