APEX PHARMACY

Pharmacy Policy & Procedure Manual

Menno Home / Hospital

Updated January 2024
Updated June 2025

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Section 1

PREAMBLE

Policy 1.1: Format of the Policy and Procedure Manual

Each of the following individual policies and procedures of this manual are formatted with the policy statement first, then any of the applicable following information: Background information important to generating the policy and procedure; notification of any important exceptions and a reference to the policy for handling the exceptions; the supporting procedures; and lastly, a **See Also** section for referencing-related information. The procedures are further divided into the parties responsible for carrying out the specified actions where appropriate. The procedures may be carried out by All Parties (both Nursing and Pharmacy), Nursing, Pharmacy, and/or the Medication Safety and Advisory Committee.

Format:

Policy

Background

Exception(s)

Procedure

- All Parties
- Nursing
- Pharmacy
- Medication Safety and Advisory Committee

See Also

Policy 1.2: Confidentiality of this Policy and Procedure Manual

Policy:

This manual represents a considerable investment of time and money from pharmacists, nurses, administrative staff and owners. To protect this investment, contents of this manual shall be kept in confidence.

Procedure:

- All parties shall store this manual in a secure area to prevent loss or theft but within easy access for consultation by staff or medical professionals involved in the care of residents of the facility.
- All parties shall make this manual available to licensing inspectors or other parties as required by law when requested.
- All parties shall not fax, transmit or otherwise copy this manual except for staff use.
- All parties shall not disclose this manual to anyone not directly involved in the care of the residents of this facility.
- All parties shall destroy any outdated or unneeded copies of this manual in a confidential manner.

Policy 1.3: Confidentiality of Resident Personal Information

Policy:

Resident medical information shall be protected as required by law.

Procedure

All Parties

- Shall store all resident medical records in confidence according to law.
- Shall not transmit or otherwise disclose resident medical information to anyone other than those medical professionals, family members or decision makers involved in care of the resident.
- Shall make medical records available to licensing inspectors or other parties as required by law when requested.
- Shall destroy medical records, when required by law, in a confidential manner.

Nursing

- Shall dispose of empty medication pouches with resident labelling appropriately according to direction from pharmacy.
- Shall return to pharmacy all expired or discontinued medication packages (container, device or pouch) that contain any remaining medication.
- Shall black out the resident's name on the prescription label and dispose of any empty non-pouch medication packages (containers or devices).

Pharmacy

- Shall provide means for the return to pharmacy by nursing staff all expired or discontinued medication packages (pouches, containers or devices).
- Shall destroy all returned prescription labeling in a confidential manner.

Section 2

PHARMACY SERVICE PROVIDER INFORMATION

Policy 2.1: Mission Statement

The Pharmacy is a dedicated pharmacy committed to providing the highest levels of customer service, cost effective management of medication therapy and clinical excellence to long-term care facilities.

Long-term care facilities have complex pharmaceutical needs and we are well-equipped to manage those needs. Collectively, our team has extensive experience in long-term care health delivery, and we are supported by an organization that has made significant investments in processes, technology, clinical expertise and people to position us as the leader in LTC pharmacy.

The Pharmacy provides pharmacy services to a range of long-term care, assisted living, and other group home settings.

The dispensary staff provides a medication management system that helps to simplify medication regimens and reduce interruptions to the resident's daily routine. The need for medications need not interfere significantly with the resident's lifestyle, freedom, or independence. Specifically, pharmacy provides:

- Standardized, consistent medication distribution.
- Drug utilization reports.
- Reliable delivery of medications and after-hours service.
- Comprehensive, up-to-date MAR for all residents.
- Comprehensive patient profiles.
- System-assisted clinical pharmacy monitoring.
- Various quality assurance programs.

Our pharmacy medication management system assures careful, accurate and cost-effective provision of medications to each resident.

Our clinical pharmacists provide:

- Clinical consultations with physicians and other prescribers to manage residents' disease states.
- Educational and operational support to nursing staff.
- On-site clinical pharmacy consultations.
- Active participation in Medication Safety and Advisory Committee meetings.
- Six Month Medication Reviews of all residents with RN and physician (if available).
- Therapeutic assessment of medication regime changes.
- In-service education.
- Medication room and cart audits.

The pharmacy endeavours to provide a medication administration system designed for the safe and easy administration of medication. The system will minimize the time

needed to administer medications, while increasing accuracy and thereby increasing staff satisfaction and allowing more time to care for residents.

Policy 2.2: Contact Information

Phone

Local 604.870.0171
Toll Free (Long Distance Only) 1.888.870.0121

Facsimile

Local #1 604.870.0172
Local #2 604.870.3268
Toll Free #1 (Long Distance Only) 1.888.870.0131

Address

Apex Pharmacy
Unit 1A 32943 Marshall Road
Abbotsford, BC V2S 1J8

Policy 2.3: Hours of Operation

Monday to Friday 8:30am–5:00pm

Weekends: closed. On call pharmacist cell phone: 604.217.6231

Statutory holidays: closed. On call pharmacist cell phone:

604.217.6231

Policy 2.4: Delivery Standard

Pharmacy shall monitor the fax machine during the hours of operation for new medication orders until 3:00pm daily and for medication re-order sheets until 11:00am daily. Medication orders received prior to these times will be sent for same day delivery.

Section 3

CLINICAL SERVICES

Policy 3.1

Pharmacy Service Provider Requirements

Policy 3.1.1: Role and Function of the Pharmacy Service Provider

Policy:

The pharmacy service provider shall work to establish regular and reliable pharmaceutical service to meet residents' identified needs; to meet local, provincial and national governmental standards; and to promote best practices in medication management at the facility.

Procedure:

Pharmacy

- Shall maintain a pharmacy license issued by the College of Pharmacists of British Columbia and maintain adequate professional liability insurance.
- Shall maintain a written contract with the facility, signed by an authorized representative of the pharmacy and an authorized representative of the facility.
- Shall provide a consultant clinical pharmacist, registered with the College of Pharmacists of British Columbia, to the facility to provide clinical pharmacy services.
- Shall operate in accordance with the British Columbia Health Professions Act, the bylaws of the College of Pharmacists of British Columbia, and BC PharmaNet/ PharmaCare billing practices.
- Shall strive to provide medications for residents of the facility in an efficient and accurate manner:
    - By providing a monitored dose system for the distribution and administration of medications and agreed upon accessories necessary for the efficient operation of such a system.
    - By developing policies to ensure the proper implementation of the monitored dose system.
- Shall stimulate and encourage continuing medication education:
    - By acting as a readily available source of drug information to the staff of the facility, the residents and their families as appropriate.
    - By providing additional resource information as applicable to specific medication orders.
    - By providing educational services to the facility in the form of pharmacy in-services at agreed-upon times.
    - By providing continuing education opportunities for the consultant clinical pharmacists.
- Shall encourage appropriate medication use and safety:
    - By ensuring, whenever possible, that medications provided are appropriate for the individual resident.

- By maintaining accurate medication profiles on all residents containing information regarding medications, patient conditions, allergies, and other pertinent information.
- By making therapeutic recommendations as appropriate.
- By making therapeutic monitoring recommendations as appropriate.
- By providing for the safe disposal of discontinued or expired medications.

Policy 3.1.2: Role and Function of the Clinical Pharmacist

Policy:

As a member of the facility's interdisciplinary team, the clinical pharmacists will use their professional knowledge and clinical expertise to ensure the safe and responsible provision of medication therapy and management and promote optimum health for the residents that they serve.

Procedure:

Pharmacy

- Shall provide a consultant clinical pharmacist to the facility to:
  - Participate in the Six Month Medication Reviews.
  - Provide educational in-services to the facility at agreed-upon times.
  - Participate in the Medication Safety and Advisory Committee
  - Audit medication storage at the facility.
  - Calculate Creatinine Clearance values for each resident based on information supplied by the facility in preparation for each influenza season.

Policy 3.2

Interdisciplinary Teams

Policy 3.2.1: Six Month Medication Review Team

Policy:

As required under Health Professionals Act Bylaws, a medication review must be performed by pharmacist in collaboration with other health care professionals once every six months for each resident in a long term care facility.

Procedure:

All Parties

- Shall cooperate to ensure each resident is reviewed once every 180 days.
- Shall ensure the Six Month Medication Review Team is composed of at least the consultant clinical pharmacist with a practitioner, if available, or a registered nurse employed by the facility.
- Shall ensure the Six Month Medication Review Team assesses for each resident reviewed:
  - Updated allergy status.
  - Updated medical conditions.
  - The current practitioner.
  - The indication, justification and continued need for each medication ordered.
  - Required lab work or other monitoring parameters.
  - Unresolved medical concerns.
- Shall ensure the Six Month Medication Review Team:
  - Documents the attendance and date of the meeting.
  - Documents the recommendations made.
  - Forwards the recommendations to the resident's practitioner.
  - Obtains the signature of the practitioner authorizing dispensing of medications for a further six months.

Nursing

- Shall add Medication Review Forms received in the medication delivery bin marked with "Nurse Copy" in red ink to the physician's orders section of the MAR binder and update the MAR/TAR according to any changes ordered by the practitioner.
- Shall transmit to pharmacy by fax any Medication Review Forms received directly from a practitioner.

Pharmacy

- Shall supply computer generated, current Medication Review Forms for each resident for the medication review team to assess and make recommendations to the practitioner.

- Shall, if the practitioner is not present, fax the medication review and the recommendations of the Six Month Medication Review Team to the practitioner for review and authorization.
- Shall follow up with the practitioner for any medication reviews outstanding for seven weekdays or longer.
- Shall make changes prescribed on the Medication Review Form by the practitioner active as of the next scheduled batch date.
- Shall forward a copy of the Medication Review Form to nursing at the time order changes take place by placing a copy marked with “Nurse Copy” in red ink in the delivery bin.

Policy 3.2.2: Medication Safety and Advisory Committee

Policy:

The Medication Safety and Advisory Committee shall meet every six months to ensure compliance with the law and maintain resident safety with regard to the administration, storage and handling of medications within the facility.

Procedure:

Nursing

- Shall retain the minutes of the Medication Safety and Advisory Committee meetings at the facility for a period of not less than two years.

Pharmacy

- Shall retain the minutes of the Medication Safety and Advisory Committee meetings at the pharmacy for a period of not less than two years.

Medication Safety and Advisory Committee

- Shall be composed of the facility manager or a person designated by the manager, the consultant clinical pharmacist, and, if one is employed by the facility, the health provider responsible for the immediate supervision of health care services provided by the facility.
- Shall designate other members to serve on the Medication Safety and Advisory Committee as appropriate.
- Shall review, make recommendations and generate policy where required at least every six months for:
  - Medication incidents reported during the period.
  - Adverse drug reactions reported during the period.
  - Medication room audits and pharmacist's recommendations reported during the period.
  - Any areas identified in need of staff training.
  - Any policies and procedures identified as in need of review.
  - Any issues with the contingency list, standing orders, or nurse initiated orders identified as in need of review.
- Shall review and confirm or make changes as necessary at least every 12 months for:
  - This medication administration policy and procedure manual.
  - Resident self-administration policies.
  - The contingency list.
  - The standing orders.
  - The nurse initiated orders.

- Shall document all issues discussed and recommendations made in the minutes of the meeting.
- Shall provide copies of the minutes of the meeting to nursing and pharmacy

Policy 3.3

Inspections and Audits

Policy 3.3.1: Medication Room Inspections

Policy:

The consultant clinical pharmacist will conduct an audit of the medication room and all other areas of medication storage every three months to ensure best practice in medication storage.

Background:

Medication storage audits are critical to ensuring the security, stability and organization of medications. They serve to minimize the chance for the administration of incorrect or expired medications and minimize the risk of medication diversion.

Procedure:

Nursing

- Shall assess any expired medications noted by the pharmacist and re-order from pharmacy as necessary to maintain adequate inventory.
- Shall countersign on the Narcotic Drug Count Sheet for the removal of expired narcotic medications by the pharmacist from the facility.
- Shall review the medication room audit and pharmacist's recommendations and initiate changes to comply with medication storage standards.
- Shall retain a copy of the medication room audit and pharmacist's recommendations at the facility for a period of not less than two years.

Pharmacy

- Shall audit the medication room and all other areas of medication storage using the BC College of Pharmacists Medication Room Audit Form in every three month period.
- Shall list any expired non-narcotic medications discovered for the nurse on duty to assess inventory and shall return the expired medications to pharmacy.
- Shall list any expired narcotic medications discovered for the nurse on duty to assess inventory, shall sign for the removal of expired narcotic medications on the Narcotic Drug Count Sheet, and shall return the expired narcotic medications to pharmacy.
- Shall write recommendations for the facility to meet medication storage standards and forward them to the Director of Care of the facility for review.
- Shall retain a copy of the medication room audit and pharmacist's recommendations at the pharmacy for a period of not less than two years.

Medication Safety and Advisory Committee

- Shall review the medication room audits and pharmacist's recommendations reported during the period.

- Shall make recommendations and generate policy as required for compliance with medication storage standards.

Policy 3.4: On-Call Pharmacists

Policy:

A pharmacist shall be available by phone for consultation related to administration, storage and handling of medications and medication incidents within the facility and to coordinate medication dispensing from the emergency pharmacy services provider.

Procedure:

Nursing

- Shall have the list of pharmacy phone numbers and the on-call pharmacist cell or pager number and hours of use for each number posted in each nursing station.
- Shall contact a pharmacist for consultation at the pharmacy phone number during business hours.
- Shall contact a pharmacist for consultation at the on-call pharmacist cell number after business hours.
- Shall leave a message with as much detail about the nature of the call as possible if a pharmacist is not immediately available.

Pharmacy

- Shall provide a list of pharmacy phone numbers and the on-call pharmacist cell number and the hours of use for each number to the facility to post in each nursing station at the facility.
- Shall provide appropriate, timely consultation determined by the nature of the request.

Section 4

MEDICATION MANAGEMENT SYSTEM

Policy 4.1: Definitions

Policy:

A list of definitions shall be used to accurately convey information about the medication management system.

Procedure:

All Parties

- Shall use the following list of definitions to communicate information about the medication management system:

Batch

- The regularly scheduled lot of weekly *primary rolls*.

HOA

- 'Hour of Administration'. The time, on a 24 hour clock, that a dose of medication is scheduled to be administered.

Medication Management System

- The *Medication Management System* is the set of policies and procedures, the *Monitored Dose System*, and the communication tools developed for ensuring the accurate documentation, administration, dispensing, inventory management, and storage of all medications used in the facility and their related orders.

Monitored Dose System

- A *Monitored Dose System* is a requirement for all residential care facilities and homes in British Columbia under the Health Professions Act. A *Monitored Dose System* is a component of the *Medication Management System* and provides *Oral Solid* medications in packaging and labelling designed to ensure: contamination of individual doses is avoided; identification of doses up to the point of administration; residents receive prescribed doses accurately; and residents receive prescribed doses at the designated times. The Monitored Dose System is prepared at the Pharmacy through packaging *Oral Solid* medications in *Primary Rolls*, *Secondary Rolls* and *PRN Rolls* as appropriate.

Multidose

- Refers to packaging where one *Pouch* contains more than one type of medication if they are to be administered at the same time.

Non-Pouched

- All medications not suitable for inclusion in a *Pouch*. Includes all non-oral medications plus liquids, sprays, lozenges, and melts. May include large tablets or capsules, or refrigerated tablets or capsules.

Oral Solid

- Oral medications in the form of tablets, capsules, caplets, sublingual tablets, or chewable tablets. Excludes all oral liquids, sprays, lozenges, and melts.

PacMed

- The automatic packaging machine and software which produces *Pouches* in *Rolls*.

Primary Roll

- The *Roll* of all *Oral Solid* medications for regular administration to one resident, containing a one week supply at *Batch* changeover. It may contain *Multidose* or *Unitdose* medication.

Pouch

- A single, sealed, clear on at least one side, plastic package containing prescription information printed on the exterior and the labelled *Oral Solid* medications on the interior. A visual description of the medications in the pouch will be printed on the pouch. Except PRNs, all pouches are labelled with the administration date and time. Pouches are approximately 70 x 75mm.

Pouch Porter

- See *Resident Med Box.*

PRN Roll

- A *Unitdose* roll of *Oral Solid* medication for PRN use.

Replacement Primary Roll

- A *Primary Roll* issued between *Batches* due to a medication change that required replacement of the previously issued *Primary Roll*.

Resident Med Box

- A small plastic box labelled for one resident and intended to hold the *Primary Roll* and any *Secondary Rolls* for that resident. It contains dividers for two sections: the first (front) is for the *Primary Roll*, the second (back) for any *Secondary Rolls*. Also called a *Pouch Porter* or *Pelican*.

Roll

- A length of individual *Pouches* connected but with perforations between them for separation at the time of administration. Each *Roll* contains only medications for one resident. A *Roll* may contain either medications for regular administration (see *Primary Roll, Secondary Roll and Replacement Primary Roll*) or PRN administration (see *PRN Roll*).

Scheduled Dose

- A dose of medication to be given on a regularly scheduled basis. For *Pouches* this may be *Multidose* or *Unitdose*.

Scheduled Dose Roll

- May refer to a *Primary Roll*, *Secondary Roll* or *Replacement Primary Roll*.

Secondary Roll

- The *Roll* of any newly-ordered *Oral Solid* medications sent between *Batches* or a *Roll* of short term (up to three weeks) medications such as antibiotics, to be placed in the second section of the *Resident Med Box* and administered **in addition** to the *Primary Roll*.

Side Strip

- See *Secondary Roll.*

Unitdose

- Refers to packaging where one *Pouch* contains only one type of medication. All *PRN Rolls* and Warfarin doses are packaged *Unitdose*. Also, medications that are required to be packaged alone for therapeutic effect or to avoid contamination, or medications that are expensive may be packaged *Unitdose*.

Policy 4.2

Medication Packaging

Policy 4.2.1: Primary Rolls

Policy:

Primary rolls shall be used for all scheduled doses of oral solid medications suitable for pouch packaging ordered for greater than three weeks duration.

Background:

The primary rolls are the key tools for nurses to quickly and accurately administer medication. They allow each resident's regularly scheduled doses of oral solid medications to be kept together in sequential order and verification of the same doses against the MAR because they are:

- Resident specific.
- Made up of individual pouches attached but perforated for separation of doses.
- Packaged in sequential dose order.
- May contain up to four different oral solid medications per pouch if the medications are to be administered at the same time and if multidose pouching is appropriate for the medications.
- Are able to incorporate unitdose pouches into the sequential dose order if appropriate for the oral solid medication in the pouch.
- Labelled with date and time to be administered.
- Able to provide evidence of tampering.
- Able to be stored in resident-specific medication boxes.

Procedure:

Pharmacy

- Shall automatically include all suitable oral solid medications ordered for a resident for greater than three weeks duration in the multidose pouches of the next batch of primary rolls.
- Shall automatically include all oral solid medications that are not suitable for multidose pouching but are suitable for unitdose pouching and are ordered for a resident for greater than three weeks duration in the unitdose pouches of the next batch of primary rolls.

Policy 4.2.2: Secondary Rolls

Policy:

Secondary rolls shall be used for all scheduled doses of oral solid medications suitable for pouch packaging that have been newly ordered between batches or that are short-term orders of up to three weeks duration.

Background:

Secondary rolls are administered in addition to the primary roll and allow scheduled doses of pouched oral solid medications to be made in addition to the primary roll without affecting the integrity of the primary roll. They allow:

- New orders to be started prior to the next batch of primary rolls.
- Antibiotic medications of up to three weeks duration to be delivered in full.
- Short-term orders and trial orders to be delivered in full and discontinued without affecting the primary roll.
- Sequential dosing.

Procedure:

Pharmacy

- Shall automatically include all suitable oral solid medications ordered for a resident for greater than three weeks duration to be started between batches in a secondary roll lasting until the next batch of primary rolls commences.
- Shall automatically include all suitable antibiotic oral solid medications ordered for a resident for up to three weeks duration in a unitdose secondary roll lasting until the end of treatment.
- Shall automatically include all suitable short term and trial oral solid medications ordered for a resident for up to three weeks duration in a secondary roll lasting until the end of treatment.

Policy 4.2.3: PRN Rolls

Policy:

PRN rolls shall be used for all PRN doses of oral solid medications suitable for pouch packaging.

Background:

PRN pouches complement the primary and secondary rolls to provide consistent packaging, storage, and verification of oral solid medications. They are:

- Resident specific.
- Made up of individual pouches attached but perforated for separation of doses.
- Able to provide evidence of tampering.
- Able to be stored in resident-specific medication boxes.

Procedure:

Pharmacy

- Shall automatically include all suitable oral solid medications ordered for a resident on a PRN basis in a PRN roll.

Policy 4.2.4: Non-Pouched Medications

Policy:

Non-pouched medications shall be packaged in a manner suitable to maintaining the stability of the medication and ease of administration of the medication as determined by the pharmacist.

Procedure:

Pharmacy

- Shall dispense all liquid narcotic and controlled medications in calibrated bottles to allow for ease of inventory counting where appropriate.
- Shall dispense all liquid non-narcotic or controlled medications in their original containers unless the pharmacist determines a smaller quantity is valid based on duration of therapy, frequency of use or expiry date of the medication.
- Shall dispense all powder medications in their original containers.
- Shall dispense all medications manufactured in devices (eye/ear drops, inhaled medications, injections, etc.) in their original device/container.
- Shall dispense all medications sensitive to light in their original container.
- Shall dispense all boxed medications in their original container.
- Shall dispense all refrigerated oral solid medications in their original container for ease of identification and storage.
- Shall dispense all oral solid medications too large or otherwise unsuitable for pouch packaging in their original container.

