

LINK ASSOCIATES
POLICY/PROCEDURE

Section: Program, Policy 3: Medication Administration

I. POLICY

Link Associates believes that we have a responsibility to ensure consumer health and safety in the use of medications through careful adherence to medication administration, storage and disposal procedures as ordered by the consumer's physician, the regulations of the Iowa Department of Inseptions and Appeals (DIA) and the Iowa Board of Pharmacy. In addition, we maintain that each consumer has the right to freedom from unnecessary drugs or medication, including but not limited to drugs used for chemical restraint. To promote and support consumer independence, all consumers should receive all information needed to make informed consent regarding their medications and should be considered for self-administration of their medication.

II. PROCEDURE

A. General Guidelines and Instructions for Administering Medications

1. Only employees, other than a licensed nurse or physician, who have successfully completed a ten hour course approved by the State of Iowa Board of Pharmacy Examiners and the Iowa Department of Health, medication manager clinical training at Link Associates, and a supervised medication pass are eligible to administer medications to consumers. All medication managers shall successfully complete a Medication Administration Review Class twice each year.
2. Agency medication managers shall adhere to the responsibilities and competencies of medication managers as outlined in Unit 1, pages 1:2 through 1:3 and Unit 3, pages 3:3 through 3:5 of the most recently published curriculum guidelines for Medication Manager (Copies available at each site) and the following:
 - a. Medication managers shall be familiar with drug reference materials, their use, and location(s) and medication administration resources referenced in this policy.
 - b. Medication managers cannot discontinue a medication without a physician's order or direction from the agency nurse.
 - c. Medication managers shall contact the agency nurse, the on-call supervisor, or the pharmacist with any question(s) concerning medications or their administration. No medication shall be administered if there are any uncertainties.
3. All medication managers shall follow general procedures for administering all nonparental medications as outlined in the most recently published curriculum guidelines for Medication Manager. See Unit 3 pages 3:7 through 3:10 and Unit 5 pages 5:3 through 5:28 and the following:
 - a. General administration procedures:
 1. Review the Medication Administration Record (MAR) for verification of order. If unclear or questions exist, consult the original order or drug reference book for questions about the medication.
 2. Understand the purpose, side effects and any special precautions of the medication and drug interactions. Consult a drug reference book if needed.
 3. Wash hands, using proper technique
 4. Assemble necessary supplies (i.e. bubble pack from bin, medication cup, water, etc.).
 5. Verify bubble pack or pill bottle label with MAR comparing consumer name, drug, strength/dose, route of administration, date/day and time.
 6. Identify the proper consumer.
 7. Proceed with specific administration procedures for the identified method of taking or using medications (i.e. oral, eye or ear drops, topical lotions/ointment, rectal, etc)
 8. Wash hands, using proper technique
 9. Sign MAR or medication verification form in all areas indicated.

