

Partners in Recovery

POLICY AND
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201B.2.l*

**Policy Name: Medication Orders,
Administration and Documentation**

Policy Number: MED - 0001

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

Adverse Drug Events and Medication Errors

Policy Statement

Partners in Recovery will ensure that medications are ordered, administered and documented in a manner that supports consumer safety.

Purpose

To establish the expectations and standards for medication ordering, administration and documentation.

Scope

Partners in Recovery Direct Care Clinics.

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

- I. Medication Orders
 - A. Prescriptions shall only be administered by a Partners in Recovery Behavioral Health Medical Practitioner (BHMP) or Nurse.
 - B. A telephone order for medication may be accepted by a clinic Nurse from a BHMP and shall be documented in the consumer's Medical Record at the time the order is given. Telephonic and written orders for medication administration shall be documented on the *Medication Flow Sheet* and contain the following information:
 1. Name of consumer;
 2. Medication name and dosage;
 3. Route of administration;
 4. Frequency of administration;
 5. BHMP ordering the medication; and
 6. If telephonic order, the name of the nurse accepting the order.
 - C. Telephonic orders shall be signed and dated by the BHMP who gave the initial order, as soon as possible.

II. Medication Administration and Documentation

- A. The identity of the consumer shall be established prior to medication administration by addressing the consumer by first and last name and asking for the consumer's date of birth.
- B. The identification of the consumer by another staff member or use of consumer identification card carried by the consumer may substitute for the procedure set forth in Standard II.A above. Medications shall only be given to the consumer for whom the medications are prescribed.
- C. All Partners in Recovery prescribed medications administered to the consumer by the clinic's licensed medical staff shall be documented in the consumer's Medical Record on the *Medication Flow Sheet* immediately following administration in accordance with the following instructions:
 1. The consumer's name and identification number shall be recorded in the lower right corner of the form;
 2. The consumer's pharmacy name and phone number shall be recorded in the space provided;
 3. All allergies to medications shall be recorded in red;
 4. All staff utilizing the medication flow sheet shall initial and sign title on the bottom portion of the form;
 5. The name of the medication, prescribed dose, route of administration, and directions indicating how the medication shall be taken by the consumer shall be recorded in column one (1) of the form;
 6. The BHMP's initials shall be recorded in the upper left box of column two. The Nurse's initials for recopy, verbal order or administration of an injection shall be recorded in the lower right corner of the box in column two (2);
 7. If medications are discontinued, the BHMP shall enter the date of and reason for discontinuation of medications in column three (3);
 8. The month and year shall be placed in the top of column four (4), and the month and date the medication is prescribed or administered shall be entered on line one of column four (4) describing the amount of medications dispensed using the following codes:
 - a) "W" for a written prescription;
 - b) "P" for phoned prescription;
 - c) "F" for faxed prescription;
 - d) "S" for samples prescribed;
 - e) "B" for bubble pack prescribed; and

- f) “H” for supply at home.
 - 9. For administered prescriptions, including an injection, the date, time, route and clinic of administration shall be identified as well as the initials of the licensed medical staff administering the medication;
 - 10. For prescribed medications, the date, amount and method the medications are dispensed as well as the initials of the licensed medical staff shall be recorded on the form.
- D. Administered medications shall be documented under the column labeled for the current month. If an additional *Medication Flow Sheet* is initiated because of lack of adequate space on the current sheet, the pages shall be numbered “1 of 2” and “2 of 2,” etc. A new *Medication Flow Sheet* shall be initiated when there are no columns remaining on the current medication sheet or when additional medications are added and there are no rows remaining in the current *Medication Flow Sheet*. All current medication orders shall be brought forward to the new sheet and recopied. The licensed medical staff recopying the orders notes this by writing, “recopied” and her/his initials in the Signature of BHMP column. The newest page shall be placed on top of the outdated pages within the consumer’s Medical Record section designated “Medications.”
- III. Documentation of “Stat” Medications and Laboratory Testing
- A. When Stat and one-time medications are ordered and administered by clinic staff, the following shall occur:
 - 1. The consumer’s name and identification number shall be recorded on the bottom right side of the form;
 - 2. The name of the licensed medical staff administering a one-time stat medication shall be indicated;
 - 3. The BHMP shall record the date, medication, route of administration and dosage, in columns 1-5 of the *Medication Flow Sheet* form;
 - 4. The Nurse administering the medications shall complete columns 6-9 of the *Medication Flow Sheet* by entering his or her initials, date and clinic of administration, and any comments, as appropriate. Comments requiring additional space than that provided should be documented on a Nursing Progress Note.
 - B. When the BHMP requests labs drawn for a consumer at the case management clinic, the following shall occur:
 - 1. The consumer’s name and identification number shall be recorded on the bottom right side of the form;
 - 2. The BHMP shall record the date, the test ordered and their name on the lab order sheet in columns 1-3;
 - 3. The Nurse drawing the lab shall complete columns 4-9 at the time the lab is drawn indicating:

- a) The date of the blood draw;
- b) Hours post dose;
- c) The name of the Nurse drawing the lab;
- d) The date the results were received;
- e) Initials of the Nurse recording the date the results were received; and
- f) Any comments, including abnormalities noted in the results. Comments requiring additional space than that provided should be documented on a Nursing Progress Note.
- g) Abnormal results shall be reported to the BHMP.

IV. Documentation of Daily Medication Administration

- A. Daily medication administration by licensed medical staff shall only take place at the clinic or in the community. When the BHMP determines that a consumer would benefit from daily administration of medications through the clinic, administration shall be documented on the Daily Medication Administration Record, and shall contain the following information:
 1. The consumer's name and identification number on the bottom right corner of the form;
 2. The beginning date of the week medications shall be administered;
 3. Each date medications are administered;
 4. The pharmacy label with the name of the medication and directions shall be placed in the box on the left of the form;
 5. The consumer and Nurse shall both record their initials when a dose is given and taken or when the consumer refuses to take the prescribed medication;
 6. Comments shall be recorded each time a dose is provided to describe the consumer's response to daily administration and monitoring, including unchanged, stable, improving and/or medication education in process, or consumer refusing to take the medication dosage as prescribed;
 7. The amount of time spent providing the consumer each dose;
 8. The consumer shall place his or her initials and printed name in the bottom left corner of the form where indicated; and
 9. The Nurse administering the medications shall enter his or her initials and printed name in the bottom left corner of the form where indicated.
- B. A new page shall be used for each medication administered and the number of the pages shall be recorded on the bottom left of the form. As each week is completed, the Nurse

shall review the consumer's progress during daily rounds or clinical team staff meetings. The completed form shall be filed in the medication section of the medical record.

- C. Daily administration of medications through the case management clinic shall occur for a defined period of time as determined appropriate by the BHMP. All consumers receiving daily medication administration at the clinic shall be discussed during daily rounds or clinical team staff meetings.

V. Informed Consent for Medication

- A. Informed consent must be obtained by the prescriber from the consumer and/or legal guardian for each medication prescribed. When obtaining informed consent, the prescriber must communicate in a manner that the consumer and/or legal guardian can understand.
- B. Informed consent for the administration of medications shall be obtained and documented by the BHMP prior to initiating any medication using the *Informed Consent for Medication Form*.
- C. The *Informed Consent for Medication Form* shall be used to document the informed consent for medications in the patient medical record.

VI. Medication Errors and Adverse Drug Reactions

- A. Medication errors shall be reported immediately to the BHMP and the immediate supervisor. A *Medication Incident Reporting* form shall be completed pursuant to Partners in Recovery policies, *Adverse Drug Events and Medication Errors*. All corrective action shall be documented on the form and in the licensed medical staff progress note noting follow-up and education to the Consumer concerning the error. For any medication error that requires medical services, including emergency medical services, an Incident/Accident/Death Report will also be completed by the Nurse who discovered or who was notified of the error. The Site Administrator will ensure that the report is forwarded to Quality Improvement, including any additional notes of tasks carried out by him/her and/or the on site staff. Quality Improvement will ensure all agencies have been notified as required and the matter is referred for review and recommendations, to the Clinical Review Committee and the Pharmacy and Therapeutics Committee.
- B. Any adverse drug reactions shall be reported immediately to the BHMP. In the event of an adverse drug event, the FDA Medwatch form shall be completed by the BHMP and forwarded to the FDA.

Associated Partners in Recovery Direct Care Clinics Forms & Attachments

Medication Flow Sheet

Daily Medication Administration Record