Policy 4.3

Medication Labelling

Policy 4.3.1: General

Policy:

Medications shall be labelled according to British Columbia HPA Bylaws Schedule F and good pharmacy practice.

Exception(s):

- Scheduled dose pouches
- PRN pouches

Procedure:

Pharmacy

- Shall label all medications with the following information:
  - The name of the resident for whom the medication is prescribed.
  - The drug name, strength, and manufacturer.
  - The DIN (Drug Identification Number).
  - The expiry date and lot number.
  - The quantity dispensed.
  - The prescription number.
  - If not oral, the route of administration.
  - Instructions for use (dose and frequency).
  - If PRN, the indication for use.
  - If topical, the area to which it is to be applied.
  - If liquid or injection, the volume to be administered and the dose strength.
  - If a dose requires split tablets or multiple tablets, the number of tablets to be administered and the dose strength.
  - Practitioner name.
- Shall label all medications not delivered on a regularly scheduled basis with a two-ply label to allow for faxed refill requests on the Drug Re-Order Sheet.

Policy 4.3.2: Scheduled Dose Pouches

Policy:

Scheduled dose pouches shall be labelled according to British Columbia HPA Bylaws Schedule F and good pharmacy practice.

Procedure:

Pharmacy

- Shall label scheduled dose pouches according to the general requirements **plus**:
  - The room number of the resident.
  - The date and time each pouch is to be administered.
  - A description of each oral solid included in the pouch.

Policy 4.3.3: PRN Pouches

Policy:

PRN pouches shall be labelled according to British Columbia HPA Bylaws Schedule F and good pharmacy practice.

Procedure:

Pharmacy

- Shall label PRN pouches according to the general requirements **plus**:
  - The room number of the resident.
  - 'PRN' in bold to alert nursing staff to refer to the MAR.
  - A description of the oral solid included in the pouch.
- Shall label a roll of PRN pouches with a two-ply prescription label attached near the end of the strip to allow for faxed refill requests on the Drug Re-Order Sheet.

Policy 4.4

Medication Storage

Policy 4.4.1: Medication Storage Areas

Policy:

All medication at the facility shall be stored in a secure and orderly fashion to prevent drug loss or diversion, to maintain suitable environmental conditions for drug stability, and to provide accurate and prompt selection during administration.

Background:

The medication storage areas, the med room, the med cart, the med fridge, the narcotic lock box and the resident med box, are areas designated for the storage of medications at the facility. A facility may use all or some of the medication storage areas depending on their needs.

Procedure:

Nursing

- Shall maintain all medication storage areas securely, locked while not in use, and restrict access to those authorized to administer medications in the facility.

Pharmacy

- Shall audit all medication storage areas as part of the medication room inspections.

Policy 4.4.2: Med Room

Policy:

A med room shall be provided by the facility to ensure the secure and orderly storage of medication to prevent drug loss or diversion, to maintain suitable environmental conditions for drug stability, and to provide accurate and prompt selection during administration.

Background:

The med room is a room or cupboard designated for storing medications. It has a lock for securing its contents when not in use and sections for the separate storage of residents' own scheduled dose medications, PRN medications, contingency medications, and/or standing orders medications.

Procedure:

Nursing

- Shall ensure the med room is locked when not in use.
- Shall organize the med room into separate storage sections for residents' own scheduled dose medications, PRN medications, contingency medications, and/or standing orders medications.
- Shall maintain the med room at normal room temperature of 20–25°C.
- Shall ensure the cleanliness of the med room.

Policy 4.4.3: Med Cart

Policy:

The med cart shall be used by the facility to ensure the secure and orderly storage of medication to prevent drug loss or diversion, to maintain suitable environmental conditions for drug stability, and to provide accurate and prompt selection during administration while remaining mobile.

Background:

The med cart is a mobile cart which generally has drawers for storage of medications, a surface for preparation of medications for administration and for holding the MAR, areas for disposing garbage, wasted medications and sharps, and a lock for securing its contents. It has sections for the separate storage of residents' own scheduled dose medications, PRN medications, contingency medications, and standing orders medications.

Procedure:

Nursing

- Shall ensure the med cart is locked when not in use.
- Shall organize the med cart into separate storage sections for residents' own scheduled dose medications, PRN medications, contingency medications, and/or standing orders medications.
- Shall maintain the med cart at normal room temperature of 20–25°C.
- Shall ensure the cleanliness of the med cart.

Policy 4.4.4: Med Fridge

Policy:

The facility shall maintain and utilize a med fridge to ensure the secure and orderly storage of medication, to prevent drug loss or diversion, to maintain suitable environmental conditions for drug stability, and to provide accurate and prompt selection during administration for all medications requiring refrigeration.

Background:

The med fridge is a fridge designated for storing only medications. If it is located in a common area of the facility it has a lock for securing its contents. If it is located within a med room it does not require a lock, so long as the med room is locked when not in use. It has sections for the separate storage of residents' own regular medications, PRN medications, contingency medications, and/or standing orders medications. It has a thermometer available for the recording of daily temperature.

Procedure:

Nursing

- Shall ensure the med fridge or the med room it is within is locked when not in use.
- Shall organize the med fridge into separate storage sections for residents' own scheduled dose medications, PRN medications, contingency medications, and/or standing orders medications.
- Shall maintain the med fridge at 2–8°C.
- Shall make a record of the daily med fridge temperature reading.
- Shall ensure the cleanliness of the med fridge.

Policy 4.4.5: Narcotic Lock Box

Policy:

The facility shall maintain and utilize a narcotic lock box within a med room, med cart and/or med fridge to ensure the secure and orderly storage of all controlled medications that are not included in a scheduled dose roll under double lock to prevent drug loss or diversion.

Background:

The narcotic lock box is mounted within one of the other medication storage areas and is keyed separately from them to prevent easy removal of the narcotic lock box or its contents.

Procedure:

Nursing

- Shall ensure the narcotic lock box is keyed separately from the other medication storage areas.
- Shall ensure the narcotic lock box is under double lock when not in use.
- Shall utilize the narcotic lock box to store only narcotic and controlled medications.
- Shall organize the narcotic lock box into separate storage sections for residents' own scheduled dose medications, PRN medications, and/or contingency medications.
- Shall maintain the narcotic lock box within a med room, med cart, or med fridge as appropriate for the storage of the medication contained within.
- Shall ensure the cleanliness of the narcotic lock box.

Policy 4.4.6: Resident Med Box

Policy:

A resident med box shall be utilized by the facility for the storage of each resident's scheduled dose pouches: the primary roll and any secondary rolls.

Background:

The resident med box is a small plastic box labelled for one resident and intended to hold the primary roll and any secondary rolls for that resident. It contains dividers for two sections: the first (front) is for the primary roll, the second (back) for any secondary rolls. It includes a patient identification card, protected by a clear plastic lid, with room for resident name, allergy alerts, nurses' notes, and a photo for identification of the named resident. It must be stored within one of the other lockable medication storage areas.

Procedure:

Nursing

- Shall ensure the resident med box is locked within one of the other medication storage areas when not in use.
- Shall organize the resident med box with the primary roll in the first (front) section and any secondary rolls in the second (back) section.
- Shall update the information on the patient identification card as information changes.
- Shall ensure the cleanliness of the resident med box.

Pharmacy

- Shall supply a resident med box for each bed at the facility.

Policy 4.5

Accessories

Policy 4.5.1: Wasted Dose Container

Policy:

A wasted dose container shall be maintained at the facility for the disposal of wasted doses.

Background:

A wasted dose container provides for the disposal of dropped doses, refused doses and damaged doses of medications. It is commonly a wide mouth plastic container labelled ‘Wasted Meds’ or ‘Wasted Doses’.

Procedure:

Nursing

- Shall ensure the wasted dose container is secured in a locked medication storage area when not in use.
- Shall place the wasted dose container in the medication delivery bin when full for return to pharmacy and replacement.

Pharmacy

- Shall provide labelled wasted dose containers for the facility.
- Shall provide for the appropriate disposal of the contents of the wasted dose container returned to pharmacy and return the empty wasted dose container to the facility.

Policy 4.5.2: Medication Change Alert

Policy:

A medication change alert card shall be provided to the facility for alerting staff to temporary medication orders or recent scheduled dose pouch medication changes.

Background:

A medication change alert card is a pink or red card approximately 8cm wide x 5cm tall that can be attached to the outside of the resident med box with sections for writing the resident's name, the medication name, the administration time(s), the nurse's initials, and the date processed.

Procedure:

Nursing

- Shall fill out all sections of the medication change alert card at the start of a temporary medication order and affix it to the outside of the resident med box.
- Shall fill out all sections of the medication change alert card at the start of a new scheduled dose pouch medication order, initiated in a secondary roll, started between batches of primary rolls and affix it to the outside of the resident med box.
- Shall remove the medication change alert card from the resident med box at the end of the temporary medication order.
- Shall remove the medication change alert card when a recent scheduled dose pouch medication order is added to the primary roll.
- Shall consult the MAR/TAR for confirmation of all medication changes noted on the medication change alert card.

Pharmacy

- Shall provide medication change alert cards to the facility.

Policy 4.5.3: Pill Crusher

Policy:

A pill crusher shall be maintained by the facility for crushing medications for those residents whose documented care plan instructs medications to be crushed.

Background:

A pill crusher may be either manual or electric and includes a device (pouch, sleeve or cup) to hold the pills as they are crushed so they do not spill or come in direct contact with the pill crusher.

Procedure:

Nursing

- Shall confirm that specific pills may be crushed by referring to information provided by pharmacy in the Sig for the medication on the MAR, by referring to the CPS or other medication reference, or by direct communication with a pharmacist.
- Shall ensure the cleanliness of the pill crusher.

Pharmacy

- Shall note in the Sig of tablets and caplets that should not be crushed the notation ‘Do Not Crush or Chew’ for inclusion on the MAR.
- Shall note in the Sig of tablets and caplets specifically ordered to be crushed the notation ‘Crush’ or similar for inclusion on the MAR.

Policy 4.5.4: Auxiliary Labels

Policy:

The facility shall utilize auxiliary labels to monitor certain medication changes and to monitor the expiry of certain medications that are dated once opened or first used.

Background:

The following auxiliary labels are available:

- 'Directions Changed Refer to Chart' – . Used to flag staff to a dose change.
- 'Date Opened___Discard After____' – . Used to flag staff to the expiry date of products that are dated once opened or first used.

Procedure:

Nursing

- Shall attach the appropriate auxiliary labels to medication when required to produce a visual flag.

Pharmacy

- Shall provide auxiliary labels to the facility.

Policy 4.5.5: Sharps Container

Policy:

A sharps container shall be maintained at the facility for the safe disposal of sharps.

Background:

A sharps container is a yellow or other high visibility colour plastic container for the disposal of sharps that secures them through a device that prevents their retrieval or accidental spilling from the container.

Procedure:

Nursing

- Shall dispose of all sharps in the sharps container.
- Shall secure the sharps container in a locked medication storage area when not in use.
- Shall place the sharps container in the medication delivery bin when at the marked full line for return to pharmacy.
- Shall maintain a supply of sharps containers by ordering from pharmacy.

Pharmacy

- Shall provide sharps containers for the facility.
- Shall provide for the appropriate disposal of full sharps containers.

Section 5

COMMUNICATION

Policy 5.1: Admission Package

Policy:

The admission package shall be used by the facility to communicate all facility admissions to the pharmacy.

Background:

The admission package contains all information necessary to accurately identify the resident for all healthcare services and professions and also includes, where applicable, allergy information, diagnosis/medical history, third-party billing information for healthcare services, authorization to charge for non-benefit medications, and family or other decision maker contact information.

Procedure:

Nursing

- Shall ensure that the admission package is completed in full and faxed to pharmacy prior to the dispensing or administration of any medication.

Pharmacy

- Shall withhold the dispensing of medication unless a completed admission package is received.
- Shall provide the admissions package forms template for the facility.

Policy 5.2: Resident Change of Status Form

Policy:

A Resident Change of Status Form shall be used by the facility to communicate all movements of residents within, from or return to the facility to the pharmacy.

Background:

The Resident Change of Status Form documents changes to a resident's status and when they occurred. Status changes include: leave of absence, hospitalization, return from hospital, room change, discharge and death (including death at hospital or on leave of absence). Prompt notification is necessary to prevent unnecessary dispensing of medications.

Procedure:

Nursing

- Shall fax a completed Resident Change of Status Form to pharmacy immediately after any of the status changes occur or are reported to nursing.

Pharmacy

- Shall change the resident status to inactive in the pharmacy computer system when notice of hospitalization, discharge or death is received to prevent unnecessary dispensing of medications.
- Shall supply the Resident Change of Status Form template for the facility.

Policy 5.3: Physician Order Sheet

Policy:

A Physician Order Sheet shall be utilized by the facility to record all written and verbal orders made in sequence by an authorized practitioner for a resident of the facility.

Background:

The Physician Order Sheet is a resident-specific document for all written and verbal orders for diet, lab work, medical investigations, medical monitoring, medical treatments, medications, referrals and safety measures made by authorized prescribers for a resident.

Procedure:

Nursing

- Shall maintain a Physician Order Sheet in each resident's chart labelled specifically for that resident.
- Shall ensure that all medication orders written onto a Physician Order Sheet are successfully transmitted to pharmacy.
- Shall request Physician Order Sheets from pharmacy when required.

Pharmacy

- Shall supply Physician Order Sheets for the facility.

Policy 5.4: Drug Re-Order Sheet

Policy:

A Drug Re-order Sheet shall be utilized by the facility to record all medication refill requests and supply requests sent to pharmacy and the receipt of the same.

Background:

The Drug Re-order Sheet is used by nursing staff to request additional supply of medications from the pharmacy which are not included in the weekly automatic delivery, to order supplies provided by or purchased from pharmacy and also to document receipt of the same. It is formatted with a table with each cell of the table designed to fit a two-ply prescription label for accurate re-ordering of medications.

Procedure:

Nursing

- Shall ensure that all medication refills or supply requests written onto a Drug Re-order Sheet are successfully transmitted to pharmacy.
- Shall request Drug Re-order Sheets from pharmacy when required.

Pharmacy

- Shall supply Drug Re-order Sheets for the facility.

Policy 5.5: Medication Order Communication Forms

Policy:

The pharmacy and facility shall utilize standardized Medication Order Communication Forms to communicate information about the status of medication orders.

Background:

The following types of Medication Order Communication Forms shall be utilized:

- General
- Admission/Readmission to Facility from Hospital
- Autostop Policy Applied
- Delayed Start/Stop Date Policy Applied
- Incomplete Narcotic Prescription
- Interchanged or Substituted Medication Order
- Medications Reordered Too Early or Discontinued
- Potential Medication Interaction
- Refusal to Fill
- Emergency Pharmacy Service Provider Request

Procedure:

Nursing

- Shall obtain information requested by pharmacy on a Medication Order Communication Form and respond by phone or fax as appropriate.
- Shall update the Physician Order Sheet and/or MAR/TAR as directed by a pharmacist for an interchanged or substituted medication.

Pharmacy

- Shall complete Medication Order Communication Forms and fax or deliver in the medication delivery bin to the facility as appropriate for the circumstance.
- Shall complete Medication Order Communication Forms and fax to the resident's practitioner as appropriate for the circumstance.

Section 6

DOCUMENTATION

Policy 6.1

Electronic MAR/TAR

Policy 6.1.1: Electronic Medication/Treatment Administration Record MAR/TAR

Preamble:

The eMAR (Electronic Medication Administration Record) application allows for an improvement in the accuracy and efficiency in medication ordering and maintenance of medication and treatment records. The staff can now be more proactive in identifying care needs related to medication/treatment needs with a more effective approach for reducing errors and a greater opportunity for managing risk. Integration with pharmacy also ensures a more streamlined communication process relating to admissions and discharges, ordering and reordering as well as receiving medications. The eMAR module is a component of PCC documentation system and can be accessed from the PointClickCare program or directly via an eMAR internet address.

Policy:

An eMAR record shall be maintained for each resident within the facility. The eMAR is a record of all medication in current use for a resident and serves as a record of all doses administered, refused or omitted. Complete and accurate charting on the eMAR shall be maintained as this is a legal record of medications administered and is the mainstay of communication among health care professionals working for the benefit of the resident.

Failure to complete charting on the eMAR is a violation of the nine rights of medication administration (i.e. right documentation) and shall be treated as a medication incident.

The eMAR record shall include:

- The resident's full name.
- The resident's date of birth.
- The resident's location within the Facility.
- The names of all current medications prescribed for the resident, including: complete directions for use, dosage form, strength, route of administration for non-oral medications.
- The resident's known sensitivities and allergies to medications or foods.
- The residents' medical diagnoses and indications for use of the medications.
- The resident's diet order.
- The name of the resident's attending physician.

Procedure:

Nursing

- Shall provide back-up power to which a computer and printer, supplied by pharmacy, is hard-wired in the event of a power failure. It is also recommended that the home have a back-up internet provider.
- Shall ensure that the eMAR configuration is set up.

- Shall ensure all users have appropriate access to eMAR and PCC.
- Shall ensure that, for each resident, the medical diagnoses tab is updated and maintained.
- Shall inform pharmacy of the diagnosis/medical indication for use for each medication.
- Shall enter nursing orders such as diet orders, care orders, orders for oxygen, immunizations, etc.

Pharmacy:

- Shall ensure that the eMAR record and the pharmacy database are the same.
- Shall be primarily responsible for entering pharmacy orders, except in cases where nursing must begin a medication before pharmacy is able to process the order.
- Will assist nursing with nursing order entry when necessary.

Policy 6.1.2: Processing Orders for Newly Admitted Residents

Policy:

All medication orders for newly admitted Residents will be processed in a timely and accurate manner to ensure a smooth transition of care and uninterrupted medication administration. Steps outlined in the Procedure section must be completed to ensure that the eMAR gets populated correctly and is accessible for documentation.

Procedure:

Nursing

- Shall ensure that the Resident has been admitted and has a current record in PointClickCare (PCC) that contains the necessary information for the Pharmacy to process and fill prescriptions. This information includes the Resident's name, birth date, provincial health number, allergies, prescriber's name, and medical diagnosis/conditions. Additionally, any third party prescription coverage must be sent to the Pharmacy.
- Shall ensure that the prescriber is set up in the PCC database.
- Shall fax the admission orders to Pharmacy as soon as is practical after having received authorization from the prescriber.
- Shall complete the Nursing portion of medication reconciliation and fax to Pharmacy in a timely manner, ideally at the time of faxing new orders.
- Shall indicate if any medications were started at the home, prior to Pharmacy receiving and processing the new orders, as per procedures described in Policy 6.1.4 Processing New Medication Orders.
- Shall validate the orders that have been entered by Pharmacy.
- Shall communicate with the Pharmacy if any orders need to be corrected.
- Shall receive medications into the home.
- Shall inform Pharmacy of any discrepancies that cannot be corrected at the home, encountered when receiving the medication.

Pharmacy

- Shall review orders for newly admitted Residents to ensure accuracy and completeness of the information. This process shall include participation in the medication reconciliation process, review of provincial electronic health records, and triage by the pharmacist.
- Shall process the new orders once all discrepancies have been resolved.
- Shall ensure the accuracy of the information being entered in the eMAR.
- Shall correct in a timely manner any issues identified by Nursing during the checking of the orders and receiving of medication.

Policy 6.1.3: Processing Orders for Residents Being Re-Admitted

Policy:

All medication orders for re-admitted Residents will be processed in a timely and accurate manner to ensure a smooth transition of care and uninterrupted medication and treatment administration. Steps outlined in the Procedure section must be completed to ensure that the eMAR gets populated correctly and is accessible for documentation.

Procedure:

Nursing

- Shall ensure that the Pharmacy has been informed of the Resident's return.
- Shall update the census of the Resident in PointClickCare to "current".
- Shall update any health information, such as medical conditions and allergies.
- Shall fax the re-admission orders to Pharmacy as soon as is practical after having received authorization from the prescriber.
- Shall complete the Nursing section of medication reconciliation using medication records from prior to the Resident's absence and any new orders that have been written during absence. Fax medication reconciliation to Pharmacy in a timely manner, ideally at the time of faxing new orders.
- Shall indicate if any medications were started at the home, prior to Pharmacy receiving and processing the orders, as per procedures described in Policy 6.1.4 Processing New Medication Orders.
- Shall check orders that have been entered into the eMAR by Pharmacy.
- Shall communicate with the Pharmacy if any orders need to be amended.
- Shall receive orders into the home by confirming against the orders faxed to Pharmacy.
- Shall inform Pharmacy of any discrepancies found when receiving medications into the home.

Pharmacy

- Shall review orders for re- admitted Residents to ensure accuracy and completeness of the information. This process shall include participation in the Medication Reconciliation process, review of provincial electronic health records, and triage by the pharmacist.

- Shall process the orders once all discrepancies have been resolved.
- Shall ensure the accuracy of the information being sent to the eMAR.
- Shall correct in a timely manner any issues identified by Nursing during the checking and receiving process.

Policy 6.1.4: Processing New Medication Orders

Policy:

All new medication orders will be processed in a timely and accurate manner. Steps outlined in the Procedure section must be completed to ensure that the eMAR gets populated correctly and is accessible for documentation.

Procedure:

Nursing

- Shall fax all new orders to Pharmacy for processing, ensuring that the orders are complete and accurate to the best of their knowledge. For complex scheduled orders the start date of the order and sequence of the order must be communicated to the pharmacy for accurate scheduling on the eMAR.
- Shall indicate if any medications were started at the home, prior to Pharmacy receiving and/or being able to process the orders.
- If medications need to be given prior to Pharmacy processing and/or filling the orders, the Nursing staff shall create a new order in the physician's order section of the Resident's record to ensure that proper records of administration are maintained.
- This type of order would be created in a situation where there is urgent need, the medication is time sensitive or it is after hours for the pharmacy.
- A second registered staff should verify the order for correctness and completeness.
- Shall verify orders that have been sent by Pharmacy.
- Shall communicate with the Pharmacy if any orders need to be corrected.
- Shall receive medications into the home by confirming against the orders faxed to Pharmacy.
- Shall inform Pharmacy of any discrepancies found when receiving medications into the home.

