

MEDICATION ADMINISTRATION PROCEDURE

ACTIONS	Provider	Individual Receiving Services	Director	Program Manager	Nurse	Comments
At least annually:						
1. Complete the Self-Medication Assessment	X	X		X		
2. Complete the Annual Assessment Medical Section						
A. Assisting in Administration	X					
B. Monitoring	X	X				
3. If an individual self-administers medication: Monitor:						
A. Monthly	X			X		
B. As needed					X	
C. Ongoing refusals to take medications-contact individual's physician and MSS Nurse and request IDT meeting	X			X	X	
4. Obtain written orders for prescription and over-the-counter medication(s) from the physician, dentist, or licensed nurse (i.e., medications identified on the Physical form, prescription or Medical Request/Report form) Check termination date does not exceed 90 days	X	X		X	X	

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5. Submit written orders to Program Manager; copy to nurse	X	X			X	
6. Update medications on the semi-annual review and give to Program Manager and Director				X	X	
7. Make corrections to medications section on computer and semi-annual review				X		
8. Review updated semi-annual Review					X	
9. Update semi-annual Review and mail to prescribing physician(s)				X		
10. Obtain prescribing physician's signature on Medication Review form semi-annually.				X	X	
11. Care of Medications Count controlled medications daily or as directed by MSS Nurse and document	X	X				
12. Count Prescription medications (not over-the-counter, OTC) at beginning of each month unless otherwise specified	X	X				
13. Store all medications under proper conditions of sanitation, temperature, light, moisture with safety. Medications for external use must be kept separately from internal medications. Mark storage areas for "external medications"	X	X				
14. Obtain appropriately labeled prescription drugs from licensed pharmacies	X	X				
15. Attach label with individual's name on containers with non-prescription, OTC medications and vitamins. Do not cover product name or directions for use.	X	X				

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16. Return to pharmacy any drug container having detached, excessively soiled or damaged label for re-labeling	X	X				
17. Dispose of contents of any drug container: If label is gone, or unreadable; If medication is changed or discontinued (or get pharmacist to re-label, if applicable); If medication is past expiration, or If medication is contaminated Return medication to pharmacy or give to nurse for disposal Record missing, destroyed or contaminated medications Write incident report	X	X			X	
18. Medications sent to other programs, relief services, vacations or visits Obtain an extra appropriately labeled bottle from pharmacist	X	X				
19. Send sufficient dosage for a specified time, in extra bottle, with the individual	X	X				
20. Send information and/or adaptive equipment required for assisting, monitoring or self-administration	X					
21. Count medications when the individual returns from a vacation or visit to ensure proper administration	X					
22. Reporting of medication errors (wrong medication, medication prescribed for someone else, wrong dose, wrong time, not taken at all, wrong route) Contact nurse or physician for instructions or 911 if indicated	X	X				
23. Write Incident Report (see procedure)	X					

ACTIONS	Provider	Individual Receiving Services	Director	Program Manager	Nurse	Comments
24. Contact program manager or on-call person within 24 hours	X					
25. Contact resource coordinator within 24 hours			X	X		