- b. Medications must be given within thirty (30) minutes of the time ordered (30 minutes before Or after), unless approved by the agency nurse and/or physician. A medication incident report form must be completed and reviewed by the agency nurse if a medication is given outside the time frame without approval. (see section E for detailed med error procedures)
- c. When a medication is discontinued, draw a vertical line at the stop date and clearly print "DC'd" and the stop date to the right of the line on the MAR and initial. A yellow marker should be used to highlight the name, dose and route of the medication and through the entire medication line, with the exception of the days/dates the medication was given. A diagonal line should be made on the medication label of the bubble pack with "DC'd" written on it. This medication shall then be placed in a "discontinued drug" container and maintained in locked storage or returned to the agency nurse or pharmacy.
- d. Routine or ongoing medications shall be delivered monthly by the vendor pharmacy. Supervisors or their designee, supporting consumer's independent of the vendor pharmacy, shall be responsible to insure medications are delivered and available for administration.
- e. When a new medication is ordered or medications are delivered for the next medication rotation period, the medication manager shall ensure that the medication matches the physician's order and shall then add the medication to the MAR. When adding a new medication to the MAR prescribed after the pharmacy printed MAR is distributed, clearly print on the next available space on the correct page (chronic, PRN or treatment) of the existing MAR all of the following:
- Name of the medication
 - Strength and form of the medication
 - Dose
 - Time of administration
- Draw a vertical line at the date the medication is to begin and write "start date" and the date, to the left of the vertical line. If the medication is time specific and shall not be administered through the end of the month. Draw a vertical line at the stop date. At the date the medication is discontinued, complete procedure "c" directly above. If there is no existing MAR, use a blank MAR and complete as directed. The medication manager shall note on the back of the MAR that the medication was checked against the physician's order.
- f. Refusal by a consumer to take any dose of a medication shall be documented on a Behavioral Incident Report form, CM-28. The medication manager shall notify the consumer's supervisor or designee if a trend of 3 medication refusals or more within a seven(7) day period are documented.
- g. Medication managers are not to dispose of any medications. Any medications that have been dropped, refused, not used or expired shall be placed in an approved and supplied container. Medication managers will label the container with the consumer's name, date, and program/site, and placed in a "discontinued drug" container for temporary storage. As soon as possible, the medications shall then be transported by staff to the nurse or to the pharmacy. The nurse shall return medications to the pharmacy for disposal.
- h. Medications shall be stored in accordance with any special instructions from the pharmacy. Any medication that requires refrigeration shall be kept in a locked box in a refrigerated unit or in a medication fridge that is locked or kept within a locked office. Any medication requiring protection from light shall be kept in a dark area within a locked drawer or cabinet.
- i. Any schedule II drugs shall be kept in a locked box within a locked medication cabinet. An individual inventory record shall be kept for each Schedule II drug, counted two times in each 24 hour period by two medication managers. At locations or situations where this is not possible, the medication shall be counted whenever administered and at shift change by two medication managers.

- j. All medication orders shall have an automatic stop schedule unless the prescriber specifies a differing number of doses or duration of therapy to be given. The agency nurse shall notify all physicians annually of the agency's "Automatic Stop Order Policy" for the following:
- Cough and cold preparations 10 days
 - Decongestants and antihistamines for acute conditions 30 days
 - Controlled substance analgesics for acute conditions 30 days
 - Antibiotics for acute conditions 10 days
 - Ophthalmic antibiotic and steroid preparations for acute problems 10 days
 - Antidiarrheals for acute conditions 10 days
 - Topicals for acute conditions 10 days
- k. Medication manager or designee, shall phone or fax in all medication refills when no less than 5 days remain. The vendor pharmacy contact information shall be available at each site. Should a shortage be discovered at any time, contact the pharmacy, after hours emergency number for the vendor pharmacy or the on-call supervisor. Agency nurse or designee shall be contacted for approval to deliver medications to locations other than the administration building.

B. General Guidelines and Instructions for Administering OTC (over the counter) or PRN (as needed) Medications

1. Medication managers shall follow general medication administration procedures as referenced in Program Policy 3, Medication Administration, A2-A3, when administering OTC or PRN medications.
2. The agency nurse shall authorize the administration of all PRN/OTC medications not listed on program specific exemption lists (see attachment A: B1d and C5c; attachment B:A1i).
3. Administration of OTCs or PRN medication to a consumer shall be documented on the back of the MAR sheet under nursing notes and shall include:
 - a. Time medication was administered
 - b. Initials of the medication manager
 - c. Complaint or reason for giving the med
 - d. Effect of medication
4. The consumer shall be assessed after 30 to 60 minutes for the effect of the medication and the consumer's response documented on the back of the MAR. If symptoms persist, the nurse or program supervisor should be consulted.
5. The nurse shall review all PRN medications administered during the monthly MAR review.

C. General Guidelines and Instructions for Psychotropic Drugs

1. A staffing team, including the consumer's parent/guardian shall be called together to review information for consideration of psychotropic medication.
2. Based on the review of documented baseline data including frequency, intensity, and duration of the target behavior and all previously attempted drug-free behavior management methods and their results, the team shall make recommendations for referral to a psychiatrist or physician of choice.
3. The individual or provider responsible for the referral for evaluation and treatment shall be identified during the staffing.
4. The program supervisor and/or Case Coordinator of a consumer receiving residential services at Link shall coordinate the evaluation, treatment, and any follow-up needed, including behavior management programming.
5. If an emergent situation arises and a staffing team cannot be pulled together in a timely fashion, the program supervisor shall contact the guardian for approval to seek medical evaluation,

treatment, and psychotropic medications if recommended by the psychiatrist or physician of referral.