Pharmacy

- Shall review new orders to ensure accuracy and completeness of the information. This process shall include participation in the medication reconciliation process, review of provincial electronic health records, and triage by the pharmacist.

- Shall process the new orders once all discrepancies have been resolved.
- Shall ensure the accuracy of the information being sent to the eMAR.
- Shall correct in a timely manner any issues identified by Nursing during the checking and receiving process.

Policy 6.1.5: Processing Discontinued Medication Orders

Policy:

Medications will be discontinued in eMAR when the dose or frequency of a particular drug changes or when the drug is stopped.

Procedure:

Nursing

- Shall fax the prescriber's order to Pharmacy.
- Shall validate the orders that have been discontinued by Pharmacy.
- Shall ensure that the medication is removed from the Resident's supply if applicable.

Pharmacy

- Shall process the order and stop sending the medication if it was discontinued.
- Shall discontinue the order in the PointClickCare physician orders section. If there is a dosage or direction change, discontinue or stop the old order as required.
- Shall process the order as a new order if the dose or frequency of the medication was changed or if the prescriber has changed.

Policy 6.1.6: Processing Hold Orders/Resume Orders

Policy:

Medications will be placed on Hold in eMAR if they are to be stopped temporarily for a specified period of time. When they are to be restarted, the order will be resumed in eMAR.

Procedure:

Nursing

- Shall create a hold order in PointClickCare, Physician's orders section and will not administer the medication for as long as the medication is to be held.
- Shall not administer the medication on hold.
- Shall return any unused medications to pharmacy.
- Shall fax the hold order to Pharmacy, indicating the time period that the order is to be held if that time period is known. If the time period is not known, nursing staff must notify pharmacy when the order is to resume.
- Shall resume the order in PointClickCare at the appropriate time.

Pharmacy

- Hold orders are still dispensed by pharmacy (If and when a hold order changes to discontinue, pharmacy will stop administering).

Policy 6.1.7: Processing Orders from Six Month Medication Review

Policy:
All medication order changes during a Six Month Medication Review will be processed within an agreed upon time and in an accurate manner to ensure an uninterrupted medication administration. Steps outlined in the Procedure section must be completed to ensure that the eMAR gets updated correctly and is accessible for documentation.

Procedure:

Nursing

- Shall validate the order changes entered on PCC by Pharmacy.
- Shall communicate with the Pharmacy if any orders need to be corrected.
- Shall receive medications into the home.
- Shall inform Pharmacy of any discrepancies that cannot be corrected at the home.

Pharmacy

- Shall review Six Month Medication Review for order changes. This process involves triage by a pharmacist.
- Shall process the new orders or order changes starting with the next weekly medications rolls.
- Shall ensure the accuracy of the information being entered in the eMAR.
- Shall correct in a timely manner any issues identified by Nursing during the checking of the orders and receiving of medication.
- Following is applicable only while using non-integrated PCC eMAR: In cases where a substitute physician signs a Six Month Medication Review on behalf of the Resident's General (Family) Physician, only the medication changes will be processed under the substitute physician's name in Point Click Care eMAR. All other medications that are to remain the same will be kept under the Family Physician with the understanding that the substitute physician is working for and in coordination with the Family Physician. (When eMAR system is integrated with pharmacy)

Policy 6.1.8: Using Order Groups

Policy:

Order groups (also referred to by other names such as care orders or standing orders) will be used to enable the administration of “as needed” medication in a safe and timely manner for specified conditions following the protocols established and approved by the management and prescribers of the home.

Procedure:

Nursing

- Shall only create order groups for a resident from protocols established and approved by the home management and prescribers.
- Shall create these using a PRN schedule.
- Shall verify the orders for accuracy and completeness before saving them to the chart.
- Shall administer these medications from house stock.

Pharmacy

- Shall review the home’s protocols for accuracy, completeness, and therapeutic appropriateness in general. Protocols will be reviewed at Medication Safety Advisory Committee meetings.
- Shall review the orders for appropriateness and take them into account as part of the entire medication profile for a specific resident.

Policy 6.1.9: Quality Assurance of eMAR Data

Policy:
Periodic checks of the eMAR information to ensure it aligns with the records at the pharmacy will be undertaken on a schedule determined jointly by the home and the pharmacy. It is recommended that these checks occur every six months where possible.

Procedure:

Nursing

▪ Shall compare the eMAR record with a report provided by the pharmacy (Paper copy of MARs).

▪ Shall contact the pharmacy to inform them of any differences between the eMAR records and the pharmacy's records in cases where the pharmacy must make the correction.

Pharmacy

• Shall provide a complete, updated, paper copy of the MARs to the home on an agreed upon schedule.

• Shall correct any identified discrepancies in the pharmacy record.

Policy 6.2:

Documentation of Medication Administration

Policy 6.2.1: Documentation of Medication Administration using eMAR

Policy:

The eMAR will be used to support the nine rights of medication administration.

1. Right resident
2. Right medication
3. Right dose
4. Right time
5. Right route of administration
6. Right frequency
7. Right site
8. Right reason for administration
9. Right documentation

Procedure:

Nursing

- Shall only sign in and document in eMAR using the password that was assigned to them.
- Shall protect the information in eMAR by locking the screen when away from the cart.
- Shall verify the nine rights of administration, checking that the pouch contents and eMAR records match.
- Shall document whether or not the resident took the medication.
- Shall document a reason for refusal if the resident did not take the medication.
- Shall ensure that applicable reminders are scheduled and applicable progress notes and application sites are entered.
- Shall enter a progress note for administration of PRN Medication and also complete a follow up progress note to document whether or not a medication was effective.
- Shall document on the Narcotic and Controlled Drug Count Sheet, in addition to the eMAR, the administration of narcotic and controlled drugs when required
- Shall use the appropriate chart code and reason when striking out incorrect documentation.

Policy 6.2.2: Reordering Medication Incorporating eMAR Functionality

Please note: Reordering functionality through eMAR will be available once the integration is achieved between pharmacy software and PointClickCare Orders Management software. Until that time, all reorders must be faxed.

Policy:

Reordering of medication will be done using both eMAR functionality and the current faxing system in order that all staff is aware that a reorder has been initiated.

Procedure:

Nursing

- Shall use the functionality available in PCC in either the physician order tab or in eMAR during administration to reorder a medication that would not be automatically refilled by pharmacy (e.g. drops, creams, ointments, patches). The on order button will inform other staff that the medication has already been reordered.
- For any particular medication requiring additional information for pharmacy, the Nurse shall continue to fax Pharmacy with reorder requests including any applicable notes regarding the request. When ordering replacement medication for dropped or spoiled medication, specify the medication and date and time needed for replacement. When using existing medication for a replacement dose, take medication from the last day

Policy 6.2.4: Contingency Medications

Policy:

Administered doses of contingency medications shall be accurately documented on the eMAR/TAR and Inventory Count Sheet or Narcotic and Controlled Drug Count Sheet.

Procedure:

Nursing

- Shall document on the eMAR/TAR the administration of contingency medications according to the policies and procedures for either regularly scheduled medications or PRN medications as appropriate for the order.
- Shall document on the Inventory Count Sheet or Narcotic and Controlled Drug Count Sheet the date, resident's name, practitioner's name, and nurse's initials for each dose given from that supply of contingency medication.
- Shall inform pharmacy via fax of the use of stat box medications to the patients, including patient name and number of doses accompanying the new medication order.

Policy 6.2.5: Pre-Printed Orders

Policy:

Administered doses of pre-printed order medications, the reason for their use and the resulting effect shall be accurately documented on the eMAR/TAR and the nursing progress notes.

Procedure:

Nursing

- Shall document on the eMAR/TAR the administration of pre-printed order medicationsaccording to the policies and procedures for either regularly scheduled medications or PRN medications as appropriate for the order.
- Shall document in the nursing progress notes the reason for initiating the pre-printed order.

Policy 6.3

Monitoring

Policy 6.3.1: Six Month Medication Reviews

Policy:

The Six Month Medication Review shall be performed for each resident at six month intervals as described in the policies and procedures for the Six Month Medication Review Team to ensure appropriate monitoring of each resident's medication regime.

See Also

- Section 3.2.1
- Title: **Six Month Medication Review Team**

Policy 6.3.2: Medication Care Plan

Policy:

A medication care plan shall be developed for each resident of the facility for the continued monitoring for the appropriateness of each resident's medication regime.

Background:

A care plan which includes medication is a requirement of the Residential Care Regulation of the Community Care and Assisted Living Act. Monitoring medications under the medication care plan may occur by observation, lab results, monitoring vital signs, imaging, and/or conversing with the resident.

Procedure:

Nursing

- Shall include monitoring, the frequency of monitoring and expected results for the appropriateness of each of the resident's medications in the medication care plan.
- Shall create a medication care plan for each medication as they are able within the nurse's scope of practice.
- Shall obtain the advice or orders of a practitioner or the pharmacist for the creation of a medication care plan for medications which are outside the nurse's scope of practice.
- Shall ensure that the monitoring program created in each resident's medication care plan is followed.
- Shall notify the practitioner when expected results are not met and the treatment is outside the nurse's scope of practice.
- Shall ensure the medication care plan is reviewed after any substantial change in the circumstances of the resident or at least on a yearly basis.

Pharmacy

- Shall advise nursing of any uncommon medications requiring specific monitoring.
- Shall provide information about the monitoring of a medication upon the request of a nurse.

Policy 6.3.3: Medication Incident Reporting

Policy:

All medication incidents shall be reported promptly to pharmacy and the Director of Resident Care/Director of Health and Wellness to ensure appropriate corrective action is taken.

Procedure:

All Parties

- Shall, upon the discovery of a medication incident, complete the Medication Incident Report with as much information as possible and forward it to the Director of Resident Care/Director of Health and Wellness and pharmacy.

Nursing

- Shall maintain lists of pharmacy phone numbers, practitioner phone numbers and local poison control phone numbers near the phone in each nursing station.
- Shall immediately consult pharmacy, or a practitioner if pharmacy is unavailable, by phone for advice regarding corrective action if:
  - A resident is administered medications intended for another resident.
  - A resident is administered an overdose of medication.
  - A dose of medication is administered incorrectly.
- Shall immediately consult a practitioner, or poison control if one is not available, by phone for advice if a resident displays signs or symptoms of an adverse drug reaction or overdose.
- Shall if the incident involves a pouch packaging error:
  - Photocopy all pouches involved and include the photocopy with the Medication Incident Report.
  - Contact pharmacy by fax to request a replacement pouch if a pouch from another date is available at the facility to administer the current dose.
  - Contact pharmacy by phone for advice if a pouch is not available to administer the current dose.

Pharmacy

- Shall be available for consultation by phone according to the **On-Call Pharmacist** policy.

Policy 6.3.4: Adverse Drug Reaction Reporting

Policy:

Adverse drug reactions shall be reported to the Canada Vigilance Program of Health Canada and the Medication Safety and Advisory Committee.

Adverse events following immunization shall be reported to the Public Health Agency of Canada and the Medication Safety and Advisory Committee.

Procedure:

All Parties

- Shall comply with the reporting of suspected adverse reactions as prescribed by the **Adverse Reaction Reporting to Canada Vigilance: Pharmaceuticals, Biologics, Natural Health Products, Radiopharmaceuticals** Form provided by Canada Vigilance, including:
  - "Unexpected adverse reactions, regardless of their severity;
  - Serious adverse reactions, whether expected or not;
  - Adverse reactions related to recently marketed health products (on the market for less than 5 years)."
- Shall comply with the reporting of adverse events related to vaccines as prescribed by the **Report of Adverse Events Following Immunization (AEFI)** Form provided by the Public Health Agency of Canada including: "Events which have a temporal association with a vaccine which cannot be attributed to co-existing conditions."
- Shall ensure that the person who witnesses the adverse reaction is the one to prepare the report for submission to Canada Vigilance or the Public Health Agency of Canada, and the Medication Safety and Advisory Committee.

Nursing

- Shall follow the policies and procedures for medication incident reporting for any adverse reaction which may cause harm to the resident.
- Shall contact pharmacy to confirm the status of a reaction if in doubt of the nature of a suspected adverse reaction.

Pharmacy

- Shall provide information about the nature of a reaction to medication upon the request of a nurse.

Policy 6.3.5: Drug Product Recalls

Policy:

Medications affected by a drug product recall shall be promptly removed from inventory to protect resident safety.

Procedure:

Nursing

- Shall, upon notification of a drug product recall by pharmacy, examine all medication storage areas thoroughly and immediately for the existence of a medication affected by a recall and:
  - Return to pharmacy all doses of the lot number(s) affected.
  - Return to pharmacy all doses if the lot number is unavailable or illegible.
- Shall notify the resident's practitioner if the recall indicates that prior use of the drug product may result in adverse effects.

Pharmacy

- Shall immediately after notification of a drug product recall send a list of all residents who received a medication listed on the recall and the medication name and lot number(s) affected by the recall to the Director of Resident Care/Director of Health and Wellness.
- Shall dispense new doses of medication to replace recalled doses as appropriate.
- Shall contact the practitioner for an alternate order if no replacement doses are available for a recalled medication.
- Shall provide for the appropriate disposal of the recalled drug product.

Policy 6.4

References

Policy 6.4.1: Drug Reference Materials

Policy:

Recent and relevant drug reference materials shall be available at the nursing station of every resident home area or unit in the facility.

Procedure:

Pharmacy

- Shall provide a current issue of the paper version of the Compendium of Pharmaceuticals and Specialties (CPS) (or equivalent) or may provide the electronic version of theCPS (or equivalent), or references as stated in the contract.

Policy 6.4.2: Pharmacy Service Provider Contact Information

Policy:

The pharmacy service provider's contact information shall be available in the nursing station of every resident home area or unit in the facility.

Procedure:

Pharmacy

- Shall provide a pharmacy contact information sheet to the facility.

Policy 6.4.3: Poison Control Information

Policy:

The contact information for at least one poison control centre or similar body shall be available in the nursing station of every resident home area or unit in the facility.

Procedure:

Nursing

- Shall generate or obtain and post the contact information for at least one poison control centre or similar body in each nursing station.

Section 7

MEDICATION ORDERS

Policy 7.1: Complete Orders for New Medications and Medication Changes

Policy:

Medication orders shall be considered valid and accepted only when complete instructions are given according to legislation and are given by a lawfully authorized practitioner.

Procedure:

All Parties

- The party receiving the medication order from a practitioner shall ensure the order obtained is complete prior to being administered, dispensed or re-transmitted to another party.
- Shall ensure all medication orders include:
  - Date written.
  - Name of the resident.
  - Name of the drug or ingredients.
  - Strength where applicable.
  - Route of administration.
  - Instructions for use (including frequency or hours of administration).
  - Quantity to be dispensed and/or duration of therapy.
  - Refill authorization if applicable, including number of refills and interval between refills.
  - If written: The name, identification number and signature of the practitioner.
  - If verbal: The name and identification number of the practitioner and the initials or signature of the party taking the verbal order.
- Shall ensure all PRN orders include, in addition to the requirements above:
  - Indication for use.
  - Minimum interval between doses and/or the maximum daily dose.
- Shall ensure all topical orders include, in addition to the requirements above:
  - Area to which the medication is to be applied.
- Shall ensure all narcotic/controlled drug substance orders are written, signed and dated by a practitioner (not taken verbally) and include, in addition to the requirements above:
  - The number of authorized doses.
- Shall ensure medication orders received are ordered only by practitioners authorized under the Health Professions Act of British Columbia.

- The party receiving the medication order from a practitioner shall, if the medication order is found to be deficient in any of the above criteria, contact the practitioner to obtain any deficient information.

Nursing

- Shall, if an order is available to be started from the contingency supply prior to pharmacy delivery, indicate on the order the expected start date and time “from contingency”.

See Also

- Appendix: **HPA Bylaws Schedule F**

Policy 7.2: Orders to Discontinue Medications

Policy:

Medication orders shall be discontinued only when authorization to discontinue is received from a practitioner.

Procedure:

All Parties

- Shall consider a medication order as discontinued when:
  - A new order is received to discontinue the medication.
  - The resident is admitted to hospital.
  - The resident is transferred to another facility.
  - The resident is transferred to home.
  - At the end of the authorization period where the original order was authorized:
    - For a certain number of doses.
    - For a certain period of time.
    - Until resolution of a symptom or condition.
    - Until an event, such as: surgery, initiation/discontinuation of another medication, lab work or other treatment or investigation.
  - A new order is received for a medication in the same therapeutic class, for the same indication.
  - A PRN order is converted to a regular administration order.
  - A regular administration order is converted to a PRN order.

Policy 7.3: Refusal to Fill

Policy:

In the interest of resident safety, a pharmacist may refuse to dispense a medication due to concerns of allergies, drug-drug interactions, drug-disease interactions, inappropriate doses, payment for medication, storage of medication, or other concerns related to medication safety.

Procedure:

All Parties

- Shall follow the policies and procedures for clarifying orders with the practitioner where communication with the practitioner is required.

Nursing

- Shall provide pharmacy with as much background information about a medication order as known by nursing when requested by pharmacy.

Pharmacy

- Shall contact the nurse or prescriber to inform them of the pharmacist's concerns.
- Shall dispense the medication order after the concerns have been addressed, either with an appropriate change in order from the prescriber or documented justification of the original order.
- Shall not dispense medications where unresolved medication safety concerns exist.

Policy 7.4: Pharmacist Authority to Interchange or Substitute Medication Orders

Policy:

In the interest of timely dispensing and administration of medications and of respect for the time of practitioners, pharmacists may use their professional judgment to amend medication orders to comply with available manufactured dosage units, package quantities or provincial formulary guidelines as allowable by law.

Procedure:

Nursing

- Shall, when an Interchanged or Substituted Medication Form is received from pharmacy, update the MAR with the amendment and file the notification in the Physician's Orders section in the chart.

Pharmacy

- Shall inform the practitioner, when a medication order has been amended, of the details of the amendment and the reason for amendment in writing.
- Shall inform nursing, when a medication order has been amended, of the details of the amendment and the reason for amendment in writing on the Interchanged or Substituted Medication Form.

Policy 7.5: Clarifying Orders

Policy:

Orders which are incomplete, when medication is presently unavailable in Canada, are refused under the **Refusal to Fill** policies and procedures, or when initial authorization has expired shall be clarified with the practitioner to ensure the resident obtains appropriate available treatment in a timely manner.

Procedure:

All Parties

- Shall understand and enforce the requirement for complete orders from a practitioner.
- The party receiving the medication order from a practitioner shall, if the medication order is found to be deficient in any criteria for completeness, contact the practitioner to obtain any deficient information.
- Shall follow the policies and procedures for refusal to fill.

Nursing

- Shall request new orders from the practitioner to continue any medication orders prescribed until a review date with the practitioner.
- Shall request new orders from the resident's practitioner to continue any medication prescribed by a hospitalist for initial admission or return from hospital.
- Shall, if a condition returns after initial treatment, request new orders from the practitioner to continue any medication orders initially prescribed until the condition has resolved.
- Shall request new orders from a practitioner to continue any topical medication initially prescribed with a quantity to dispense.

Pharmacy

- Shall request refill orders from the practitioner to continue any narcotics initially prescribed with an authorized quantity.
- Shall request new orders from the practitioner if a medication is not available or becomes unavailable from Canadian suppliers.

Policy 7.6: Approved Times of Administration

Policy:

When not specified by the practitioner or documented as resident's preference or historical use, medication administration times shall follow the approved schedule for ease of order processing and administration.

Procedure:

All Parties

- Shall follow the approved times of administration where applicable and when administration times are not specified on the original order by the prescriber or by resident's preference or historical use.

Pharmacy

- May, at the pharmacist's discretion, change administration times of medications for the benefit of the resident due to concerns of drug-drug interactions, drug-food interactions, therapeutic effect, or other issues related to efficacy or medication safety.

See Also

- Appendix: **Approved Hours of Administration**

Policy 7.7: Admission Medication Orders

Policy:

All admissions shall be accompanied by a complete set of medication orders for the resident.

All admission medication orders shall be accompanied by a completed admission package to ensure correct identification of the resident being admitted, that medications ordered are appropriate for the resident and that medication orders are billed to the appropriate party.

Procedure:

Nursing

- Shall obtain a set of complete medication orders for the resident from the admitting physician or, if applicable, the hospitalist discharging the resident from hospital directly to the facility.
- Shall ensure the admission package is completed in full for the resident.
- Shall note resident's preferred or historical medication administration times where available and not specified by the prescriber.
- Shall copy all the above to pharmacy by fax when completed.

Pharmacy

- Shall dispense new medications for the resident as prescribed on the new admission orders.
- Shall print and deliver a new MAR/TAR for the resident, or update medications on the eMAR.

Policy 7.8: Return from Hospital Medication Orders

Policy:

For each return from hospital a complete new set of valid medication orders shall be obtained for the resident.

Procedure:

Nursing

- Shall notify pharmacy by fax immediately upon the return to facility of a resident from hospital.
- Shall document in the nurse's notes the return from hospital of the resident.
- Shall immediately obtain a complete set of new valid medication orders for the resident and forward them to pharmacy by fax.
- Shall obtain a new valid set of standing orders for the resident.
- Shall review and update as necessary the resident's diagnosis and allergies and notify pharmacy by fax of any changes.

