

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
		<i>Administration of Medication & Other Medical Treatment</i>	
Department: Clinical Care Author: Dr. Karen Milner		Local Policy Number (if used)	
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I. PURPOSE

To establish guidelines regarding the administration of psychotropic and other medications and medical treatment procedures by Comprehensive Specialty Services Networks (CSSN) and or Comprehensive Specialty Services Networks Look-a-Likes (CSSN-LAL) and staff of contract providers.

II. POLICY

Medication and medical treatments shall be administered only at the order of a prescriber as documented in the Consumer Prescriptions in the Medications Module of the electronic medical record by staff who are certified (per PA 368, of 1978 as amended, 33.1101 of the Michigan Compiled Laws) or supervised by staff who are so certified.

III. APPLICATION

All recipients while under the care of any CSSN and or CSSN-LAL staff including students, volunteers, and contract providers. This policy does not apply to WCHO; however the WCHO will still have monitoring and oversight responsibility for medication administration.

IV. DEFINITIONS

Medication Training Program - training for CSSN and or CSSN-LAL and contract provider staff on the standards for administering, and maintaining medications. This training is conducted by a person certified to train on this topic.

Medical treatment procedures - Treatment procedures that must be ordered by the medical provider prior to implementation by staff, e.g. hot wet soak to left foot. In emergency situations where injury is apparent, first aid by trained individuals does not require orders from the medical provider prior to initiation.

Medication - A drug or medical treatment prescribed by a physician or clinical nurse specialist for the therapeutic benefit of a patient.

Mental Health Nurse Practitioner or Clinical Nurse Specialist – A licensed nurse that may prescribe medication within the scope of practice

Physician - A person who is licensed to practice medicine or osteopathic medicine by the Bureau of Occupational and Professional Regulation, Michigan Department of Commerce.

Prescriber – A physician, mental health nurse practitioner, or clinical nurse specialist who is licensed to prescribe medications.

Stop Order - An order by a physician or clinical nurse specialist to discontinue the administration of a medication or medical treatment procedure.

V. STANDARDS

- A. All Licensed contract providers must adhere to licensing regulations related to the administering and managing of medications in addition follow any outlined responsibilities of the licensed setting as determined by the person centered plan.

All CSSN and CSSN-LAL and non-licensed contract providers must adhere to the following standards for administering and managing of medications.

- B. Follow any outlined responsibilities as determined by the person centered plan.
- C. Staff that administers medications shall have satisfactorily completed a medication training program and shall demonstrate their knowledge of expected actions, side effects, and dosages of medications that are administered by them.
- D. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
- E. Any use of medication for behavior control must be approved by the CSSN or CSSN –LAL Behavior Management Committee.
- F. All orders for medication shall be effective only for the specific number of days indicated by the prescriber in Consumer Prescriptions in the Medication Module located in the electronic medical record
- G. Schedule II controlled substances (narcotics) shall not be prescribed by the CSSN or CSSN Look-a-Like prescriber(s) employed by organizations under contract to the CMHPSM.
- H. All new or discontinued medication orders will be initiated by the prescriber and documented on the Consumer Medication Review and complete a Consumer Prescription.
1. Staff maintains current medication orders on site.
 2. The CSSN, CSSN-LAL nurse, or pharmacy reviews the medication prescription orders and dispensing information by reviewing the Medication and Treatment Record periodically.
 3. Use of Schedule IV medications will be documented on the Controlled Medication Record and a mental health nurse will monitor the inventory monthly.