6. The consumer's team members from Link shall at all times advocate for the minimum dosage possible to maintain therapeutic levels and behavioral norms.

D. Medication Administration Records (MARs)

1. The MAR sheet is generated by the consumer's pharmacy or the agency nurse and clerical support on a monthly basis.
2. Unexplained or blank squares on the MAR sheet or are not acceptable.
3. Documentation on the MAR shall be in dark ink (black preferred).
4. The following symbols should be used when recording medication administration:
 - a. W = consumer shall be receiving medication at his/her place of employment.
 - b. R = medication refused by consumer, must be documented on back of MAR and Behavioral Incident Report completed.
 - c. V = consumer out for weekend, week, or just a few days.
 - d. H = medication withheld, (i.e. consumer is vomiting, lab work ordered, unanswered questions about the medication at the time of administration) provide documentation on back of MAR, nursing notes section.
 - e. A = consumer is absent from the day programming area.
 - f. L = medication is given more than thirty (30) minutes prior to or after the designated medication time, document reason on back of MAR, nursing notes section
 - g. O = (circle around staff's initials) for anything that cannot be explained with the above symbols and include a detailed explanation on back of MAR, nursing notes section.
5. Medication Incident Report Forms must be written for MAR sheet squares filled in with the following symbols:
 - a. O = (circle around staff's initials) for anything that cannot be explained with the above symbols and include a detailed explanation on back of MAR, nursing notes section. A medication incident report does not need to be written if this symbol is used to document that medications were set up for a non-med manager by a med manager at an HCBS location.
 - b. H = medication withheld
 - c. L = medication given more than thirty- (30) minutes prior to or after the designated time.
6. MAR sheets shall be distributed no later than the last day of each month. The medication manager shall compare the new MAR to the existing MAR. The medication manager shall note any changes on the new MAR and notify the nurse of the same. The medication manager reviewing the new MAR and noting changes shall sign on the back and note in the nurse's note section that the review was completed.
7. Medication managers shall be familiar with commonly used abbreviations related to drug administration listed in Unit 2 on page 5 of the most recently published curriculum guidelines for Medication Manager and the drug-related abbreviations discussed in medication manager clinical.

E. Medication Administration Errors

1. A medication error occurs when one or more of the "seven rights" is not observed. When a medication error occurs, the following procedure shall be utilized:
 - a. The agency nurse on-call shall be contacted for instruction when deemed appropriate by the program supervisor.
 - b. The agency nurse or designee shall contact the consumer's physician when medication reactions, problems or serious errors occur as deemed necessary by the agency nurse or designee.

- c. Monitor the consumer involved in the error closely.
 - d. All questions or information required on a Medication Incident Report shall be completed and signed by the employee finding the error.
 - e. The program supervisor shall review the form; insure all information and signatures are complete, and then forward to the nurse within 24 hours for review and signature.
 - f. The form shall be placed in the consumer's file upon signature by all parties.
 - g. The nurse shall review and make notations on Medication Incident Reports.
 - h. The nurse shall record medication error data for review and program evaluation.
2. Employees shall be subject to the Disciplinary Process referenced in the employee handbook, "General Work guidelines-Persistent Medication Errors",
 - a. Failure to demonstrate medication administration competency (Section A2)
 - b. Failure to fulfill the responsibilities of medication administration (Section A3) by violating any one of the seven rights (consumer, time, medicine, dose, route, date/day, and recording)
 - c. Failure to adhere to procedures outlined in Program Policy #3: Medication Administration and all subsections
 - d. Failure to report a medication error from the previous shift(s).
3. The severity and frequency of the incident(s) shall determine the appropriate disciplinary action.

[Back to Table of Contents](#)

LINK ASSOCIATES
POLICY/PROCEDURE

Section: Program, Policy 3: Medication Administration
Attachment A – Residential Procedure

I. PROCEDURE

Follow all general procedures and drug safeguards for administering, storing, and disposing of medications per Program Policy #3: Medication Administration including the following:

A. GENERAL GUIDELINES

1. A copy of all current resource materials referenced in Policy #3: Medication Administration shall be maintained at each residential site.
2. Medications shall be stored in lock boxes or locked drawers in cabinets when more than one person resides at the location. Location of boxes shall vary at individual locations. All keys for the locked boxes or medication storage areas must be stored in a secured and identified location with access only by staff. The location will be identified and included on the new hire orientation list for each individual site.
3. When a new medication is ordered by a physician, the supervisor or designee shall be responsible for notifying the agency nurse and Case Coordinator of the new medication. The supervisor or designee shall also be responsible for assuring the order is filed and transported to or delivered by the consumer's pharmacy to the consumer's location and entered on the MAR sheet per Program Policy #3: Medication Administration. The consumer's pharmacy or the Agency Nurse shall supply a printed MAR by the first of each month.
4. When a resident is leaving his/her home for **more than 24 hours**, medications must be ordered from the pharmacy for the time period the resident shall be absent. Orders should be submitted to the pharmacy a minimum of 24 hours in advance of the resident's absence.
5. The individual responsible for medications for any period of any time the resident is away from their home including vacation (such as a family member or trip leader) shall sign for the receipt of the medications on the medication sign out form. The medication managers shall check any medications that are returned at the conclusion of the trip against the medication sign-out form.
6. When a consumer is discharged, the program supervisor shall notify the nurse. The nurse shall obtain the doctor's order for the disposition of all medication. The program supervisor shall record the doctor's orders on the discharge order sheet for inclusion by the Case Coordinator in the discharge summary.
7. Medication Managers shall follow all procedures for administering medications described in Program Policy 3 and its attachments for offsite medication administration when a consumer has time away from his/her usual residence or location for medication administration.

B. GENERAL GUIDELINES FOR HCBS LOCATIONS

1. A written prescription for medications that are prescribed shall be obtained from the physician. All staff assisting a consumer with a medical appointment shall be required to obtain a signed Patient Report and Order Form.
2. Medication orders shall be maintained in the consumer's file and reviewed and signed by the physician at least annually. A medication manager may issue medication for a consumer who is leaving the residence for **less than 24 hours** in accordance with the following:
 - a. All medications that are scheduled for a specific time (e.g. all 8 am meds) may be packaged together. Medication Managers will pop out the tab/capsule from the bubble pack and, place the medication in the approved and stocked containers. Each container may hold only medications that are to be given at the same time.

- b. Write on the container:
 1. Consumer name
 2. Medication name
 3. Each medication's Strength and Dose
 4. Route
 5. Date and Time to be administered.
 - c. Repeat this process for each set of medications to be taken at different medication administration time periods throughout the time away from home.
 - d. Complete the Medication Sign-out form (MD-20) and have the family/guardian sign for the medications.
3. A medication manager shall be responsible for administering medications to consumers. In the event that a medication manager is not available for administering medications for an upcoming period of time, a medication manager shall set up medications in the appropriate medication dispenser for the appropriate time(s) and day(s) for distribution by a non-med manager HCBS staff.
 4. The medication manager shall then sign off medications on the consumer's MAR for all medications that he/she placed in the medication dispensers.
 5. The non-med manager HCBS staff OR the medication manager assisting the consumer in taking his/her medications from the dispensers, shall sign off on a Medication Verification Form or a black and white copy of the MAR marked "non med-manager MAR" acknowledging that medication(s) have been taken.
 6. Over the counter medications:
 - a. HCBS staff shall assist consumers with the purchase of OTC (over the counter) medication(s). Prior to purchase, medication manager, supervisor, pharmacist, or nurse must identify allergies and possible interactions with other medications
 - b. HCBS staff shall assist consumers in ensuring all OTC medications are labeled with the consumer's name, dosage (recommended by the manufacturer) and the medication's expiration date.
 - c. The information sheet enclosed with the product should be placed in the medication book. If no information sheet is available or the information is included on the exterior packaging of the product, a copy of information about the OTC included in the Pill Book or Nursing Drug Handbook, located at each site, may be used.
 - d. The following list of over the counter medications may be purchased by staff without nursing or physician approval. Prior to purchase, medication manager, supervisor, pharmacist, or nurse must identify allergies and possible interactions with other medications.
 1. Analgesics (i.e. Tylenol, aspirin, ibuprofen)
 2. Anti-acids (i.e. Pepto-Bismol, Maalox, Tums)
 3. Laxatives (i.e. Correctol, Fibercon, Metamucil)
 4. Cough Drops (any brand)
 5. Lotion or skin creams (any brand)
 6. Mouthwash – any which does not contain alcohol
 7. Eye drops (i.e. Visine, artificial tears)
 - e. HCBS staff shall assist consumers with administration of OTC as needed

C. GENERAL GUIDELINES FOR RCF LOCATIONS

1. Every medication, including OTC medications, must be prescribed by each consumer's physician. Copies of all medication orders and Physician Report and Order forms shall be maintained in the consumer's file at the residence.
2. A copy of the consumer's physician's order for prescription and PRN medications shall be forwarded by the nurse to the physician for review and signature every 90 days and retained in the consumer's file at the residence.