Pharmacy

- Shall dispense new medications for the resident as prescribed on the readmission or hospital discharge orders.
- Shall print and deliver a new MAR/TAR for the resident or update medications on eMAR.

Policy 7.9

Pre-Printed Orders

Policy 7.9.1: Standing Orders

Policy:

The Medication Safety and Advisory Committee may establish a list of standing orders, to be authorized for individual residents by their attending practitioner, for treatment of self limiting conditions, following assessment and nursing diagnosis, with schedule II, III, IV or unscheduled medications.

Procedure:

Nursing

- Shall ensure standing orders are approved and signed for each resident by their practitioner once yearly and after each return from hospital.
- Shall not administer standing order medications to a resident for longer than authorized by the practitioner on the resident's Standing Orders Form.

Pharmacy

- Shall dispense medications for standing orders use only as authorized by the Medication Safety and Advisory Committee.

Medication Safety and Advisory Committee

- Shall authorize the list of standing orders, date it with the approval date and document its approval in the minutes of the meeting.

Policy 7.9.2: Nurse Initiated Orders

Policy:

The Medication Safety and Advisory Committee may establish a list of nurse initiated orders, to be authorized for individual residents by their attending practitioner, for treatment of a condition, following assessment and nursing diagnosis, with schedule II, III, IV or unscheduled medications provided that policies and procedures for use are also generated and authorized by the committee.

Procedure:

All Parties

- Shall adhere to the nurse initiated orders policies generated by the Medication Safety and Advisory Committee.

Nursing

- Shall ensure that nurse initiated orders are signed for each resident by their practitioner once yearly and after each return from hospital.

Pharmacy

- Shall dispense medications for nurse initiated orders only as authorized by the Medication Safety and Advisory Committee.

Medication Safety and Advisory Committee

- Shall authorize the list of nurse initiated orders, date it with the approval date and document its approval in the minutes of the meeting.
- Shall authorize the policies detailing the indication for use and administration of the nurse initiated orders, date it with the approval date and document its approval in the minutes of the meeting.

Policy 7.10: Autostop Policy

Policy:

Certain medication orders, for acute conditions, shall be given an automatic stop date or duration of therapy when not specified by the practitioner to ensure residents receive medications promptly for acute conditions and to ensure resident safety by avoiding unnecessarily medicating residents and avoiding antibiotic resistance.

Procedure:

All Parties

- The party who receives a medication order for an acute condition without duration of therapy shall contact the practitioner to obtain the incomplete information.

Pharmacy

- Shall dispense medications for acute conditions with duration of therapy as specified according to the list of autostop orders when the duration of therapy or stop date is not specified by the practitioner.
- Shall re-dispense medications with the ordered duration of therapy or stop date, or dispense additional medication to meet the ordered duration of therapy or stop date as necessary, when obtained from the practitioner.
- Shall note on the prescription label that the **Autostop** policy has been enforced.
- Shall provide notification to the facility with the dispensed medication that the **Autostop** policy has been enforced by using the Autostop Form.

See Also

- Appendix: **List of Autostop Orders**

Policy 7.11: Orders "Until Resolved"

Policy:

Orders with instructions to discontinue a medication when the condition being treated has resolved ("until resolved," "until clear," etc.) shall be accurately documented and their discontinuation communicated between the facility and pharmacy.

Procedure:

Nursing

- Shall notify pharmacy in writing, by fax, requesting discontinuation of medication when the condition has resolved for any medications ordered with such instructions.
- Shall document on the MAR that the condition has resolved and date and initial discontinuation of the medication.

Pharmacy

- Shall dispense medications labelled with instructions "until resolved" or "until clear" when such instructions are specified by the practitioner.

Policy 7.12: Stat Medication Orders

Policy:

Orders for stat doses of medication shall be accurately documented and transmitted to create an accurate medication history for the resident on the Physician's Order Sheet, the MAR, PharmaNet profile, and pharmacy profile.

Procedure:

Nursing

- Shall note on the order the date and time the stat dose was administered or, where known, to be administered if not specified by the practitioner.
- Shall note on the order "Do Not Send" if the stat dose is taken from contingency or alternate emergency supplier (eg. hospital).
- Shall transmit all orders for stat doses to the pharmacy whether already administered, to be administered before the next pharmacy delivery, or to be administered in the future.

Pharmacy

- Shall document all stat medication orders on the resident's PharmaNet profile and the pharmacy profile.

Policy 7.13: Transmitting Medication Orders

Policy:

Medication orders shall be transmitted promptly, accurately and in confidence.

Procedure:

Nursing

- Shall fax all orders received from practitioners to pharmacy immediately once transcribed.
- Shall, if a prescriber's faxed order is transcribed onto the Physician's Order Sheet, fax both the original prescriber's faxed order and the transcribed order.

Pharmacy

- Shall send a hard copy of all orders received directly from practitioners in the delivery bin to nursing with the medication/order change.
- Shall mark on the hard copy in red ink "Nurse's Copy".
- Shall inform the nurse by phone if action is required prior to scheduled delivery, and then fax the order to the nurse.

Policy 7.14: Medications Not Covered by Third-Party Payers

Policy:

Costs of medications prescribed by a practitioner that are not covered by the resident's provincial drug plan and/or alternate third-party payer shall be communicated to the resident or the party responsible for the resident's finances for approval prior to dispensing medication.

Procedure:

Nursing

- Shall if it is known by the nurse that the resident or financially responsible party has or will refuse to pay for a non-covered medication communicate this to the pharmacy service provider.
- Shall communicate with the practitioner if present at the time of prescribing and if it is known that the resident or financially responsible party will refuse to pay for a non-covered medication to see if a suitable alternate therapy is available that would be covered by the resident's provincial drug plan and/or alternate third-party payer.

Pharmacy

- Shall upon receipt of a prescription for a non-covered medication discuss associated costs with the resident or financially responsible party.
- Shall not dispense non-covered medication to the resident until payment authorization has been obtained.
- Shall, upon confirmation of the resident's willingness to pay for the non-covered medication, dispense and deliver the medication with the next scheduled pharmacy delivery.
- Shall, upon confirmation of the resident's refusal to pay for a non-covered medication, fax the physician with suitable alternatives which are covered by the resident's provincial drug plan and/or alternate third-party payer, if available.

Policy 7.15: Respite Stay Orders

Policy:

All respite admissions shall be accompanied by a complete set of medication orders for the resident.

All respite admission medication orders shall be accompanied by a completed admission package to ensure correct identification of the resident being admitted, that medications ordered are appropriate for the resident and that medication orders are billed to the appropriate party.

Procedure:

Nursing

- Shall obtain a set of complete medication orders for the resident from the admitting physician or, if applicable, the hospitalist discharging the resident from hospital directly to the facility.
- Shall ensure the admission package is completed in full for the resident, including the dates of respite stay.
- Shall note resident's preferred or historical medication administration times where available and not specified by the prescriber.
- Shall copy all the above to pharmacy by fax when completed.

Pharmacy

- Shall print and deliver a new MAR/TAR for the resident along with resident medications.

Section 8

INVENTORY MANAGEMENT

Policy 8.1: Medications Provided by the Pharmacy Service Provider

Policy:

The contracted pharmacy service provider shall be the sole medication supplier to the facility.

Exception(s):

Approved alternate suppliers – see below

The emergency pharmacy service provider

Procedure:

Nursing

- Shall utilize the contracted pharmacy service provider for all medication orders except as approved by this policies and procedures manual.
- Shall remove from the facility any medications obtained through an unapproved pharmacy or other source by returning to the community caregiver of the resident if applicable or placing in the medication delivery bin for disposal by the contracted pharmacy service provider.

Pharmacy

- Shall provide medications to the facility according to the policies and procedures of this manual.
- Shall provide for the appropriate disposal of medications from unapproved pharmacies or other sources that have been removed from the facility.

Policy 8.2: Medications Provided by Alternate Suppliers

Policy:

Medications obtained through certain alternate suppliers shall be allowed to take advantage of provincially funded programs, manufacturer's drug sampling programs, and Health Canada's Special Access Program.

Procedure:

All Parties

- Shall consider the following alternate suppliers as authorized suppliers of medications for the facility:
  - The BC Cancer Agency
  - BC Renal Clinic Pharmacies
  - BC Centre for Excellence in HIV/AIDS
  - Practitioners when supplying non-benefit schedule 1 medication samples
  - Health Canada's Special Access Program

Nursing

- Shall, at the request of pharmacy, contact an authorized alternate supplier to arrange receipt of medications for a resident and to then deliver the medication to the pharmacy service provider for labelling.

Pharmacy

- Shall, upon receipt of a prescription for a medication available for a resident through an authorized alternate supplier, contact the alternate supplier to arrange delivery of the medication for labelling by the pharmacy service provider and dispensing to the facility.
- Shall, if an authorized alternate supplier refuses delivery of a medication to the pharmacy service provider, contact nursing to make arrangements for delivery of the medication to the facility.

Policy 8.3: Natural Health Products and Alternative Medications

Policy:

The integrity of each resident's medication regime shall be guarded against medications of unknown composition, potency, safety, or efficacy when presented with orders for natural health products.

Background:

Natural health products have been defined by Health Canada as "vitamin and mineral supplements, herbal remedies and other plant-based health products, traditional medicines (such as traditional Chinese medicines and Ayurvedic [East Indian] medicines), homeopathic medicines, fatty acids (such as omega 3, 6 and 9), probiotics and some personal care products such as antiperspirants, medicated shampoos and mouthwashes."(1) Natural health products are regulated federally by Health Canada under the Natural Health Products Regulations which is separate from the Food and Drug Regulations.

However, the following provincial laws make no distinction between natural health products and medication:

- The HPA Bylaws Schedule F: Part 3 – Residential Care Facilities and Homes Standards of Practice
- The Community Care and Assisted Living Act: Residential Care Regulation; and
- The Pharmacy Operations and Drug Scheduling Act.

Therefore, the use of all natural health products must be ordered, dispensed, administered, documented and monitored the same as all other medications within the facility.

Additionally, the College of Pharmacists of BC imposes requirements on pharmacists for the sale or distribution of natural health products, saying: "Pharmacists who elect to sell or distribute natural, herbal, homeopathic and other alternative or complementary products must understand the indications, contraindications, risks, and expected outcomes of the products offered…" and "Pharmacists shall have the necessary competence to recognize the need for intervention and/or referral to a physician". (2)

(1) Health Canada. Informing You About Natural Health Products. Information Sheet #4 – for Pharmacists – Informing Yourself. November 2009.
(2) College of Pharmacists of British Columbia. Professional Practice Policy-26. Pharmacist Distribution of Alternative and Complementary Health Products. 27 March 2009.

Procedure:

Nursing

- Shall manage requests for administration of natural health products by:
  - Obtaining orders for the requested natural health product.
  - Submitting the orders to pharmacy for review.
  - Informing the resident, community caregiver or practitioner as appropriate of the judgment of the pharmacy regarding the request.
- Shall administer only natural health products that have been dispensed and labelled by the pharmacy service provider.

Pharmacy

- Shall dispense only natural health products:
  - Ordered by a practitioner.
  - Obtained directly from medication distributors who are accountable for the appropriate storage of medications.
  - With a known ingredient composition.
  - With known safety and efficacy profile reported in reliable references.
- Shall, if denying the order, inform nursing utilizing a Refusal to Fill Form of:
  - The validity of evidence for the safe use of the requested natural health product.
  - The availability of the requested natural health product.
  - Any appropriate alternatives, as applicable.

Policy 8.4: Patient's Own Supply (POS)

Policy:

The integrity of each resident's medication regime shall be guarded against medications of unknown composition, potency, safety, or efficacy when presented with requests to use a patient's own supply.

Procedure:

Nursing

- Shall manage requests for administration of patient's own supply by:
  - Obtaining orders for the requested medications.
  - Submitting the orders to pharmacy for review.
  - Informing the resident, community caregiver or practitioner as appropriate of the judgment of the pharmacy regarding the request.
- Shall if any medications are found in possession of a resident that are not labeled by the pharmacy service provider:
  - Remove the medications from the resident's possession.
  - Notify the resident's practitioner of the existence of any medications that are not included on the resident's medication orders.
  - Offer the medications to the resident's community caregiver for removal from the facility and if refused place them in the "Return to Pharmacy Area".
- Shall administer only medications that have been dispensed and labeled by the pharmacy service provider.

Pharmacy

- Shall dispense only medications:
  - Ordered by a practitioner.
  - Obtained directly from:
    - Medication distributors who are accountable for the appropriate storage of medications.
    - Authorized alternate suppliers.
  - With a known ingredient composition.
  - With known safety and efficacy profile reported in reliable references.
- Shall, if denying the order, inform nursing of:
  - The availability of the requested medication.
  - Any appropriate alternatives, as applicable.

Policy 8.5: Delivery

Policy:

Medications orders and reorders shall be delivered according to the cut off times and delivery times as agreed upon between the facility and the pharmacy and noted in the section 'Delivery Standard'.

Procedure:

Nursing

- Shall contact pharmacy by phone to discuss alternate arrangements for medications desired outside of the standard delivery schedule and cut-off times.

Pharmacy

- Shall send new medication orders received prior to the new medication order cut off for same-day delivery.
- Shall send medication reorders received prior to the Re-order Sheet cut off for same-day delivery.
- Shall send all orders received after cut off for next business day delivery.
- Shall, if unable to supply the medication at the scheduled delivery time, inform the practitioner or nurse as deemed appropriate by the pharmacist.

Policy 8.6: Re-ordering Medication

Policy:

All medications and medication-related supplies shall be reordered in a manner to ensure continuity of resident's medication regimes.

Procedure:

Nursing

- Shall not be required to request re-order of scheduled dose pouches (primary and secondary rolls) of medications; weekly delivery will be arranged by pharmacy.
- Shall re-order all non-scheduled dose pouch medications by use of the Drug Re-order Sheet.
- Shall review medication and medication-related supply inventory daily and identify low stock items:
  - Pouched PRN medications that have a three business day or less supply remaining.
  - Non-pouched medications that have approximately 1/3 of their supply or a three business day or less supply remaining.
  - Medications dispensed in a low quantity that require a high frequency of reordering.
  - Medication-related supplies that have a five business day or less supply remaining.
- Shall reorder low stock medications and medication-related supplies by:
  - Removing the top layer of the two-ply re-order label and placing on the next available space on the Drug Re-order Sheet.
  - Initialing and dating the request in the 'Date Ordered' box next to the label.
  - If applicable, writing in an increased quantity request for frequently re-ordered medications.
  - If multiple containers are dispensed at once, use only the label on the last container in the series.
- If a two-ply re-order label is unavailable, the nurse shall request a re-order by writing on the Drug Re-order Sheet the:
  - Resident name
  - Medication name, strength and quantity or medication-related supply name
  - The prescription number (upper left-hand corner of prescription label or upper right of MAR entry)
  - If PRN then 'PRN'
  - Date and nurse's initials

- Shall, if a request for an early refill is made, document on the Drug Re-order Sheet the reason for the early request.
- Shall fax each Drug Re-order Sheet daily and stamp each entry ‘faxed’ immediately after faxing.
- Shall retain each Drug Re-order Sheet to document receipt of the requested medications.
- Shall retain each Drug Re-order Sheet for future requests if blank sections remain on the sheet.
- Shall retain each completed Drug Re-order Sheet as a record of medications requested and received.

Pharmacy

- Shall arrange a scheduled weekly delivery of scheduled dose pouches.
- Shall supply the facility with Drug Re-order Sheets.
- Shall supply all non-scheduled dose pouch medications with a two-ply re-order label to use for re-ordering the medication.

Policy 8.7: Receiving the Medication Delivery Bin

Policy:

Medication delivery bins received at the facility will be promptly processed to ensure safe storage of medications.

Procedure:

Nursing

- Shall immediately, upon receipt of a medication delivery bin, remove it to a secure area for un-packing.
- Shall open the bin of delivered medications immediately upon receipt and examine the contents for any medications that require refrigeration.

Pharmacy

- Shall label the top exterior of the medication delivery bin with a notice to 'Refrigerate Upon Arrival' if medications that require refrigeration are inside.

Policy 8.8

Receiving Medication

Policy 8.8.1: Receiving Refills

Policy:

Receipt of refilled medications shall be documented to ensure accuracy and sufficiency of inventory.

Procedure:

Nursing

- Shall mark the quantity, date and initial for the receipt of each medication in the box next to each requested medication on the corresponding Drug Re-order Sheet.
- Shall investigate any notification from pharmacy that a medication has been discontinued or is otherwise inappropriate and notify pharmacy if there is a discrepancy between pharmacy and nursing.
- Shall investigate any notification from pharmacy that a medication is currently unavailable to determine if there is need to request an order change from the prescriber to maintain management of the condition or disease state or if there is sufficient inventory to wait out the period of unavailability.

Pharmacy

- Shall send notification to nursing if a requested refill medication has been discontinued or is otherwise inappropriate using the Medications Re-ordered Too Soon or Discontinued Form (See Form **13.2.8**).
- Shall send notification to nursing if a requested refill medication is currently unavailable.
- Shall send notification of the time frame of unavailability of a medication where applicable, and give recommendations for alternative therapy when necessary.

Policy 8.8.2: Receiving the Batch of Primary Rolls

Policy:

Receipt of the batch of primary rolls shall be documented to ensure continuity of medication regimes.

Procedure:

Nursing

- Shall document the receipt of the batch of primary rolls the night they are received.
- Shall document the receipt of each primary roll against the list of residents provided by pharmacy by initialing next to each resident's name and returning a copy of the list to pharmacy in the medication delivery bin.
- Shall check the list of residents provided by pharmacy against the current MAR to ensure all residents on the list are accounted for in the MARs.
- Shall notify pharmacy immediately by phone if there is a discrepancy between the resident list of the received batch of primary rolls and the MAR.

Pharmacy

- Shall send with each batch of primary rolls a list of the residents included in the batch.

Policy 8.8.3: New Orders and Order Changes — Scheduled Dose Pouches

Policy:

Scheduled dose pouch medications received due to new orders or order changes shall be assessed to ensure accuracy.

Exception(s):

Warfarin – see below.

Procedure:

Nursing

- Shall review the medications received and MAR entries against the original prescriber's order and, if applicable, discontinued orders on the MAR.
- Shall, if there is a discrepancy between the prescriber's order and the medications received, notify pharmacy immediately by phone.
- Shall, if there is a discrepancy between the prescriber's order and the MAR entries, update the MAR.
- Shall, upon receipt of a replacement primary roll, remove the primary roll from the resident medication box and place it in the Return to Pharmacy Area of the med room and place the replacement primary roll in the resident medication box.
- Shall ensure any discontinued secondary rolls are removed from the resident's medication box and placed in the Return to Pharmacy Area of the med room.
- Shall ensure any new secondary rolls received are placed in the resident medication box.

Policy 8.8.4: New Orders and Order Changes — Warfarin

Policy:

Warfarin received due to new orders or order changes shall be assessed to ensure accuracy.

Procedure:

Nursing

- Shall review the medications received and MAR entries against the original prescriber's order and, if applicable, discontinued orders on the MAR.
- Shall, if there is a discrepancy between the prescriber's order and the medications received, notify pharmacy immediately by phone.
- Shall, if there is a discrepancy between the prescriber's order and the MAR entries, update the MAR.
- Shall, upon receipt, place the new pouches of Warfarin (a secondary roll) in the second section of the resident medication box.
- Shall place any Warfarin pouches flagged with a 'Directions Changed Refer to Chart' sticker intact in the Return to Pharmacy Area at the printed time of administration.

Pharmacy

- Shall provide all Warfarin dose changes as secondary rolls with the new dose.

Policy 8.8.5: New Orders and Order Changes — PRN Rolls / Cards

Policy:

PRN rolls / cards received due to new orders or order changes shall be assessed to ensureaccuracy.

Procedure:

Nursing

- Shall review the medications received and MAR entries against the original prescriber's order and, if applicable, discontinued orders on the MAR.
- Shall, if there is a discrepancy between the prescriber's order and the medications received, notify pharmacy immediately by phone.
- Shall, if there is a discrepancy between the prescriber's order and the MAR entries, update the MAR
- Shall ensure that any medications discontinued by the order change or otherwise replaced by the received medications are removed from the nursing inventory and immediately placed in the Return to Pharmacy Area of the med room.

Policy 8.8.6: New Orders and Order Changes — Non-pouched Medications

Policy:

Non-pouched medications received due to new orders or order changes shall be assessed to ensure accuracy.

Procedure:

Nursing

- Shall review the medications received and MAR entries against the original prescriber's order and, if applicable, discontinued orders on the MAR.
- Shall, if there is a discrepancy between the prescriber's order and the medications received, notify pharmacy immediately by phone.
- Shall, if there is a discrepancy between the prescriber's order and the MAR entries, update the MAR.
- Shall ensure that any medications discontinued by the order change or otherwise replaced by the received medications are removed from the nursing inventory and immediately placed in the Return to Pharmacy Area of the med room.

Policy 8.9: Discontinued Warfarin Inventory

Policy:

Discontinued Warfarin inventory shall be flagged or removed from inventory at the time an order change or order to discontinue is received to ensure accurate dosing.

Procedure:

Nursing

- Shall, upon receipt of an order to change or an order to discontinue a dose of Warfarin for a resident:
  - Examine the resident's primary roll for Warfarin and flag all Warfarin pouches in inventory with a 'Directions Changed Refer to Chart' auxiliary label.
  - Examine the resident's secondary rolls for any Warfarin and immediately place any in the Return to Pharmacy Area of the med room.
- Shall ensure a medication change alert card has been placed on the resident's medication box with details for the change.

Policy 8.10: Contingency Medications

Policy:

The Medication Safety and Advisory Committee may establish a list of schedule 1 or 1a contingency medications to be kept at the facility for urgent need.