4. For discontinued medications, staff discontinues dispensing the medication, entering DISCONTINUE on the Medication and Treatment Record after the last dose or treatment along with the date of discontinuation and the initials of the staff making the entry.
 5. Any remaining open bottles of medication that have either been discontinued, expired, recalled or unopened and are stored on the premises shall be destroyed by an RN and witnessed by one additional staff person or shall be returned to the pharmacy on at least a quarterly basis if they were obtained through the Outpatient Pharmacy contract. Using environmentally sound methods of destruction is encouraged.
 6. Any destroyed or returned medications shall be documented on the Expired, Recalled or Discontinued Medication Inventory Sheet documented on an Incident Report and forwarded to the responsible CSSN, CSSN-LAL nurse for review/comment, then to the ORR.
- I. Telephone orders for medication are allowed only in urgent situations. Telephone orders shall be:
1. Received only by a Registered Nurse from a prescriber only.
 2. Immediately recorded in the Electronic Medical Record, read back verbatim to the prescriber, signed by the Registered Nurse, and placed in the prescriber's inbox.
 3. Countersigned by the prescriber at the prescriber's next regularly scheduled shift at the CSSN or CSSN Look-a-Like.
- J. Medications shall be stored on the premises only to facilitate the delivery of services to recipients and shall be safeguarded as follows:
1. A "double-locked" system shall be employed such as a locked medication box in a locked file.
 2. Keys to locked storage areas shall be available only to staff who are authorized to have access to medications.
 3. All medications stored on the premises shall be inventoried a minimum of quarterly. The medication inventory shall be logged on the Expired, Recalled or Discontinued Medication and Inventory Sheet by designated licensed staff and forwarded to the Medical Director or designee. If a recipient had received a recalled or discontinued medication the recipient will be notified as soon as possible and an Incident Report will be done.
 4. Medication requiring storage in a refrigerator is governed by the same standards as other medications for security, control and inspection.
- K. All medication containers stored on the premises must be in the original container which is labeled as follows:
1. Name of recipient
 2. Name of prescriber
 3. Name of medication
 4. Strength of medication

5. Dosage of medication
 6. Schedule of administration
 7. Dispensing pharmacy: lot number and expiration information
- L. Staff will use at least two of the following identifiers whenever administering medication(s) or treatment(s):
1. Recipient photograph attached to the Medication and Treatment Record or Medication Injection Record
 2. Staff who knows the individual identifies the recipient.
 3. Recipient states their name and staff compares the name to the Medication and Treatment Record or Medication Injection Record
 4. Recipient states their birth date and staff compare it to the Medication and Treatment Record or Medication Injection Record.
- M. Each time a medication or medical treatment is administered, the administration shall be documented as follows:
1. Staff shall make a notation on the Medication and Treatment Record.
 2. Staff licensed to administer injections that administers a medication by injection shall make a notation on the Medication Injection Record.
 3. Medications of oral route administration given to recipients from outpatient clinics shall be documented in a Progress Note, including the name /dose /amount of medication given and the instructions for taking the medication given to client.
- N. Medication errors and adverse reactions will be reported immediately to the prescriber and documented according to procedures for the completion of the Medication and Treatment Record along with completion of an Incident Report. Documentation will be made in the recipients chart. Medical emergencies caused by medication error will be reviewed according to Adverse Event Review protocol.
- O. Only medications that are prescribed by a prescriber shall be given to a recipient upon leave or discharge from a 24-hour facility. Expired or discontinued medications will be disposed of according to disposal guidelines outlined in Standard H #5&6.
- P. As outlined in the Person Centered Plan as an outcome, recipients may self-administer medication in a licensed contract provider setting upon completion of an independent self-medication module. Home staff will assure the medications are safely stored and provide monitoring of an independent self-medication activity.
- Q. For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the electronic medical record and read it back verbatim to the caller. A FAX may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow up with the consumer will occur, if directed by the practitioner.
- R. A written referral for electroconvulsive therapy (ECT) should be routed to the Medical Director, who together with the CSSN or CSSN Look-a-Like liaison to the

hospitals, will arrange for an evaluation for ECT by outside providers following authorization by the CSSN or CSSN Look-a-Like. Referrals should include the recipient's name, diagnosis, psychiatric history (including failure of at least two antidepressant trials at adequate doses for a suitable duration), physical health status, and other information deemed appropriate by the referring prescriber.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
JCAHO- Behavioral Health Standards	X	MM 4.10-5.20
MDCH Administrative Rules	X	AR 7158
MDCH Policy	X	Psychotropic Medications, III-7158-R-GL

VIII. PROCEDURES

None