3. All medications shall be dispensed from the pharmacy in unit dose containers (bubble packs). The agency nurse can make exceptions in emergent or time sensitive situations.
4. A medication manager may issue medication for a consumer who is leaving the residence for **less than 24 hours** in accordance with the following:
 - a. All medications must be packaged individually. Medication Managers will pop out the tab/capsule from the bubble pack and place the medication in an approved and stocked container. Each container may hold only one medication.
 - b. The container will be labeled with:
 1. Consumer name
 2. Medication name
 3. Strength and Dose
 4. Route
 5. Date and Time to be administered.
 6. Facility Name
 - c. Repeat this process for each set of medications to be taken at different medication administration time periods throughout the time away from home.
 - d. Complete the Medication Sign-out form (MD-20) and have the family/guardian sign for the medications.
5. General Guidelines for PRN medications:
 - a. All PRN orders shall be dose and time specific.
 - b. All PRN medications shall be packaged and labeled per State requirements and include
 1. Consumer's first and last full name
 2. Physician's name
 3. Prescription number
 4. Name and strength of drug
 5. Directions
 6. Date of issue
 7. Name and address of the pharmacy or physician ordering the medication
 - c. Only PRN analgesics (i.e. Tylenol (APAP), Ibuprofen, aspirin (ASA), etc.) OR over the counter laxatives (i.e. Fibercon, Metamucil, Correctol, etc.) may be administered without prior approval by the agency nurse or the prescribing physician in the absence of the nurse. The nurse prior to administration must approve any PRN medication other than analgesics or laxatives.
 - d. The medication manager must complete the process of medication administration including preparation, administration, and charting. The medication manager must document on the back of the MAR, that he/she received approval to administer the PRN medication at that time.

D. GENERAL GUIDELINES FOR PHARMACY REVIEW

- a. An inspection by a registered pharmacist shall be completed not less than every 90 days. The agency nurse shall accompany the pharmacist to the residential facility and complete the inspection.
- b. The pharmacist shall complete a report and review it with the nurse and program supervisor.
- c. The pharmacist and Administrator shall sign the report.
- d. The nurse shall retain a copy of the report and the program supervisor shall file a copy at the residence. Copies shall be distributed to the Program Director and Administrator.
- e. The program supervisor shall complete all necessary corrective actions and report the results to the Administrator.

[Back to Table of Contents](#)

LINK ASSOCIATES
POLICY/PROCEDURE

Section: Program, Policy 3, Medication Administration
Attachment B – Vocational/Day Program Procedure

I. PROCEDURE

Follow all general procedures and drug safeguards for administering, storing, and disposing of medications per Program Policy #3: Medication Administration including the following:

A. GENERAL GUIDELINES AND INSTRUCTIONS FOR ADMINISTERING MEDICATIONS

1. General Procedures for All Vocational Areas

- a. There shall be a separate binder containing the medication administration records (MARs) for each consumer in their respective departments. MAR charting for each area shall follow the procedure outlined in Section D of the Program Policy #3: Medication Administration. In addition, medication managers in the pre-vocational/day program areas shall mark an X on the MAR to account for each weekend day or holiday when the pre-vocational/day program area is closed.
- b. It shall be the responsibility of the medication manager to pull empty bubble packs/cassettes for the changeover and to check in new bubble packs for each pre-vocational/day program area. All bubble packs/cassettes with medications remaining at the time of changeover shall be delivered to the agency nurse for return to the pharmacy.
- c. Medication manager or designee shall phone or fax in all medication refills when not less than 5 days remain and document on the MD-22a who took the order, the date, and the time the medication was ordered. The Medication manager or designee shall phone a vocational only consumer's parent/guardian and/or residential provider when refills are needed. A copy of the medication reorder form (MD-22a) shall be given to the agency nurse.
- d. During scheduled medication administration times, the assigned medication manager shall administer medications to only one consumer at a time, and never leave the medication storage area unlocked or unattended.
- e. A copy of the physician's order for all medications (prescription or over-the-counter) must be submitted to the agency nurse prior to administration of any drug. Orders must be renewed annually.
- f. Medications may be administered by a medication manager for consumer(s) leaving the vocational center on an enclave or a community outing in accordance with the following:
 1. A separate container must be used for each medication
 2. Each container must be labeled with the date, consumer's name, medication, its strength, dose, and time of administration.
 3. Medications for all consumers participating on the outing shall be transported in a locked box with refrigeration (ice pack/cooler) when necessary..
 4. The locked box and key shall remain in the possession of the medication manager attending the outing.
 5. The medication manager shall document on the back of the MAR stating that the medications were issued for an off-site activity.
 6. The medication manager supervising the off-site activity and assisting the consumer with the medication shall upon return document on the MAR according to section D in Program Policy #3.
 7. Medication Managers shall follow all procedures for administering medications described in Program Policy 3 and it's attachments, for offsite medication administration when a consumer has time away from his/her usual program or location for medication administration.

- g. The agency nurse shall perform a monthly quality assurance inspection of the med cart.
- h. The agency nurse, outreach director, or designee is authorized to receive and sign for medication deliveries.
- i. Any PRN medication other than analgesics or laxatives must be approved by the nurse, or or designee identified in the consumer's plan, prior to administration.
- j. Vocational personnel shall assign a primary Medication Manager who shall be responsible for administering scheduled medications to consumers within their areas. The identified supervisor shall assign a replacement medication manager as absences or paid time off occurs.
 - 1. The assigned medication manager shall obtain keys from a box kept at the reception desk. Keys shall be signed out on the board near the key box.
 - 2. The assigned med managers shall have three (3) keys on their set. One to unlock the medication room, one to unlock the medication cart, and the third to open the narcotics box.
 - 3. The medication cart shall remain in the medication room and locked at all times when unattended by a medication manager. The medication cart room shall remain locked at all times when unattended by a medication manager. At NO time should the medication cart be in the lunchroom for passing medications. Medications shall be administered to only one consumer at a time either from the med cart in the med room or in the hallway directly outside of the consumer's program area.
 - 4. An additional set of keys shall be available for the administration of PRN medications by any vocational medication managers. The PRN set shall also have three keys, One to unlock he medication room, one to unlock the medication cart, and the third to open the narcotics box. Medication managers, who are not assigned for the day and need keys for PRN meds, shall sign out the PRN key set and promptly return it after using. The PRN keys are not to be kept out of the box any longer than it takes to administer the PRN med. If the keys are not returned at the end of the day, staff may be asked to return to the vocational center to return the keys. If keys are lost, staff shall be responsible for the replacement costs.

[Back to Table of Contents](#)

LINK ASSOCIATES
POLICY/PROCEDURE

Section: Program, Policy 3, Medication Administration
Attachment C-Residential Consumer Self Medicating Procedure

I. PROCEDURE

To provide the least restrictive environment, the consumer and his/her staffing team shall place consumers appropriate. The consumer and his/her team shall review progress toward self-medication at each annual staffing or sooner if indicated. The consumer may progress to a more independent level of self medication when he/she has fulfilled the criteria for the previous level as determined by the consumer and his/her staffing team.

A. LEVEL D – Consumer does NOT participate in self-medicating program

1. Staff manages all medical appointments.
2. Staff administers, store and order all medications.
3. Staff documents all medication administration.
4. If desired by the consumer, staff discusses medications names, appearances and their purposes during medication administration.

B. LEVEL C – Consumer is supported by staff while learning self-medicating procedures

1. Physician's written order for self-medication is required to begin.
2. Staff store and order all medications.
3. Staff maintains medication bubble packs or day minders.
4. Staff manages all medical appointments.
5. Staff shall assist consumer in learning name, purpose, administration times, two to four major side effects and special precautions of any medications to be self-administered. Consumer should communicate these things each time a medication is administered. Consumers may access any appropriate reference, such as a drug book or pharmacy printout when communicating this information.
6. Staff shall assist consumer in administering medications by prompting time and proper procedure as little as possible.
7. Consumer documents medication administration on a copy of the MAR or an HCBS medication verification form.
8. Staff documents medication administration on MAR.
9. This level may be used for any number of the consumer's medications. I.e. the consumer may begin with topical medications only or evening medications only.
10. To proceed to level B, the consumer shall make no more than three errors in a four-week period and shall be at level C with all of his/her medications.