Procedure:

Nursing

- Shall keep the list of approved contingency medications within easy access of the nursing station phone.
- Shall ensure a sufficient supply of contingency medications at the facility by re-ordering when inventory is low according to the **Re-ordering Medication** policy and procedure.

Pharmacy

- Shall dispense medications for contingency use only as authorized by the Medication Safety and Advisory Committee.

Medication Safety and Advisory Committee

- Shall authorize the list of contingency medications, date it with the approval date and document its approval in minutes of the meeting.

Policy 8.11: Storage of Medication

Policy:

Medications received shall be placed in the appropriate medication storage areas to ensure they can be located easily when required for administration, to ensure drug stability, and to prevent loss or diversion of medications.

Procedure:

Nursing

- Shall place refrigerated medications in the refrigerator.

  Note: Some refrigerated products may be stored at room temperature once administration from the container has commenced.

- Shall place primary rolls in the front section of the resident medication box once the administration of the final dose from the previous primary roll is completed.
- Shall examine the medication box for any medication change alert cards affected by the start of a new primary roll. If the medication noted is included in the primary roll, remove the medication change alert card.
- Shall place any secondary rolls in the second section of the resident medication box for administration in addition to the primary roll.
- Shall place any PRN rolls in the section designated for storage of resident's own PRN rolls.
- Shall place any contingency medication in a medication storage area designated for contingency medications only.
- Shall place any pre-printed orders medications in a medication storage area designated for pre-printed orders only.
- Shall place any non-pouched medications labelled for a specific resident in a medication storage area designated for such medications only.
- Shall ensure that any non-pouched or PRN pouched narcotic medications are stored in a narcotic lock box.
- Shall ensure that discontinued medications are stored in a section of the med room designated for such medications until they can be returned to pharmacy in the medication delivery bin.
- Shall ensure that discontinued or expired narcotic or controlled medications are stored in a section of a narcotic lock box designated for such medications until a pharmacist can retrieve them and sign for their removal.
- Shall ensure that external preparations (medications applied to an external surface of the body) are stored separately from internal preparations (medications which enter the body by mouth, through a mucous membrane, or by puncturing the dermis).
- Shall ensure that all medications are stored under lock when not in direct supervision by a nurse.

Policy 8.12

Drug Counts

Policy 8.12.1: PRN and Non-Pouched Narcotic and Controlled Drug Counts

Policy:

A perpetual and periodic inventory of narcotic and controlled drugs shall be documented on the Narcotic and Controlled Drug Count Sheet for all doses received, administered, wasted, and returned to pharmacy.

Procedure:

Nursing

- Shall maintain a Narcotic and Controlled Drug Count Sheet for all narcotic and controlled medications that are not in scheduled dose pouches.
- Shall maintain separate entries on the Narcotic and Controlled Drug Count Sheet for each medication, each resident, and with a separate entry for each contingency medication.
- Shall document for receipt of each medication on the Narcotic and Controlled Drug Count Sheet the:
  - Resident's name.
  - Medication name and strength.
  - Date received.
  - Quantity received.
  - Total quantity currently in inventory.
  - Signature of the receiving nurse.
- Shall document for the administration of each medication on the Narcotic and Controlled Drug Count Sheet the:
  - Date administered.
  - Time administered.
  - Quantity administered.
  - Total quantity remaining.
  - Resident name (if administering contingency stock).
  - Signature of administering nurse.
- Shall document the wasting of any medication on the Narcotic and Controlled Drug Count Sheet the:
  - Date wasted.
  - Time wasted.
  - Quantity wasted.
  - Total quantity remaining.
  - Resident name (if contingency stock).
  - Signature of nurse.

- Shall document the details of the wasting of any medication on the Narcotic and Controlled Drug Count Sheet on an Incident Report and immediately forward to the Director of Care/Director of Health and Wellness.
- Shall have two nurses count the narcotic and controlled drug inventory at each shift change.
- Shall document at each shift change for each entry on the Narcotic and Controlled Drug Count Sheet the:
  - Total quantity remaining.
  - Signatures of the two nurses who counted the inventory.
- Shall immediately report any discrepancies on the Narcotic and Controlled Drug Count Sheet to the Director of Care/Director of Health and Wellness Care.

Pharmacy

- Shall note all doses received and date and sign on the Narcotic and Controlled Drug Count Sheet for any medications retrieved from the facility for return to pharmacy.

Policy 8.13: Emergency Pharmacy Service Provider

Policy:

The service of an emergency pharmacy service provider shall be arranged to provide urgent after hours dispensing of medications.

Background:

The pharmacy service provider will enter into a contract with the emergency pharmacy service provider and create a set of policies and procedures for the automatic billing of medication costs to the pharmacy services provider and the automatic delivery of medications to the facility.

The pharmacy service provider will enter into a contract with a delivery service and create a set of policies and procedures for the automatic billing of delivery charges to the pharmacy service provider.

Procedure:

Nursing

- Shall first examine the contingency supply of medications prior to requesting medications from the emergency pharmacy service provider.
- Shall contact the on-call pharmacist if the medication is not contained in the contingency supply and if the medication order is considered urgent prior to communicating with the emergency pharmacy service provider.
- Shall, once authorized by the on-call pharmacist, request medications from the emergency pharmacy service provider by faxing a completed emergency pharmacy service provider request along with the practitioner's order.
- Shall request only sufficient supply of medication from the emergency pharmacy service provider to last until the next regularly scheduled medication delivery.
- Shall provide as much resident information as requested by the emergency pharmacy service provider as necessary for the legal dispensing of a medication.
- Shall fax the pharmacy service provider the original prescription and information about:
  a. The names of medications received from the emergency pharmacy service provider.
  b. The quantities of medications received from the emergency pharmacy service provider.

c. The date and time that the emergency pharmacy service provider request was made.

- Shall instruct any delivery service requesting payment for delivering medications from the emergency pharmacy service provider to bill the pharmacy service provider.
- Shall contact the on-call pharmacist to resolve any discrepancies between this policy and communication with the emergency pharmacy service provider or delivery service.

Pharmacy

- Shall arrange a contract between the pharmacy service provider and the emergency pharmacy service provider to provide after hours dispensing of medication and arrangement of delivery to the facility.
- Shall arrange a contract with and payment for a delivery service to provide delivery of medications from the emergency pharmacy service provider to the facility.
- Shall arrange payment by PharmaCare or other third-party payers for medications dispensed by the emergency pharmacy service provider as available and appropriate.
- Shall contact the emergency pharmacy service provider by phone to confirm dispensing and delivery for each request of medications that has been approved by the on-call pharmacist.

Policy 8.14: Managing Expired/Expiring Medications

Policy:

Expired medications shall be promptly removed from inventory to protect resident safety.

Procedure:

Nursing

- Shall arrange a monthly examination of medication inventory to identify expired or soon-to-expire medications.
- Shall place any expired medications in the Return to Pharmacy Area.
- Shall flag any medications that expire within a month to alert staff to the expiry date.
- Shall examine all medication packages for the expiry date prior to administering medication.
- Shall consider the administration date printed on a scheduled dose pouch as the final date prior to the expiry date for the pouched medication.
- Shall follow the **Approved Expiry Date** policy for the use of eye preparations, refrigerated medications, insulin, topical preparations, etc.

Pharmacy

- Shall ensure that all medications dispensed have the expiry date visible or comply with the **Approved Expiry Date** policy.

Policy 8.15: Approved Expiry Dates

Policy:

Medications shall be labelled with an expiry date, based on the approved expiry list, to ensure the safe and appropriate administration of medications.

Procedure:

All Parties

- Where an expiry date is given by the manufacturer and an expiry date is calculated by the rules below, the more recent expiry date shall be taken into effect.
- Shall follow the expiry date guidelines below:

Eye/Ear Preparations

1) All
    a. Instructions: Document the date the container was opened on the prescription label or auxiliary sticker applied to the container.
    b. Expiry Date: 90 days from the opened date unless specified below.
2) Fucidic Acid (Fucithalmic)
    a. Instructions: As for “All”
    b. Expiry Date: 30 days from the opened date
3) Gatifloxacin (Zymar)
    a. Instructions: As for “All”
    b. Expiry Date: 28 days from the opened date
4) Gentamicin/Betamethasone (Pentasone)
    a. Instructions: As for “All”
    b. Expiry Date: 28 days after the opened date
5) Ketorolac
    a. Instructions: As for “All”
    b. Expiry Date: 28 days from the opened date
6) Moxifloxacin (Vigamox)
    a. Instructions: As for “All”
    b. Expiry Date: 28 days from the opened date
7) Nedocromil (Alocril)
    a. Instructions: As for “All”
    b. Expiry Date: 28 days from the opened date
8) Levocabastine (Livostin)
    a. Instructions: As for “All”
    b. Expiry Date: one month from the opened date
9) Ofloxacin
    a. Instructions: As for “All”
    b. Expiry Date: 28 days from the opened date
10) Framycetin/Gramicidin/Dexamethasone (Sofracort/Opticort)

a. Instructions: As for “All”
b. Expiry Date: 28 days from the opened date

11) Dorzolamide (Trusopt)
a. Instructions: As for “All”
b. Expiry Date: 28 days from the opened date

12) Latanoprost (Xalatan)
a. Instructions: As for “All”
b. Expiry Date: six weeks from the opened date

13) Latanoprost/Timolol (Xalacom)
a. Instructions: As for “All”
b. Expiry Date: 10 weeks from the opened date

14) Na Cromoglycate (Opticrom/Cromolyn)
a. Instructions: As for “All”
b. Expiry Date: 28 days from the opened date

15) Sodium Chloride 5%
a. Instructions: As for “All”
b. Expiry Date: 28 days from the opened date

16) All Antibiotic Eye/Ear Preparations not listed above
a. Instructions: As for “All”
b. Expiry Date: 28 days from the opened date

Insulin

1) All
a. Instructions: Keep refrigerated until first use of the vial, document the date the vial was first used on the prescription label or auxiliary sticker attached to the vial, then store at room temperature.
b. Expiry Date: 28 days from first use.

Other Medications

1) Calcitonin Nasal Spray (Miacalcin)
a. Instructions: Keep refrigerated until first use of the vial, document the date the vial was first used on the prescription label or auxiliary sticker attached to the vial, then store at room temperature.
b. Expiry Date: 28 days from first use.
2) Lorazepam Injection (Ativan)
a. Instructions: Keep refrigerated. Document the date each multidose vial was first used on an auxiliary sticker attached to the vial.
b. Expiry Date: 28 days from first use.
3) Nitroglycerine SL Tablets (Nitrostat)
a. Instructions: Keep in tightly closed original container. Document the date the vial was first opened on the prescription label or auxiliary sticker attached to the vial.
b. Expiry Date: 90 days from first use.
4) Topical preparations not dispensed in the manufacturers container

a. Instructions: Keep containers tightly closed when not in use. Follow any storage requirements as directed by pharmacy.
b. Expiry Date: Six months from the date of dispensing unless otherwise labelled.

5) Oral Liquids not dispensed in the manufacturers container
   a. Instructions: Keep containers tightly closed when not in use. Follow any storage requirements as directed by pharmacy.
   b. Expiry Date: Six months from the date of dispensing unless otherwise labelled.

Policy 8.16: Removal of Medications from Inventory

Policy:

Expired, discontinued or otherwise unnecessary medications in inventory at the facility shall be removed from the facility promptly to ensure they are not illegitimately administered.

Procedure:

Nursing

- Shall maintain an area designated solely for medications to be returned to pharmacy within the med room.
- Shall maintain an area designated solely for narcotic and controlled medications to be returned to pharmacy within a narcotic lock box.
- Shall immediately remove any expired medications from active use and place them in the appropriate Return to Pharmacy Area.
- Shall immediately remove any discontinued non-pouched or PRN pouched medications from active use and place them in the Return to Pharmacy Area.
- Shall immediately remove any discontinued secondary rolls from active use and place them in the appropriate Return to Pharmacy Area.
- Shall remove any primary rolls and place them in the Return to Pharmacy Area upon receipt of corresponding replacement primary rolls.
- Shall place in the Return to Pharmacy Area any full wasted medication containers.
- Shall send any non-narcotic or non-controlled return to pharmacy medications in the Return to Pharmacy Area, including any full wasted dose containers, in a medication delivery bin with the delivery driver at the next delivery time.

Pharmacy

- Shall provide for the appropriate disposal of all wasted doses of medication returned to pharmacy.
- Shall provide for the appropriate disposal of all expired medications returned to pharmacy.
- Shall retrieve from the facility all narcotics and controlled drugs to be returned.

Policy 8.17: Leave of Absence Medications

Policy:

Medications for leave of absence shall be released only to a capable third party.

Each leave of absence shall be documented and notification distributed to the appropriate parties in a timely manner to allow appropriate preparation of medications for the leave.

Procedure:

Nursing

- Shall document in the nurse's notes each request for leave of absence and the requested start date and time and end date and time of the request.
- Shall fax notice on the Resident Change of Status Form to pharmacy of the start date and time and end date and time of each leave of absence, and of any PRN or non-pouched medications that may be required for the leave of absence, giving at least two business days notice.
- Shall arrange a meeting with the third party accepting the resident on leave of absence to review the resident's medication regime and use of the monitored dose system; to provide verbal or written direction as necessary; and to arrange the return of any unused portion of medications to the facility upon completion of the leave of absence to ensure continuity of medication administration.
- Shall make assessment of the capability of the third party to administer medications to the resident and, if a concern arises about the capability, report it to the Director of Care/Director of Health and Wellness.
- Shall release medications for the resident to the third party for the duration of the leave of absence after reconciling the leave of absence medications with the current MAR.
- Shall retain any scheduled dose pouches not required for the duration of the leave of absence at the facility for use on the administration date and time.
- Shall document on the MAR that the resident is on leave of absence using the appropriate administration code.

Pharmacy

- Shall dispense medications to the facility for any remainder of the leave of absence that is not included in the current scheduled dose pouches.
- Shall dispense to the facility any required primary roll pouches in full week increments according to the batch cycle.

- Shall dispense to the facility any PRN or non-pouched medications requested for the leave of absence in quantities appropriate to the duration of the leave.

Policy 8.18: Borrowing Medications

Policy:

Medications labelled for use by one resident shall not be used for another resident to ensure fair billing of medication expenses to the appropriate party and to ensure medications are only administered as prescribed by a practitioner.

Procedure:

Nursing

- Shall ensure valid orders exist for medication for a resident prior to administering that medication to the resident.
- Shall maintain an inventory for a resident's medications adequate to last at least three business days.
- Shall not use a medication labelled for one resident for another.
- Shall not request billing of a medication labelled for one resident to another.
- Shall contact pharmacy by phone for advice if a dose of medication is to be administered and inventory of the medication cannot be located within the facility.

Policy 8.19: Delayed Start/Stop Date Policy

Policy:

Orders for pouched medications whose intended benefit is derived from long-term treatment shall have their initial dose delayed until the start of the next batch of primary rolls to reduce inventory management workload.

Orders for the discontinuation of pouched medications that are not due to an actual or potential adverse event shall have their stop date delayed until the start of the next batch of primary rolls to reduce inventory management workload.

Orders for the switching of medications within a class due to financial concerns or formulary guidelines shall be delayed until the start of the next batch of primary rolls to reduce inventory management workload.

Procedure:

All Parties

- Shall adhere to the list of eligible delayed start date medications and immediate start medications in the table below[1]:

Eligible Delayed Start Date Medications by Class	Immediate Start Medications by Class or Subclass-of-Eligible Class
N/A	04:00 Antihistamine Drugs
N/A	08:00 Anti-Infective Agents
10:00 Antineoplastic Agents	
12:00 Autonomic Drugs	12:08 Ipratropium 12:12 Epinephrine
20:00 Blood Formation, Coagulation and Thrombosis Agents	20:12 Antithrombotic Agents - Warfarin - Heparins
24:00 Cardiovascular Drugs	
28:00 Central Nervous System Agents	28:00 Central Nervous System Agents - Analgesics & Antipyretics - Opiates - Antipsychotics
40:00 Electrolytic, Caloric & Water Balance	40:28 Diuretics
N/A	44:00 Enzymes

N/A	48:00 Respiratory Tract Agents
52:00 Eye, Ear, Nose & Throat (EENT) Preparations	52:04 Anti-Infectives 52:08 Anti-Inflammatory Agents
56:00 Gastrointestinal Drugs	
68:00 Hormones & Synthetic Substitutes	68:04 Adrenals, Prednisone 68:02 Insulins
72:00 Local Anesthetics	
84:00 Skin & Mucous Membrane Agents	84:04 Anti-Infectives
86:00 Smooth Muscle Relaxants	
88:00 Vitamins	88:24 Vitamin K
92:00 Miscellaneous Therapeutic Agents	

[1] The numbering system used is from the AHFS Pharmacologic-Therapeutic Classification System. See http://www.ahfsdruginformation.com/class/index.aspx

Nursing

- Shall, if a medication that is eligible for delayed start is ordered by a practitioner and is intended for immediate start, notify pharmacy of the same by making the notation 'for immediate start' next to the order prior to transmitting to pharmacy.
- Shall follow the directions from the pharmacist on the Medication Order Communication Form: Delayed Start/Stop Date Policy Applied to ensure correct documentation of any delayed start or delayed stop.

Pharmacy

- Shall apply this policy to only those oral solid medications suitable for pouching and ordered on a scheduled basis.
- Shall, for each medication order considered eligible for a delayed start or delayed stop, have a pharmacist use their professional judgment to determine if this policy is appropriate for the medication order.
- Shall not delay the start or stop of a medication according to this policy for a period of greater than ten days.
- Shall notify nursing of the delayed start and start date or the delayed stop and stop date of any medication orders delayed according to this policy using the Medication Order Communication Form: Delayed Start/Stop Date Policy Applied.

See Also

- Form 13.2.3 - **Delayed Start/Stop Date Policy Applied**

Policy 8.20: Respite Stay Inventory

Policy:

Respite stay inventory shall be managed corresponding to the policies and procedures for managing permanent residents' medications to provide a consistent system of inventory management.

Procedure

All Parties

- Shall adhere to all the policies and procedures for inventory management in this manual for respite stay residents' medications.

Pharmacy

- Shall, if a respite stay is 21 days or less, send the primary roll and any secondary rolls for the entire length of stay.
- Shall, if a respite stay is 22 days or greater, send the primary roll and any secondary rolls according to the regular batch schedule.

Section 9

COMMUNICABLE DISEASE MANAGEMENT

Policy 9.1

Influenza

Policy 9.1.1: Influenza Season Preparation

Policy:

The facility and pharmacy service provider shall strive to ensure that appropriate labwork, prophylactic and treatment antiviral medication orders, and antiviral medication dosing calculations are completed for each resident prior to the start of each influenza season.

Procedure:

Nursing

- Shall obtain yearly orders for each resident from their practitioner, or the reason for denial of the same, for each of the following in preparation of each influenza season:
  - Serum Creatinine level (taken within one year for residents with stable renalfunction or within six months for residents with renal disease).
  - Annual influenza vaccine.
  - Nasal swab for viral testing.
  - Oseltamivir for the prevention and treatment of influenza in the event of adeclared outbreak.
- If advised by the local health authority, Zanamivir for the prevention and/or treatment of influenza in the event of a declared outbreak.
- If advised by the local health authority, Amantadine for the prevention and/or treatment of influenza in the event of a declared outbreak.
- Shall compile a yearly spreadsheet with the Serum Creatinine level and weight of each resident in preparation of each influenza season and transmit the spreadsheetto pharmacy for the calculation of each resident's Creatinine Clearance and prophylactic and treatment Oseltamivir dosing.
- Shall maintain a yearly influenza orders binder for each wing or area of the facilitycontaining:
- A copy of the influenza outbreak orders for each resident.
- A copy of the spreadsheet with the Serum Creatinine level and weight of each resident.
- A copy of the spreadsheet provided by pharmacy with the Creatinine Clearance and prophylactic and treatment Oseltamivir dosing for each resident.

Pharmacy

- Shall calculate the Creatinine Clearance for each resident based on the resident's age, gender, Serum Creatinine and weight provided by nursing.

- Shall determine the prophylactic and treatment Oseltamivir dosing for each resident based on the calculated Creatinine Clearance and the Health Canada official product monograph.
- Shall compile a yearly spreadsheet with the Creatinine Clearance and prophylactic and treatment Oseltamivir dosing for each resident by wing or area of the facility and transmit a copy to the Director of Care/Director of Health and Wellness.
- Shall maintain a contingency supply of Oseltamivir at the pharmacy in case of outbreak.

Policy 9.1.2: Influenza Outbreak

Policy:

Orders for antiviral medications in the event of an influenza outbreak shall be coordinated and promptly dispensed and administered to minimize adverse events among residents of the facility.

Procedure:

Nursing

- Shall, once an influenza outbreak has been declared by the Medical Health Officer or other authorized personnel of the local health authority and Oseltamivir therapy has been recommended, immediately:
  - Notify the pharmacy of the outbreak declaration by phone.
  - Fax the influenza outbreak declaration to pharmacy.
  - Fax the spreadsheet provided by pharmacy with the Creatinine Clearance and prophylactic and treatment Oseltamivir dosing for each resident to pharmacy.
  - Fax the outbreak orders for each resident signed by their practitioner to pharmacy.
  - Fax a list of residents who are lab-confirmed positive for influenza and/or have symptoms of influenza to pharmacy.
  - Contact the resident's practitioner for orders if Oseltamivir orders have not been received or were previously refused and fax to pharmacy.
  - Document on the Physician's Order Sheet and the MAR the orders for either prophylaxis or treatment of influenza with Oseltamivir for each resident.
- Shall, once an influenza outbreak has been declared by the Medical Health Officer or other authorized personnel of the local health authority and Oseltamivir therapy **has not** been recommended, immediately:
  - Notify the pharmacy of the outbreak declaration by phone.
  - Fax the influenza outbreak declaration to pharmacy.
  - Fax the spreadsheet provided by pharmacy with the Creatinine Clearance for each resident to pharmacy.
  - Fax the outbreak orders for each resident signed by their practitioner to pharmacy **if they contain orders for the antiviral medication recommended by the Medical Health Officer**.
  - Contact the resident's practitioner for orders if orders for the antiviral medication recommended by the Medical Health Officer have not been received or were previously refused and fax to pharmacy.