C. LEVEL B – Consumer semi-independently administers own medications

1. Physician's written order for self-medication is required to begin
2. Staff manages all medical appointments.
3. Staff shall review health care provider's written orders obtained on PRO form with consumer after each health care visit to assist consumer with comprehension.
5. Staff shall assist consumer in learning name, purpose, administration times, major side effects and special precautions of any new medications.
6. Consumer shall administer all of his/her own medications.
7. Staff store and order medications, but assist consumer in learning the process.
8. Consumer documents on a copy of the MAR or an HCBS medication verification form.
9. Staff checks bubble packs and documentation three times per week for two months, then two times per week for one month, then one time per week for two months, then one time per month for one month. When checks are performed, staff shall also ensure that consumer knows the name, purpose, administration times, major side effects and special precautions of all medications.

10. Staff shall document checks on the MAR.
 11. When error rate is maintained at no more than three errors in a four-week period, consumer may progress to Level A. If consumer makes more than three errors in a four-week period he/she returns to three checks per week for two months and progresses per previous pattern.
 12. Staff shall assist consumers in learning safe handling methods for offsite medication administration.
- D. LEVEL A – Consumer independently administers own medications
1. Consumer has progressed through Level B.
 2. Staff shall perform random checks of bubble packs or day minders. At least one check per month shall be done. When checks are performed, staff shall also ensure that consumer knows the name, purpose, administration times, major side effects and special precautions of all medications. Staff shall document check on MAR.
 3. Consumer may manage own medical appointments if deemed appropriate by consumer and his/her team.
 4. Consumer shall store, order and arrange for delivery of all medications.
 5. An error rate of no more than three errors in a four-week period or consumer returns to Level B.
 6. Consumers shall utilize safe handling methods for offsite medication administration.
- E. ERRORS
1. An error is defined as:
 - a. A violation of any of the seven rights of medication administration (person, medication, dose, time, route and documentation). Note: medications may be given one-half hour before or one-half hour after scheduled administration time.
 - b. Inability to communicate a medication's name, purpose, administration times, two to four major side effects or special precautions.
 2. Any one error deemed "severe" by a consumer's team may result in the consumer returning to his/her previous level of medication administration.

[Back to Table of Contents](#)

MEDICAL OR HEALTH “AFTER HOURS” EMERGENCY PROCEDURES

Contact the **On-Call Supervisor (205-9869)** for situations including, but not limited to:

Temperatures over 101 degrees, signs of illness (emesis, persistent diarrhea, lethargy)

Seizures, which are difficult or unusual for that consumer

Consumers chokes and/or Heimlich is performed on consumer or staff

Consumer experiences shortness of breath or chest pain

Approval for PRN medications (other than laxatives, analgesics **RCF** see medication policy for details)

Consumer injury/hospitalization, including ER visits

Medication questions that cannot be answered through use of the drug book

Medication errors in which:

- (1) the consumer has been given a medication that he/she has an allergy to or is displaying an adverse or out of the ordinary reaction.
- (2) the consumer did not or will not be receiving a medication 30 minutes before or 30 minutes after the scheduled dose for a significant chronic condition, such as blood pressure, seizures, diabetes, etc.
- (3) consumer receives someone else’s medications in error

ADDITIONAL RESOURCES FOR HEALTH RELATED QUESTIONS

- The consumer’s physician, refer to file consumer’s file face sheet
- The consumer’s pharmacy- majority of consumers use – **Omnicare 727-8090** (see pharmacy after hours guideline)
- Mercy Nurse at **(515) 2-HEALTH (243-2584)**
- “My Nurse” at Iowa Health Systems **1-800-242-8899**

Poison Center
1-800-222-1222
You must dial 1-800

For TTY: Use Relay Iowa
Dial 7-1-1

Supervisor’s On Call Nursing Procedures

The On-Call Nurse should be contacted by supervisors or the on-call supervisor for situations including, but not limited to, all those listed above.

[Back to Table of Contents](#)