- Document on the Physician's Order Sheet and the MAR the orders for either prophylaxis or treatment of influenza with the prescribed antiviral medication for each resident.

- Shall inform pharmacy immediately by fax if any resident is lab-confirmed positive for influenza or develops new symptoms of influenza.

Pharmacy

- Shall, once an influenza outbreak declaration, medication orders, and the list of residents who are lab-confirmed positive for influenza and/or have symptoms of influenza have been received:
  - Dispense antiviral medications for each resident based on the Medical Health Officer's recommended agent, the list of residents who are lab-confirmed positive and/or have symptoms, and each resident's individualized orders and Creatinine Clearance.
  - Calculate Amantadine dosing based on Creatinine Clearance for each resident if ordered for the influenza outbreak.
- Shall coordinate afterhours dispensing of antiviral medications in the event of an afterhours influenza outbreak declaration.

Policy 9.2: Pneumococcal

Policy:

A pneumococcal immunization history shall be maintained for each resident and reviewed yearly, to minimize adverse events among residents of the facility.

Procedure:

Nursing

- Shall maintain a permanent vaccination record in each resident's chart.
- Shall review the pneumococcal immunization history for each resident yearly when preparing orders for each influenza season.
- Shall, for each resident without a pneumococcal immunization history, without documented reason why it has not been given, and without a documented allergic reaction to a vaccine component, request an order to vaccinate from the resident's practitioner.
- Shall, for each resident with a history of a single pneumococcal immunization at five or more years prior, request an order for a one-time booster vaccination from the resident's practitioner if the resident has any of the following:
  - Chronic kidney disease.
  - Chronic liver disease.
  - Asplenia.
  - Sickle cell disease.
  - Poor immune system functions due to disease.
  - Poor immune system functions due to medication therapy.

Section 10

ADMINISTERING MEDICATIONS

Policy 10.1

Provincial Standard for Preparation and Administration of Medication

Policy 10.1.1: Handling Pouches

Policy:

Pouches shall be separated and opened in a manner that minimizes the risk of dropping medication or prematurely opening pouches.

Procedure:

All Parties

- Shall separate a pouch from the roll using the following steps:
  - Position the roll of pouches with the printed information upright and facing you. The sealed edge of each pouch should be to the far right edge, with the folded edge on the left.
  - Lightly grasp the top left corner of the first pouch with one hand and the bottom left corner of the adjacent pouch with the other hand. The perforated line that is to be separated should be between your two hands.
  - With a constant motion, pull the top package up and away from the bottom package. This will easily tear the perforation between each pouch.
  - Repeat this technique for each subsequent pouch to be separated from the roll.
  - Do not twist the strip or attempt to “rip” the perforation; this may result in tearing the individual pouches.
- Shall open a pouch by using the following steps:
  - Washing your hands.
  - Position the pouch with the printed information upright and facing you. The sealed edge of the pouch should be to the far right edge, with the folded edge on the left.
  - Lightly grasp near the top right corner along the top sealed edge with the index finger and thumb of each hand and with both fingernails touching and both thumbnails touching.
  - Gently twist each hand in opposite directions to start the tear then pull apart to tear down along the right edge of the pouch. Continue tearing the pouch until the contents are available.

Policy 10.1.2: Regularly Scheduled Medications

Policy:

Regularly scheduled medications shall be administered according to the nine “rights” of medication administration: right medication, right client, right dose, right time, right route, right frequency, right site, right reason and right documentation.

Procedure:

Nursing

- Shall be familiar with all the scheduled administration times for the residents under their care.
- Shall not leave medication unlocked or unattended.
- Shall administer regularly scheduled main roll and middle roll medications at a scheduled administration time by:
  - Washing hands prior to administration.
  - Selecting a resident and ensuring that they are present and prepared to accept the medication.
  - Opening the eMAR to the resident’s current MAR.
  - Scanning the entire MAR for all medications to be given at the current scheduled administration time.
  - Gathering all medications to be administered and place them on top of the med cart, including applicable:
    - Primary roll pouches.
    - Secondary roll pouches.
    - Non-pouched medications.
      - Inhaled medications
      - Injections
      - Liquids
      - Oversize tablets/capsules
      - Powders
      - Sublingual tablets
      - Suppositories
      - Refrigerated medications
      - Topical medications
  - Checking the expiry date of all medications gathered.

- Separating any pouches to be administered from the rest of the roll and returning the roll to the resident's medication box.
- Gathering all accessories for administering medications and placing them on top of the med cart, including applicable:
  - Cups of juice, water or other liquid
  - Measuring device(s)
  - Administering device(s)
  - Tablet crusher
  - Thickening agent
- Once all the medications and accessories have been gathered, confirm all medications are accounted against the MAR.
- Once all medications are accounted for, confirm all doses are correct against the MAR by:
  - Confirming each pouch has the correct:
    - Resident name
    - Date
    - Administration time
    - Drug name(s)
    - Drug strength
    - Number of tablets/capsules
  - Confirming each non-pouched medication label has the correct:
    - Resident name
    - Drug name
    - Drug strength
    - Dose
- Place any Warfarin pouches with a "Directions Changed Refer to Chart" Sticker in the Return to Pharmacy Area and ensure that the current Warfarin dose is available in another pouch.
- Confirm any special administration instructions identified on the MAR for each medication. Such as:
    - Chew
    - Do Not Chew or Crush
    - Do Not Lie Down for ½ Hour After Taking
    - Route
    - Swallow Whole
    - Take on Empty Stomach

- Take with Food

- Confirm the identity of the resident. Do not use non-nursing support staff for confirmation of resident identity.
- Do not open pouches until the resident has been identified and is ready to accept the medication.
- Confirm pouched medications against the label and non-pouched medications against their labels a second time while opening, dispensing or pouring the medication.
- Non-pouched tablets/capsules should be dispensed from the bottle into the lid of the container before being dispensed into the medicine cup to avoid contamination of the stock.
- Liquid medications should be poured at eye level into a separate medicine cup, away from the labelled side of the bottle. The bottle should be wiped after each pour.
- Administer the medication(s) according to the CRNBC and CLPNBC Medication Administration Nursing Practice Standard and good nursing practice.
- Document all medications administered according to the applicable policies and procedures.
- If a medication has been poured and then refused by a resident, it is not to be placed back into the original container. Document the refusal according to the applicable policies and procedures and place the medication in the container provided for refused/wasted medications to be sent to pharmacy for appropriate destruction.
- Select the next resident and repeat the procedure.
- At the end of the administration time, confirm all applicable medications have been administered to each resident.

Policy 10.1.3: PRN Medications

Policy:

PRN medications shall be administered according to the nine "rights" of medication administration: right medication, right client, right dose, right time, right route, right frequency, right site, right reason and right documentation.

Procedure:

Nursing

- Shall examine the current MAR of a resident for appropriate orders if a need for a PRN medication is identified.
- Shall not administer a PRN medication for an indication other than the prescribed indication.
- Shall administer a PRN medication by:
  - Washing hands prior to administration.
  - Ensuring that the resident is present and prepared to accept the medication.
  - Opening the eMAR to the resident's current MAR.
  - Scanning the entire MAR for the most appropriate PRN medication order(s).
  - Scanning the entire MAR for PRN medication orders that are to be given with or subsequent to the selected PRN order(s).
  - Gathering all medications to be administered and place them on top of the med cart, including applicable:
    - PRN pouches
    - Non-pouched medications:
      - Inhaled medications
      - Injections
      - Liquids
      - Oversize tablets/capsules
      - Powders
      - Sublingual tablets
      - Suppositories
      - Refrigerated medications
      - Topical medications
  - Checking the expiry date of all medications gathered.
  - Separating any pouches to be administered from the rest of the roll and returning the roll to the resident's medication box.

- Gathering all accessories for administering medications and placing them on top of the med cart, including applicable:
  - Cups of juice, water or other liquid
  - Measuring device(s)
  - Administering device(s)
  - Tablet crusher
  - Thickening agent
- Once all the medications and accessories have been gathered, confirm all medications are accounted for against the MAR.
- Once all medications are accounted for, confirm all doses are correct against the MAR by:
  - Confirming each pouch is labelled “PRN” and has the correct:
    - Resident name
    - Drug name(s)
    - Drug strength
    - Number of tablets/capsules
  - Confirming each non-pouched medication label has the correct:
    - Resident name
    - Drug name
    - Drug strength
    - Dose
- Confirm any special administration instructions identified on the MAR for each medication, such as:
  - Chew
  - Do Not Chew or Crush
  - Do Not Lie Down for ½ Hour After Taking
  - Route
  - Swallow Whole
  - Take on Empty Stomach
  - Take with Food
- Confirm the identity of the resident. Do not use non-nursing support staff for confirmation of resident identity.
- Do not open pouches until the resident has been identified and is ready to accept the medication.
- Confirm pouched medications against the label and non-pouched medications against their labels a second time while opening, dispensing or pouring the medication.

- Non-pouched tablets/capsules should be dispensed from the bottle into the lid of the container before being dispensed into the medicine cup to avoid contamination of the stock.
- Liquid medications should be poured at eye level into a separate medicine cup, away from the labelled side of the bottle. The bottle should be wiped after each pour.
- Administer the medication(s) according to the CRNBC and CLPNBC Medication Administration Nursing Practice Standard and good nursing practice.
- Document all medications administered according to the applicable policies and procedures.
- If a medication has been poured and then refused by a resident, it is not to be placed back into the original container. Document the refusal according to the applicable policies and procedures and place the medication in the container provided for refused/wasted medications to be sent to pharmacy for appropriate destruction.
- Document the effect of the medication according to the applicable policies and procedures.

Policy 10.1.4: Resident Self-Administration

Policy:

Resident self-administration shall be considered by the Medication Safety and Advisory Committee on an individual basis and follow all applicable policies of the BC Health Professions Act, the local Health Authority and the Medication Safety and Advisory Committee of the facility.

Procedure:

All Parties

- Shall not dispense a medication or encourage or assist in dispensing a medication to a resident for self-administration unless approved by the Medication Safety and Advisory Committee for that resident.
- Shall follow all policies put forth by the Medication Safety and Advisory Committee for resident self-administration.

Medication Safety and Advisory Committee

- Shall authorize the policies and procedures for resident self-administration, date it with the approval date and document its approval in the minutes of the meeting.
- Shall ensure that the policies and procedures for resident self-administration follow the policies of the BC Health Professions Act and policies of the local Health Authority.
- Shall consider individual requests for resident self-administration and document their approval or rejection and the reasons in the minutes of the meeting.

Policy 10.1.5: Wasted Doses

Policy:

Attempts to ensure continuity of prescribed medication regime shall remain intact in the event of wasted doses of medication.

Wasted doses of medication shall be disposed of promptly to prevent administration of contaminated or sub-therapeutic doses of medication.

Procedure:

Nursing

- Shall maintain a wasted dose container for the storage and return to pharmacy of wasted medications in a medication storage area.
- Shall immediately place the wasted dose of medication in the wasted dose container.
- Shall immediately select a replacement dose of medication to administer if a dose is wasted.
- Shall, if the medication is non-pouched, select the replacement dose from the original stock bottle, container, etc.
- Shall, if the medication is from a PRN pouch, select the replacement dose from the next pouch on the roll of PRN pouches.
- Shall, if the medication is from a scheduled dose pouch:
  - Select the pouch from the last day of the roll at the same administration time.
  - Identify required replacement medications against the MAR and the tablet/ capsule descriptions printed on the pouch, being mindful that some medications are not given every day and may not be present in the pouch, or may have different doses on other days. Contact pharmacy if at all unsure.
  - Open the pouch, select the medication(s) required to replace the wasted medication(s) and dispose of any unnecessary medications in the wasted dose container.
  - Notify pharmacy on the same day, by fax on the Drug Re-order Sheet, of all pouches used for replacement doses, including the resident's name, the date printed on the pouches and the administration time printed on the pouches.
- Shall contact pharmacy by phone for advice if an equivalent replacement dose cannot be found or identified.
- Shall follow all policies for administration of regularly scheduled medications or PRN medications as applicable when administering a replacement dose.
- Shall, if the medication involved is a narcotic or controlled substance, document the wasted dose on the Medication Incident Form and fax to pharmacy the same day.

Pharmacy

- Shall, when notified of scheduled dose pouches used as replacement doses, dispense replacement doses for any medications administered or disposed of as a result of the wasted doses.
- Shall dispense any replacement doses in labelled envelopes or pouches.

Policy 10.2

General Guidelines for Preparation and Administration of Medicine

Policy 10.2.1: Equipment and Supplies for Medication Administration

Policy:

The facility maintains equipment and supplies necessary for the preparation and administration of medications to residents, unless specified otherwise in the contract with the pharmacy services provider.

Procedures:

- The following equipment and supplies are acquired and maintained by the facility, unless otherwise stated in the pharmacy service provider contract, for the proper storage, preparation, and administration of medications:
  a. Lockable medication carts, cabinets, drawers, and/or rooms with well-lit preparation areas.
  b. A refrigerator with a thermometer.
  c. Counter space for medication preparation with access to a convenient water source.
  d. Oral syringes, parenteral syringes, safety needles, droppers, soufflé cups, water pitchers, drinking cups, apple sauce/pudding, calibrated plastic medication cups, clean tissue, cotton balls, alcohol wipes, lubricant (for rectal and vaginal administration).
  e. A device for crushing tablets.
  f. Examination gloves.
  g. Facility-approved hand sanitizer (securely stored so that residents cannot accidentally ingest large quantities).
  h. Small-volume nebulizer and spacer/holding chamber for administration of inhaled medications.
- The charge nurse on duty ensures that equipment and supplies relating to medication administration are clean and orderly.
- The consultant pharmacist audits medication storage conditions as per policy and reports any irregularities to the Director of Care/Director of Health and Wellness.
- The charge nurse is notified if supplies are inadequate or equipment fails to work properly. The charge nurse reports equipment and supply deficiencies to the Director of Care/Director of Health and Wellness.
- If carts are furnished by the pharmacy service provider, the pharmacy promptly repairs or replaces nonfunctional carts. If carts belong to the facility, the cart

manufacturer or distributor is notified if a problem with a medication cart occurs for prompt repair or replacement.

Policy 10.2.2: Medication Administration: General Guidelines

Policy:

Medications are administered as prescribed in agreement with good nursing practices and only by persons legally authorized to do so. Personnel administering medications shall be familiar with the medication prior to administration. The facility shall ensure sufficient staffing and a medication management system that facilitates safe administration of medications without unnecessary interruptions.

Procedures:

Preparation

- Medications are prepared only by licensed nursing, medical, pharmacy or other personnel authorized to prepare medications.
- Staff administering medications shall follow good hand hygiene, which includes washing hands thoroughly before beginning a medication pass, prior to handling any medication, after coming into direct contact with a resident, and before and after administration of ophthalmic, topical, vaginal, rectal, and parenteral preparations and medications given via enteral tubes. Examination gloves are worn when necessary (refer to specific administration procedures for each route).
- An adequate supply of disposable containers and equipment is maintained on the medication cart for the administration of medications. Disposable containers are never reused.
- Prior to administration, the medication and dosage schedule on the resident's Medication Administration Record (MAR) is compared with the medication label. If the label and MAR are different and the container is not flagged indicating a change in directions or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule, prior to administration.
- The pharmacy service provider shall package half tablets if the physician specifically orders that dose.
- Medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines:
  a. Long-acting or enteric-coated dosage forms should generally not be crushed; contact pharmacy for suggestions with alternate therapy.
  b. Each medication preparation area shall be equipped with a device that is specifically used for crushing medications.
  c. Medications are crushed between two soufflé cups or appropriate pouches for pill crushers to prevent contact between the medication and the crushing

device. If contact occurs, the crushing device is to be properly cleaned prior to further use.

d. For residents able to swallow, tablets which can be crushed may be ground coarsely and mixed with a food vehicle, such as applesauce, so that the resident receives the entire dose ordered.

e. If the resident is tube-fed, medications are crushed finely to prevent clogging of the tube. The use of a mortar and pestle is encouraged to achieve this. If it is not possible to use paper cups to prevent direct contact of medications with the mortar and pestle, the mortar and pestle are cleaned thoroughly after each use. If paper cups are used, paper is not ground into the medication.

f. The need for crushing medications is indicated on the resident's orders and the MAR so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety issues and alternatives, if appropriate, during medication regimen reviews.

- Liquid dosage forms may be prescribed in place of solid tablets, especially if tablets have a coating and will not crush finely. The nurse shall check with the pharmacy service provider to determine if a liquid form is available and covered by the applicable third-party payer. The physician is contacted for a new order before changing the dosage form.
- When administering high-risk medications in liquid form or those requiring precise measurement, such as digoxin or morphine, devices provided by the manufacturer or obtained from the pharmacy service provider, (e.g., oral syringes) are used to allow accurate measurement of doses.
- When administering as-needed (PRN) medications at times other than the medication pass, the dose may be prepared in the medication cart storage area and taken to the resident's bedside, leaving the cart locked and secured.
- If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted.

Administration

- Medications are administered only by licensed nursing personnel.

- Medications are administered in accordance with orders provided by the attending physician.
- If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or conditions, the nurse calls the pharmacy service provider for clarification prior to the administration of the medication or if necessary contacts the prescriber for clarification. This interaction with the pharmacy and/or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate.
- Medications are administered at the time they are prepared. Medications are not pre-poured.
- Medications are administered without unnecessary interruptions.
- The person who prepares the dose for administration is the person who administers the dose.
- Residents are identified before medication is administered using two methods of identification. Methods of identification include:
  a. Checking identification band.
  b. Checking photograph attached to medical record.
  c. Calling resident by name.
  d. If necessary, verifying resident identification with other facility personnel.
- Hands are washed before and after and examination gloves worn for administration of topical, ophthalmic, injections, enteral, rectal, and vaginal medications.[1,2]
- At least four ounces of water or other acceptable liquid are given with oral medications. More liquids may be necessary when administering certain medications (e.g., bisphosphonates for osteoporosis).
- Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, or determined by the pharmacist, routine medications are administered according to the established medication administration schedule for the facility.
- Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.
- Medications supplied for one resident are never administered to another resident.
- During administration of medications, the medication cart is kept closed and locked when out of sight of the medication administering nurse. No medications

are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. In addition, privacy is maintained at all times for all resident information (e.g., MAR) by closing the MAR book/covering the MAR Sheet when not in use.

- For residents unavailable to receive medication on the pass, the MAR is "flagged". After completing the medication pass, the nurse returns to the missed resident to administer the medication.
- The resident is observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.
- Hiding medication in food products (ex: toast) shall be discouraged. If deemed necessary, this needs to be documented in the resident care plan. Any such instances should also be reviewed on an individual basis to ensure all medications are still medically necessary.
- Monitoring of side effects or medication-related problems occurs continually, but particularly after medication administration and especially after the first few doses of a new medication.

Documentation

- The staff member who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the staff administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. Failure to do so is an error of correct documentation.
- Current medications are listed on the MAR.
- Topical medications used in treatments are listed on the treatment administration record (TAR).
- The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration time. Initials on each MAR are verified with a full signature recorded on the Registered Staff's Signature Sheet.
- When PRN medications are administered, the following documentation is provided:

  a. Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site.

  b. Complaints or symptoms for which the medication was given.

c. Results achieved from giving the dose and the time results noted.

d. Signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication.

- If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g. the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the appropriate MAR code is recorded in the space provided on the front of the MAR for that dosage administration time. An explanatory note is entered in the nurses' notes, if required. If two consecutive doses of a vital medication are withheld, refused, or not available, the physician is notified.

References

1

Section 483.65, F-441, of the Centers for Medicare & Medicaid (CMS) Guidance to Surveyors for LTC Facilities states, "Hand hygiene should occur before and after putting on sterile gloves and after taking off all gloves during all resident care that requires the use of gloves. This includes…medication administration (e.g., eye drops, sublinguals, and injections)…"

2

Centers for Disease Control and Prevention (CDC). (2002). Guideline for hand hygiene in health-care settings: recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No.RR-16).

Policy 10.2.3: Vials and Ampoules of Injectable Medications

Policy:

Vials and ampoules of injectable medications are used in accordance with the manufacturer's recommendations or the pharmacy service provider's directions for storage, use, and disposal.

Procedure:

- Vials and ampoules dispensed by the pharmacy service provider are maintained in the box or container with the pharmacy label in which they are dispensed.
- The date opened and the initials of the first person to use the vial are recorded on multidose vials on the vial label or an accessory label affixed for that purpose.
- Ampoules and single-use vials are discarded immediately after use.
- The solution in multidose vials (MDV) is inspected prior to each use for unusual cloudiness, precipitation, or foreign bodies. The rubber stopper is inspected for deterioration. If a MDV is opened and does not indicate the date opened, the product should not be used and should be discarded according to the facility's policy.
- If an unused/unopened multidose vial shows visible evidence of precipitation or contamination or the rubber stopper is deteriorating, it is not used, and processed as surplus prescribed medication. A replacement vial is ordered from the provider pharmacy. The pharmacy service provider shall determine the need for reporting a defective solution to the manufacturer.
- Medication in multidose vials may be used until the manufacturer's expiration date, unless the manufacturer specifies a shorter time in the product monograph, if inspection reveals no problems during that time.

Policy 10.2.4: Infusion Therapy Products: General Information

Policy:

Infusion therapy products are safely and accurately administered by an authorized nurse.

Procedure:

- Prior to administration of infusion therapy products, information about the stability, storage, and/or diluent is obtained from the manufacturer package insert and labelling.
- The infusion therapy products provider is contacted for information about the stability, storage, and/or diluent, if not available from the above-named reference.
- The resident's medical record is checked for known allergies, and the resident is monitored closely for any signs of adverse reactions after each dose of the medication. The lack of adverse reaction is charted in the resident's medical record after the first and second dose.
- All infusion therapy products are labelled in accordance with provincial requirements and facility policies.
- The method of infusion therapy administration selected is consistent with the resident's care plan and preferences as well as facility policy. Pertinent information about the infusion method or venous access is communicated to the infusion therapy products provider.

Policy 10.2.5: Reconstitution of Medication for Parenteral Administration

Policy:

To provide for the safe and accurate reconstitution of parenteral medications prior to administration, manufacturer information is reviewed and aseptic technique is observed.

Procedure:

- Read medication package literature, medication label, or other appropriate reference to determine the correct diluent and quantity of diluent to be used. Shake if necessary.
- Wash hands thoroughly.
- Break and remove seal from both diluent and medication vials and wipe rubber stoppers with alcohol swab.
- Inject into diluent bottle with syringe an amount of air equal to the amount of fluid to be withdrawn for reconstitution of medication.
- Withdraw the appropriate amount of diluent into the syringe.
- Inject diluent into the medication bottle slowly, shaking if instructed, and observe resulting solution or suspension for clarity, unusual color, or large particles, such as precipitation, reporting any peculiarities to pharmacy. Do not administer the medication unless instructed to do so.
- Administer medication or add to intravenous (IV) solution as directed and complete documentation.

Policy 10.2.6: Narcotic and Controlled Substances

Policy:

Medications classified as narcotics and controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and/or provincial regulations.

Procedure:

- The Director of Care/Director of Health and Wellness and the consultant pharmacist maintain the facility's compliance with federal and/or provincial laws and regulations in the handling of narcotic and controlled medications. Only authorized licensed nursing and pharmacy personnel have access to narcotic and controlled medications.
- All narcotics and controlled medications are obtained from the locked cabinet or compartment.
- Preparation of the dosage form occurs according to the medication administration policy.
- When a narcotic and controlled substance is administered, the licensed nurse administering the medication immediately enters the following information on the resident's narcotic and controlled drug record and/or the Medication Administration Record (MAR):
  a. Date and time of administration (MAR, resident's narcotic and controlled drug record).
  b. Amount administered (MAR, resident's narcotic and controlled drug record).
  c. Remaining quantity (resident's narcotic and controlled drug record).
  d. Initials of the nurse administering the dose, completed after the medication is actually administered (MAR, resident's narcotic and controlled drug record).
- When a dose of a narcotic and controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It must be destroyed according to facility policy and the disposal documented on the resident's narcotic and controlled drug record on the line representing that dose. The same process applies to the disposal of unused portions of single dose ampoules.
- All narcotic and controlled medications are reordered when a three business day supply remains to allow time for acquisition and transmittal of the required original written prescription to the pharmacy service provider, if necessary.

Policy 10.2.7: Irrigation Solution

Policy:

Irrigation solutions are used in accordance with label directions for storage, use, and disposal. Aseptic technique is used in the handling and application of irrigation solutions.

Procedure:

- Irrigation solutions are labelled with the date and time immediately upon opening.
- Solutions prepared by the provider pharmacy, if unopened, are disposed of by the expiration date indicated. Solutions without an expiration date are not accepted. Solutions prepared by the pharmacy service provider are discarded within seventy two (72) hours after opening.
- Solutions without preservatives, in the original manufacturer's container (such as water and sodium chloride for irrigation), are disposed of within twenty four (24) hours after opening.
- Aseptic/sterile technique is used in the handling and application of irrigation solutions.
- When expired, unused solutions are poured down the drain. It is not necessary to record disposal of partial containers.

Policy 10.2.8:	General Guidelines for Medication Administration via Enteral Tube

Policy:

The facility assures the safe and effective administration of enteral formulas and medications via enteral tubes. Selection of enteral formulas, routes and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist, respecting the resident's advance directives.

Procedure:

- Enteral formulas, equipment, route of administration, and flow rate are selected based on an assessment of the resident's condition and need.
- Interactions between medications and feeding formulas (e.g., phenytoin), and interactions of multiple medications, are considered before administering medications through the enteral tube. If necessary, information is obtained from the pharmacy service provider or consultant pharmacist.
- Inservice training on bacteriological safety, administration, and monitoring of enteral solutions and medications via the enteral tube is provided by the facility to nursing personnel.
- The manufacturer's written recommendations regarding suggested time period for hanging of the product are consulted when determining the schedule for enteral feeding administration.
- When new medication orders are received from the prescriber, the intended route of administration is also obtained. The pharmacy service provider is informed that the resident is receiving medications through the enteral tube. Medications for enteral administration are obtained in easily pulverized or liquid form. The pharmacy service provider is consulted to determine the best method for preparing dosage forms for enteral tube administration when liquid formulations are not available. If alternative medications or dosage forms are deemed necessary, the prescriber is contacted for a new order.
- Enteral tubes are flushed with at least 30 ml[1] of water before administering medications and after all medications have been administered. Sterile water for irrigation is preferred.[2,3]
- Prior to crushing tablets for administration through the enteral tube, the nurse must consult the medication crushing guidelines to determine if the tablet can be crushed.

a. A mortar and pestle are preferable to a tablet crusher, since they can reduce the tablet to a finer powder. However, a tablet crusher will suffice if a mortar and pestle are not available.

b. Crushed medications are not mixed together. The powder from each medication is mixed with water (sterile water for irrigation is preferred[2,3]) before administration. The souffle cup is rinsed with water to get all of the medication.

c. Each medication is administered separately to avoid interaction and clumping. The enteral tubing is flushed with at least five (5) ml of water between each medication to avoid physical interaction of the medications. Alternatively, crushed medications may be mixed together, diluted with sufficient water, and administered together so long as no incompatibilities exist. The enteral tube is still flushed with at least 30ml of water before and after administering the group of medications.[1]

- The pharmacy service provider or consultant pharmacist is consulted when changing to a different formulation or when initiating enteral therapy for necessary dose scheduling adjustments of the medications or feeding schedule adjustments.

a. If on continuous feeding, it may be necessary to change to intermittent feeding or pause the feeding prior to medication administration to avoid an interaction between enteral solutions and some medications.

b. If on intermittent feeding, it may be necessary to delay feeding up to two hours to avoid a medication interaction with enteral solutions.

- Medications that are GI irritants (such as potassium chloride solution) are diluted as recommended for oral administration, since there is a high potential for gastric irritation when medications are administered directly into the stomach through enteral tubes. The consultant pharmacist and/or dispensing pharmacy is contacted with questions and the physician is contacted if new orders are necessary.

References

1
Section 483. 25(m), F-332/333, of the Centers for Medicare & Medicaid (CMS) Guidance to Surveyors for LTC Facilities states, “Flush the enteral feeding tube with at least 30 ml of preferably warm water before and after medications are administered. While it is noted that some facility policies ideally adopt flushing the tube after each individual medication is given, as opposed to after the group of multiple medications is given, unless there are known compatibility problems between medicines being mixed together, a minimum of one flushing before and after giving the medications is all the surveyor need review. There may be cases where flushing with 30 ml after each single medication is given may overload an individual with fluid, raising the risk of discomfort

or stress on body functions."

2
CREST (Clinical Resource Efficiency Support Team) Home Enteral Tube Feeding Working Groups. *Guidelines for the Management of Enteral Tube Feeding in Adults.* 2004.

3
Boullata, J. "Practice Issues in Enteral Nutrition: Water" - accessed on 12/3/09 at: http://www.eatright.org/docs/fnce/2009/BoullataHandout.pdf

Policy 10.3

Specific Medication Administration Procedures

Policy 10.3.1: Administration Procedures for all Medication

Policy:

To administer medications in a safe and effective manner, respecting the nine rights of medication administration, as follows:

- Right client
- Right medication
- Right dose
- Right time
- Right route of administration
- Right frequency
- Right site
- Right reason for administration
- Right documentation

Procedure

- Medication cart is locked at all times unless in use and under the direct observation of the medication nurse or designee.
- Provide privacy for resident.
- Secure records containing protected health information, (e.g., Medication Administration Records (MARs) and Treatment Administration Records (TARs)).
- Note any allergies or contraindications the resident may have prior to drug administration.
- Check MAR for order.
- If unfamiliar with the medication, consult a drug reference, manufacturer package insert, or pharmacist for more information.
- Read medication label three (3) times:

  1) Prior to removing the medication package/container from the cart/drawer.

  2) Prior to removing the medication from the package/container.

  3) As the package/container is returned to the cart/drawer. Compare label to MAR.

- Check expiry date on package/container before administering any medication. When opening a multi-dose container for the first time, place the date on the container if prompted by an auxiliary label supplied by the pharmacy.
- Identify resident using two identification methods before administering medication.
- Cleanse hands using antimicrobial soap and water or facility-approved hand sanitizer before beginning a medication pass, before handling medication, and before contact with resident.
- Use a barrier (e.g., clean disposable tray or plastic cup) to carry medication containers into the resident's room, if the resident has a known contagious condition or infection. This will serve as a barrier between the supplies and the over-the-bed table or other surface on which the supplies are placed while the medication is administered.
- When applicable, explain to resident the type of medication being administered.
- Obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration.
- After administration, return the medication container to the cart (if multi-dose and doses remain), and document administration in the MAR or TAR.
- Monitor for side effects or adverse drug reactions immediately after administration and throughout each shift.
- If resident refuses medication, document refusal with appropriate code on MAR or TAR, with follow-up documentation in the nurses' notes, if needed.
- When administering an "as needed" PRN medication, observe for medication actions/reactions and record on the PRN Effectiveness Sheet (reverse side of MAR).
- Shall document on the Narcotic and Controlled Drug Count Sheet, in addition to the MAR/TAR, the administration of narcotic and controlled drugs that are not included in the weekly roll of medications (eg. All PRNs, injections, liquids, patches and topicals).
- Once removed from the package or container, unused doses should be disposed of in accordance with the **Medication Destruction** policy. If the medication is a narcotic and controlled substance, the procedure for destruction of narcotic and controlled substances should be followed.
- When finished with each resident, wash hands with antimicrobial soap and water or use facility-approved hand sanitizer.

Note: These guidelines refer to all medications, in addition to specific procedures for each route of administration.

Policy 10.3.2: Oral Medication Administration

Purpose:

To administer oral medications in a safe, accurate and effective manner.

Equipment Required

- Medication cart with medications
- Medication binder containing Medication Administration Record (MAR)
- Soufflé cups
- Drinking cups
- Mortar and pestle/tablet crusher/tablet splitter
- Pitcher of water
- Applesauce (if needed for medications opened/crushed and administered with food)
- Facility-approved hand sanitizer
- Waste receptacle
- Drug reference

Special Considerations

- Refer to crushing guidelines prior to crushing any medication for assurance that it can be crushed.
- Refer to medication reference text for administration of any medication when added to any substance such as applesauce, juice, milk, etc.
- Mortar and pestle/tablet crusher/tablet splitter should be cleaned after each use if a soufflé cup or other protective cover is not used between the tablet and the device.

Procedures:

- Wash hands when visibly soiled, beginning a medication pass, or contact with a resident is expected.
- <u>For solid medications:</u>
  a. Pour or push the correct number of tablets or capsules into the souffle cup.
  b. Crush medications, if indicated by prescriber's order for this resident, only after checking the **Medication Crushing Guidelines**. Crush in tablet crusher or mortar and pestle or with other appropriate device and clean immediately

after use if a soufflé cup or other protective cover is not used between the tablet and the device.

- For liquid medications:

a. Shake well liquids labelled as a suspension (i.e., SUSP). Look for auxiliary label attached by pharmacy.

b. Pour correct amount directly into a graduated/calibrated medication cup or measuring device or pull up correct amount into an oral syringe. Measure volume at eye level, on a flat surface, and read volume from the bottom of the meniscus (curve).

c. Wipe rim and sides of bottle with tissue and replace cap after pouring.

d. Dilute liquid medication in fluid if indicated by prescriber's order. Liquid potassium supplements, bulk laxatives, and liquid stool softener may be diluted in juice at the nurse's discretion.

- If resident is in bed, the head of the bed should be elevated to greater than 45 degrees prior to administration of medication and for at least two minutes after (30 minutes if a bisphosphonate is administered).
- Administer medication and remain with resident while medication is swallowed.
- Follow all medication with four to eight ounces of water.
- When finished with each resident, wash hands with antimicrobial soap and water or use facility-approved hand sanitizer.
- Replace a dose of medication that is refused, dropped, contaminated, or compromised in any way by:

a. Replacing the dose from the patient's own supply if the medication is supplied in a multi-dose package. If the medication is contained within the multi-dose pouches, this shall be done by accessing the identical pouch on the last day of the weekly roll. Notify pharmacy via the "Change of Resident Status and Medication Update" Form that a replacement pouch is required.

b. Replacing the dose from the pharmacy supplied stock.

c. Replacing the dose from the patient's own supply of PRN medication, if available.

Borrowing medication from another resident is strictly prohibited.

Policy 10.3.3:	Sublingual, Buccal and Transmucosal Medication Administration

Purpose:

- To administer sublingual medications under the resident's tongue in a safe, accurate and effective manner.
- To administer buccal medications in the resident's cheek in a safe, accurate and effective manner.
- To administer transmucosal medication in the mouth, without swallowing it whole, in a safe, accurate and effective manner.

Equipment Required

- Soufflé cup
- Medication Administration Record (MAR)
- Medication
- Facility-approved hand sanitizer
- Examination gloves

Procedures:

Sublingual/Buccal Tablets

- Put on examination gloves.
- Pour proper number of sublingual/buccal tablets/capsules into souffle cup.
- Have resident take a sip of water to moisten his or her mouth, and instruct resident to swallow water. Alternatively, instruct resident to wet the inside of the cheek using the tongue for buccal tablet administration.
- Place medication in the resident's mouth or help resident to do so if capable, following the directions below.
  a. Place buccal tablet in the pouch between cheek and upper or lower gum.
  b. Place sublingual tablet under the tongue.
- Instruct resident to close his/her mouth and to not swallow or chew until the tablet has completely dissolved. Eating, drinking, and smoking should be avoided while the tablet is dissolving.
- Instruct the resident to avoid rinsing the mouth for several minutes after the tablet has dissolved.
- Remove and dispose of examination gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

Transmucosal

- If resident contact is expected, wear examination gloves.
- Place medication between cheek and lower gum, occasionally switching sides.
- Instruct resident to suck (not chew) over 15 minutes.
- Remove and dispose of examination gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

Policy 10.3.4: Nasal Administration

Purpose:

To administer nasal medications in a safe, accurate and effective manner.

Equipment required

- Inhalation or spray medication
- Tissues or gauze
- Examination gloves
- Barrier (disposable tray or plastic cup)
- Facility-approved hand sanitizer
- Medication Administration Record (MAR)

Procedures:

Nasal spray/Pump/Inhaler

- Put on examination gloves.
- Gently shake bottle **if needed** (check package insert)**.**
- Remove the cap and place it on the barrier or a clean dry surface.
- Prime the pump by holding the bottle upright and away from the resident while spraying into the air **if needed** (check package insert)**.**
- If possible, have the resident gently blow their nose to remove excess mucous.
- Hold the pump or spray bottle with your thumb on the bottom and your index and middle fingers on either side of the spray tip. For inhalers, hold the inhaler with thumb on bottom and index finger on top.
- Resident should be sitting upright, if possible. Instruct the resident to hold their head in an upright position, slightly tilted forward.
- Use finger of other hand to close the nostril that is not receiving medication by gently pressing the side of the nostril.
- Keep the bottle upright and insert the spray tip into the nostril (no more than ¼ inch). Point the tip to the back and outer side of the nose.
- Ask resident to breathe out through mouth.
- Press actuator or spray tip firmly and quickly while the resident breathes in through the nose and out through the mouth.

- After removing the spray bottle, some manufacturers recommend tilting the head back for several seconds to aid the penetration of the drug (check package insert).
- If medication is in gel form without a pump or applicator, apply with a clean cotton swab, unless directed otherwise.
- If medication is in gel form, massage the nostril in which the medication was administered for a few seconds.
- Wipe any excess drainage with a clean tissue. Instruct resident to avoid blowing their nose for 15 minutes.
- If another dose of the same or different nasal medication is required in the same nostril, wait the amount of time recommended by the manufacturer (see package insert), then repeat procedures above. If a dose is required in the other nostril, repeat procedures above.
- If necessary, clean spray tip and device according to manufacturer's recommendations.
- Replace cap/cover.
- Remove and dispose of gloves. Discard barrier. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

Nose Drops

- Instruct resident to hold head back (can be performed in a chair or, if in bed, place pillow under shoulder, allowing for the forehead to be lower than the chin).
- Instill drops directing flow towards floor of nasal cavity and instruct resident to maintain position for about two minutes.

Policy 10.3.5: Eye Drop Administration

Purpose:

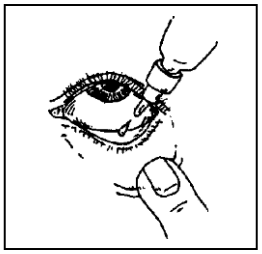
To administer ophthalmic solution/suspension into the eye in a safe, accurate, and effective manner.

Equipment Required

- Eye drop medication
- Gauze pad, cotton ball, or tissue
- Examination gloves
- Barrier (disposable tray or plastic cup)
- Medication/Treatment Administration Record (MAR/TAR)

Procedure:

- If the resident wears contact lenses, remove them before using eyedrops and wait 15 minutes before reinserting them after medication administration to the eye(s).
- Put on examination gloves.
- Tilt resident's head slightly back.
- If the eye drop is a suspension, shake well.
- Remove the cap, taking care to avoid touching the dropper tip. Place the cap on the barrier or a clean, dry surface.
- With a gloved finger, gently pull down lower eyelid to form a "pouch" while instructing the resident to look up. Place other hand against resident's forehead to steady yourself. Hold inverted medication bottle between the thumb and index finger, and press gently to instill prescribed number of drops into "pouch" near outer corner of eye. Do NOT let tip of dropper touch the eye or any other surface. If resident blinks or drop lands on cheek, repeat administration.



- Instruct resident to close eyes slowly to allow for even distribution over surface of the eye. The resident should also refrain from blinking or squeezing eyes shut.

- While the eye is closed, use one finger to compress the tear duct in the inner corner of the eye for 1-2 minutes. This reduces systemic absorption of the medication. Alternatively, the resident may keep his/her eyes closed for approximately three minutes.[1]
- Wipe off tears or excess solution with clean gauze, cotton ball, or tissue.
- If another drop of the same or different medication is prescribed for administration in the same eye at the same time, wait 3-10 minutes[2,3], then repeat procedure above.
- If administering medications to both eyes, use a different gloved finger to apply pressure to the inner tear duct. If the eye medication is an antibiotic or anti-viral and the resident has an active eye infection, change gloves between eyes.
- Recap bottle.
- Remove and dispose of gloves. Discard any barrier used for carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

References:

1

Section 483. 25(m), F-332/333, of the Centers for Medicare & Medicaid (CMS) Guidance to Surveyors for LTC Facilities states, “When the procedures are possible, systemic effects of eye medications can be reduced by pressing the tear duct for one minute after eye drop administration or by gentle eye closing for approximately three minutes after the administration.”

2

Section 483.25(m), F332-333, of the Centers for Medicare and Medicaid Services (CMS) Guidance to Surveyors for long-term care facilities states, “that a medication error is "...the observed preparation or administration of drugs or biological which is not in accordance with...manufacturer’s specifications (not recommendations) regarding the preparation and administration of the drug or biological."

3

It is important to review each ophthalmic medication's approved prescribing information (package insert), as some manufacturers recommend specific administration and/or spacing timeframes. For example, package inserts and drug information references recommend waiting 10 minutes between administration of levobunolol, timolol, brinzolamide, or dorzolamide and other ophthalmic medications.

Policy 10.3.6: Eye Drop and Gel Administration

Purpose:

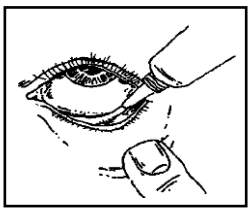
To administer ophthalmic ointment or gel into and around the eye in a safe, accurate, and effective manner.

Equipment Required

- Tube of ophthalmic ointment or gel
- Gauze pad, cotton ball, or tissue
- Barrier (disposable tray, plastic cup)
- Medication/Treatment Administration Record (MAR/TAR)

Procedure:

- If the resident wears contact lenses, remove them before using eye ointment/ gel. If the resident for whom eye ointment is prescribed wears contact lenses, check with the prescriber for further direction. If eye ointment is ordered to be administered throughout the day, wearing contacts is not usually recommended. If using eye ointment only at night, contacts may be inserted the following morning and removed prior to the next administration, if approved by the prescriber.
- Put on examination gloves.
- Tilt the resident's head slightly back.
- Remove the cap, taking care to avoid touching the tip of the tube. Place the cap on the barrier or a clean, dry surface.
- With a gloved finger, gently pull down lower eyelid to form a "pouch" while instructing resident to look up. Place other hand against resident's forehead to steady yourself. Hold inverted medication tube between the thumb and index finger, and squeeze thin line of ointment (prescribed length) into "pouch." Do NOT let tip of tube touch the eye or any other surface.



- Instruct resident to close eyes slowly and rotate eyeball to allow for even distribution of the ointment over the surface of the eye. The resident should

refrain from blinking or squeezing eyes shut. Instruct resident to keep eye closed for at least 1-2 minutes.

- Wipe off excess ointment/gel with clean gauze, cotton ball, or tissue.
- Eye ointments tend to blur vision. Inform resident about this side effect upon initial use, and remind resident to be cautious.
- Recap tube.
- Remove and dispose of gloves. Discard any barrier used for carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- If more than one eye medication is to be administered at same time as an eye ointment, consult the prescriber for direction.

Policy 10.3.7: Ear Drop Administration

Purpose:

To administer otic medication into the auditory canal in a safe, accurate, and effective manner.

Equipment Required

- Otic medication (in dropper bottle)
- Cotton balls
- Examination gloves
- Barrier (disposable tray or plastic cup)
- Facility-approved hand sanitizer
- Medication Administration Record (MAR)

Procedures:

- Wash hands or use facility-approved hand sanitizer. Examination gloves may be worn.
- Resident can lie down or sit in chair. Turn resident's head so that the affected ear is facing up.
- Gently shake bottle (for suspensions) or warm bottle in hand before administering **if needed**.
- Remove cap and place it upright on barrier or on a clean, dry surface if the bottle serves as the dropper.
- Straighten the ear canal by gently pulling ear lobe up and backward.
- Instill the prescribed number of drops into the ear canal. Do not touch the tip of the dropper to any surface, including the ear.
- Recap bottle. Do not rinse the dropper after use. Keep the container tightly closed.
- Instruct the resident to remain in same position approximately 5 minutes with affected ear upward. Gently place a cotton ball in ear to prevent excessive leakage of medication if necessary.
- Remove and dispose of gloves, if worn. Discard any barrier used for carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

Policy 10.3.8: Oral Inhalation Administration

Purpose:

To allow for safe, accurate, and effective administration of medication using an oral inhaler (with or without a spacer/chamber) or nebulizer.

Equipment Required:

- Inhaler (or inhalation solution if using a nebulizer)
- Holding chamber or spacer device, if used
- Nebulizer kit, including nebulizer, medication cup, T-piece, mouthpiece (or facemask), and tubing (if using a nebulizer)
- Examination gloves
- Barrier (disposable tray or plastic cup)
- Cup of water (if inhaler is steroidal)
- Medication Administration Record (MAR)

Procedures:

Metered Dose and Dry-Powder Inhalers

- Wash hands when visibly soiled, beginning a medication pass, or if direct contact with resident is expected.
- Examination gloves may be worn.
- Determine that an adequate amount of medication is remaining in the aerosol canister.
- If using a spacer, examine the spacer/holding chamber and remove any foreign objects.
- Remove inhaler mouthpiece cap (and spacer cap). If not connected, place cap(s) upright on the barrier or a clean, dry surface.
- Hold inhaler upright and shake well. Dry-powder inhalers are usually held in a horizontal position and are not shaken.
- If necessary, prime inhaler. *Some dry-powder inhalers require placement of the medication-containing capsule into the device.
- If using a spacer, insert the mouthpiece on the inhaler into the flexible rubber end of the spacer.
- Ask resident to breathe out (do not exhale into inhaler).
- Position inhaler for administration.

a. If not using a spacer:
    i. Open mouth and position the inhaler one or two inches from mouth, OR
    ii. Place inhaler mouthpiece under top teeth and above tongue with mouth/lips closed around the mouthpiece.
b. If using a spacer, place spacer in resident's mouth with mouth/lips closed around spacer mouthpiece.

- Press down on inhaler once to release medication as resident starts to breathe in slowly through the mouth over 3–5 seconds. (Do not spray more than one puff at a time.) With dry-powder inhalers, the dose is activated by pushing or twisting the lever/device. Also, breathing in quickly and deeply through the mouth usually yields the best results with dry-powder inhalers.
- Hold breath for 10 seconds or as long as possible to allow medication to reach deeply into lungs.
- Slowly exhale through nose.

*If another puff of the same or different medication is required, wait at least 1–2 minutes between, then repeat procedures above.** Some dry-powder inhalers require more than one inhalation to receive the full dose (see package insert). **

- For steroid inhalers, provide resident with cup of water and instruct him/her to rinse mouth and spit water back into cup.
- For dry-powder inhalers, close device according to manufacturer recommendations to ensure next dose will be ready. If capsule was manually inserted, remove the empty capsule after administration.
- If necessary (according to package insert or other reference), wash and thoroughly dry mouthpiece. If using a spacer, wash spacer according to manufacturer's recommendations.
- Remove and dispose of gloves, if worn. Discard any barrier used for carrying or storing the medication and supplies. Wash hands using antimicrobial soap and water or facility-approved sanitizer.
- Store inhaler with cap on.

** Priming of Metered Dose Inhalers (see manufacturer package insert or other reference to determine when and how each inhaler should be primed).*

- Hold the inhaler in an upright position away from the face and eyes.
- Spray the test sprays into the air to ensure medication is coming out and the device is working.
- This process should occur:

a. Before initial use.

b. If the inhaler has not been used for several days.

c. If the inhaler has been dropped.

*** If more than one puff is required (whether the same medication or a different medication), wait approximately one minute between puffs. However, it is important to review each inhaled medication's approved prescribing information (package insert),as some manufacturers recommend specific administration and/or separation time frames.*

Aerochambers or spacers should be used with most inhalers to facilitate proper dosing in this patient population.

Spacing and proper sequence of the different inhalers is important for maximum drug effectiveness. If more than one inhaler is used, following the sequence below provides the most benefit to the patient:

- Bronchodilators/Beta Agonists
  (salbutamol/Ventolin; terbutaline/Bricanyl)
  - These agents work by promoting bronchodilation by relaxing bronchial smooth muscle.
- Anticholinergic Agents
  (ipratropium/Atrovent)
  - Antagonizes the action of acetylcholine with resulting bronchodilation.
  - Minimal systemic activity.
  - Is used for maintenance therapy only, not acute episodes.
  - May be more useful than traditional bronchodilators in chronic bronchitis
- Miscellaneous Agents
  (sodium cromoglycate/Intal; nedocromil/Tilade)
  - Stabilizes mast cells and inhibits the release of histamine from these cells.
  - Must be used on a regular basis, not useful on a PRN basis.
  - May be used prophylactically prior to exercise.
- Corticosteroids
  (fluticasone/Flovent; budesonide/Pulmicort; triamcinolone/Azmacort)
  - Anti-inflammatory agents that may have a variety of actions useful in management of COPD.
  - Must be used on a regular basis, not PRN agents.
  - Minimal systemic activity.

NEBULIZER - Administering Medications through a Small Volume (Handheld) Nebulizer

- Assemble equipment and supplies on the resident's overbed table, with a barrier between supplies/medication and table.
- Wash hands or use facility-approved hand sanitizer.
- Position the resident in semi-fowler's position.
- Obtain baseline pulse, respiratory rate and lung sounds.
- Draw up the medication to be nebulized if the medication is not in a unit-dose container.
- Pour medication into nebulizer cup.
- Add the diluent, if ordered or required by the manufacturer (see package insert).
- Assemble nebulizer equipment and attach to nebulizer compressor or gas source per manufacturer's instructions. Adjust the flow rate as ordered or per facility protocol.
- Turn on the nebulizer and check the outflow port for visible mist.
- Ask the resident to hold the mouthpiece gently between his/her lips (or apply face mask).
- Instruct the resident to take a deep breath, pause briefly and then exhale normally. Repeat pattern throughout treatment.
- Remain with the resident for the treatment unless the resident has been assessed and authorized to self-administer.
- Approximately five minutes after treatment begins (or sooner if clinical judgment indicates), obtain the resident's pulse.
- Monitor for medication side effects, including: rapid pulse, restlessness and nervousness throughout the treatment.
- Stop the treatment and notify the physician if the pulse increases 20 percent above baseline or if the resident complains of nausea or vomits.
- Tap the nebulizer cup occasionally to ensure release of droplets from the sides of the cup.
- Encourage the resident to cough and expectorate as needed.
- Administer therapy until medication is gone (mist has stopped) or until the designated time of treatment has been reached.
- When treatment is complete, turn off nebulizer and disconnect T-piece, mouthpiece and medication cup.

- Obtain post-treatment pulse, respiratory rate and lung sounds and document findings in the resident's medical record.
- Rinse and disinfect the nebulizer equipment according to manufacturer's recommendations.
- Wash hands thoroughly.
- When equipment is completely dry, store in a plastic bag with the resident's name and the date on it.
- Change equipment and tubing every seven days.
- Disinfect outside of the compressor between residents, according to manufacturer's instructions.

Policy 10.3.9: Rectal Suppository Administration

Purpose:

To administer medication rectally in a safe, accurate and effective manner; to maintain and regulate a therapeutic regimen of bowel evacuation.

Equipment Required

- Rectal suppository
- Examination gloves
- Lubricant
- Tissue or paper towel
- Medication Administration Record (MAR)
- Bedpan or commode where applicable

Procedures:

- Put on examination gloves.
- Assist resident in turning to left side with knees bent.
- Remove wrapper from suppository.
- Lubricate index finger and suppository.
- Separate buttocks.
- Insert suppository gently:
  a. Ask resident to take a deep breath, to relax the anal sphincter.
  b. Insert the suppository about three inches beyond the sphincter.
  c. Apply pressure with tissue over anus briefly until desire to expel suppository has passed.
  d. Instruct resident to retain suppository for 10–15 minutes if possible.
- If suppository was for bowel evacuation, assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.
  a. Leave call signal with resident or check back at intervals.
  b. Elevate head of bed to Fowler's position if the resident remains in bed.
- Remove soiled articles. Place in covered, plastic-lined container.
- Discard supplies. Remove and discard examination gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document effect of suppository if for bowel evacuation.

Policy 10.3.10: Rectal Enema Administration

Purpose:

To administer medication rectally in a safe, accurate, and effective manner; to maintain and regulate a therapeutic regimen of bowel evacuation.

Equipment Required

- Rectal enema
- Examination gloves
- Lubricant
- Tissue or paper towel
- Medication Administration Record (MAR)
- Bedpan or commode where applicable

Procedures:

- Put on examination gloves.
- Assist resident in turning to left side with knees bent.
- Prepare enema for administration.
- Separate buttocks.
- Insert enema tip gently:
  a. Ask the resident to take a deep breath, to relax the anal sphincter.
  b. Insert enema tip into rectum about three inches beyond the sphincter.
- Slowly empty the contents of the enema into the colon.
  a. Instruct resident to resist urge to expel colon contents while enema is being administered, and afterward for as long as possible.
  b. If resident is uncomfortable, enema flow rate may be too fast.
- Enema solution should be retained until definite lower abdominal cramping is felt.
- Assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.
  a. Leave call signal with resident or check back at intervals.
  b. Elevate head of bed to Fowler's position if the resident remains in bed.
  c. Remove soiled articles. Place in covered, plastic-lined container in utility room.

- Discard supplies. Remove and discard examination gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document effect of enema if administered for bowel evacuation.

Policy 10.3.11: Vaginal Medication Administration

Purpose:

To administer medication vaginally in a safe, accurate and effective manner.

Equipment Required

- Vaginal medication
- Examination gloves
- Water-soluble gel, if appropriate
- Applicator, if appropriate
- Tissue or paper towel
- Barrier (disposable tray or plastic cup)
- Medication Administration Record (MAR)

Procedures:

- Place tablet/suppository in applicator or draw cream/gel into applicator.
- Have resident lie on back with knees flexed and legs spread apart or on left side with knees bent.
- Wearing gloves, examine perineum.
- Clean area if discharge is noted.
- With one hand, spread apart the labia.
- Place applicator into vagina and advance the plunger to instill gel or cream or to release tablet or suppository.
- If without applicator, insert lubricated tablet or suppository approximately 3–4 inches into vaginal area.
- Wipe lubricant from vaginal area with tissue or paper towel.
- Advise resident to remain lying down for about 30 minutes.
- Remove any soiled articles. Place in covered, plastic-lined container in utility room.
- Discard supplies. Remove and discard examination gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

Policy 10.3.12: Enteral Tube Medication Administration

Policy:

The facility assures the safe and effective administration of enteral formulas and medications via enteral tubes. Selection of enteral formulas, routes and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist, respecting the resident's advance directives.

Equipment

- Medication(s)
- 60mL syringe (no needle)
- Mortar & pestle or pill crusher
- Warm water for dissolving medications and flushing tube (sterile water for irrigation is recommended)
- Clamp
- Stethoscope
- Examination gloves
- Barrier (e.g.,disposable tray) for carrying medication/cups and water to bedside

Procedures:

- A physician's order is required for the administration of any medication via feeding tube.
- Tablets that must be crushed prior to administration via feeding tube require a specific order related to crushing.
- Put on examination gloves.
- Turn off pump to stop continuous feeding 30 minutes prior to medication administration if medication is associated with an incompatibility or should be given on an empty stomach.[1,2,3] If there are any questions or concerns regarding which medications necessitate this procedure or if going without nutritional feedings for this time period may compromise the resident, consult with the resident's physician.
- Establish the privacy of the patient.
- Check the Medication Administration Record (MAR) to confirm the order: note the medication, dose, route (tube), and volume of water for flushing.
- Prepare medications for administration:

a. Crush immediate-release tablets into a fine powder, and dissolve in 5–10ml of warm water, or prescribed amount.
b. Open immediate release capsules, crush contents into a fine powder, and dissolve in 5–10ml of warm water, or prescribed amount.
c. Dilute liquid medications with 10–30ml (30ml may be needed if liquid is viscous) of warm water or enteral formula (if the liquid medication is hyperosmolar and compatible with enteral formulas).
d. Sustained-release capsules and enteric coated capsules — check with manufacturer. The pellets inside SOME microencapsulated dosage forms may be poured down the feeding tube after being removed from the capsule, provided that the pellets are not crushed.
e. Elevate head of bed to 30–45 degrees (semi- or high-Fowler's position).
f. Check for proper tube placement.
g. Check gastric content for residual feeding.
h. If a pump is being used for continuous infusion, turn it off if it hasn't already been (see step 4.)
i. Remove plunger from the 60ml syringe and connect syringe to clamped tubing.
j. Put 15–30ml of water in syringe and flush tubing using gravity flow. Clamp tubing after the syringe is empty, allowing water to remain in the tube.
k. Pour dissolved/dilute medication in syringe and unclamp tubing, allowing medication to flow by gravity.
l. Flush tubing with 15–30ml of water, or prescribed amount. If administering more than one medication, flush with 5ml of water, or prescribed amount, between each medication. Allow water to remain in tubing.
m. Clamp tubing and detach syringe.
n. Restart continuous feeding, if appropriate. If a medication with incompatibility issues was administered, leave pump off for 30 minutes after medication administration.

See Also

- General guidelines and references for administering medication through enteral feeding tubes.

Note: Consult facility's nursing policy and procedure manual regarding enteral tube feedings for additional information.

References:

1 ASPEN Enteral Nutrition Practice Recommendations Task Force. Enteral Nutrition Practice Recommendations*. J Parenter Enteral Nutr*. January 27, 2009.

2 Williams NT. Medication administration through enteral feeding tubes. *Am J Health-Syst Pharm.* 2008;65(24):2347-2357; accessed 3/6/2010 at: *http:// www.medscape.com/viewarticle/585397*

3 Boullata JI. Drug administration through an enteral feeding tube. *Am J Nurs.* October 2009;109(10):34-42.

Policy 10.3.13: Transdermal Drug Delivery System (Patch) Application

Purpose:

To administer medication through the proper placement of the patch and care of the application sites.

Equipment Required

- Medication patch
- Two gauze pads soaked in water, and two dry gauze pads
- Examination gloves
- Facility-approved hand sanitizer
- Barrier (disposable tray or plastic cup)
- Medication Administration Record (MAR)

Procedures:

- Wash hands or use facility-approved sanitizer. Examination gloves may be worn.
- Identify the location on the body for patch placement. Always rotate application sites to prevent irritation.
- Remove old patch from body. Fold in half with adhesive sides together. Discard according to facility policy.
- Cleanse area of old patch with wet gauze pad and pat dry with another gauze pad.
- Cleanse area where new patch will be placed using wet gauze pad and pat dry with another gauze pad.
- Remove new patch from package and envelope. Avoid touching the side of the patch that touches the resident's skin.
- Label patch with date and nurse's initials.
- Apply new patch firmly against skin.
- Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document placement site on MAR as follows:

SITE	CODE
Left upper arm	LA
Right upper arm	RA
Left upper thigh	LT
Right upper thigh	RT
Left chest	LC
Right chest	RC
Left upper back	LB
Right upper back	RB
For transdermal scopolamine	
Behind left ear	LE
Behind right ear	RE

Note: Avoid exposure to heat (ex: heating pads, whirlpools, etc.) when a resident is wearing a transdermal patch.

Policy 10.3.14: Intramuscular Medication Administration

Purpose:

To administer an aqueous suspended medication into the intramuscular tissue in a safe, accurate and effective manner.

Equipment Required

- Medication, reconstituted if appropriate
- Sterile syringe capable of holding the medication
- Sterile safety needle (Determine appropriate safety needle size for intramuscular administration depending on the size of the resident and viscosity of the medication)
- Alcohol wipes
- Examination gloves
- Barrier (e.g., disposable tray or plastic cup), if supplies or medication will be set down in resident's room
- Medication Administration Record (MAR)

Sites of Administration

- Ventriogluteal (front of hip area)
- Deltoid (arms)
- Dorsogluteal (back buttock)
- Vastus lateralis (upper lateral area of leg)
- Rectus femoris (medial upper leg)

Procedures:

- Wash hands.
- Prepare medication as follows:
  a. Calculate correct amount of medication.
  b. Shake well if required.
  c. Prepare syringe and safety needle.
     i. Swab rubber cap with alcohol sponge.
     ii. Pull back plunger to draw a volume of air into the syringe equal to volume of medication to be given. Inject air into vial.
     iii. Withdraw correct amount of medication.

iv. Create air lock in syringe.

v. Recap safety needle.

- Select an appropriate site for injection.
- Put on examination gloves.
- Adjust resident's position.
- Cleanse skin with alcohol sponge, using circular motion from center of chosen site until an area about three inches in diameter has been prepared.
- Expel air from syringe.
- Expose site to be injected.
- Gently tap the area to stimulate nerve endings and minimize initial pain.
- Stretch the skin so that it is taut, to ease safety needle insertion.
- Using the other hand to hold the syringe, insert the safety needle at a 90-degree angle; use a quick, dart-like thrust.
- Pull back on plunger to see if safety needle is in a blood vessel. If so, withdraw safety needle, secure new equipment and medication, and repeat procedure.
- Hold the safety needle steady and inject the medication at a slow, even rate.
- Withdraw safety needle rapidly.
- Deactivate the safety needle by engaging the safety shield or withdrawing the needle into the syringe barrel.
- Swab the area with an alcohol wipe in a circular motion.
- Discard syringe and safety needle in sharps container.
- Remove and discard gloves. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document the injection on the MAR along with site used, as follows:

SITE	CODE
Left buttock	LB
Right buttock	RB

Left arm	LA
Right arm	RA
Left thigh	LT
Right thigh	RT

Policy 10.3.15: Subcutaneous Medication Administration

Purpose:

To administer a parenteral medication into the subcutaneous tissue in a safe, accurate, and effective manner in order to promote slow medication absorption and prolong medication action.

Equipment Required

- Medication
- Sterile syringe and appropriate gauge safety needle for subcutaneous administration ($^{5/8}$ inch)
- Alcohol wipes
- Examination gloves
- Barrier (e.g., disposable tray or plastic cup), if supplies or medication will be set down in resident's room
- Medication Administration Record (MAR)

Procedures:

- Wash hands.
- Prepare medication as follows:
  a. Calculate correct amount of medication.
  b. Shake well if required.
  c. Prepare syringe and safety needle.
     i. Swab rubber cap with alcohol sponge.
     ii. Pull back plunger to draw a volume of air into the syringe equal to volume of medication to be given. Inject air into vial.
     iii. Withdraw correct amount of medication.
     iv. Create air lock in syringe.
     v. Recap safety needle.
- Select an appropriate site for injection.
- Put on examination gloves.
- Adjust resident's position.
- Cleanse skin with alcohol sponge, using circular motion from center of chosen site until an area about three inches in diameter has been prepared.

- Expel air from syringe.
- Expose site to be injected.
- Gently tap the area to stimulate nerve endings and minimize initial pain.
- Grasp and pinch a cushion of flesh.
- Hold safety needle with bevel side up and insert at a 45-degree angle.
- Insert safety needle quickly.
- Pull back on plunger to see if safety needle is in a blood vessel. If so, withdraw safety needle, secure new equipment and medication, and repeat procedure.
- Inject medication slowly.
- Remove safety needle quickly.
- Deactivate the safety needle by engaging the safety shield or withdrawing the needle into the syringe barrel.
- Wipe area with alcohol sponge. Apply pressure over the injection site for two minutes.
- Discard syringe and safety needle in sharps container.
- Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document the injection on the MAR along with site used, as follows:

SITE	CODE
Left buttock	LB
Right buttock	RB
Left arm	LA
Right arm	RA
Left thigh	LT
Right thigh	RT
Left abdomen	LS
Right abdomen	RS

Policy 10.3.16: Infusion Therapy Medication Administration

Purpose:

To provide for the safe, accurate, and effective administration of parenteral medications directly into the vascular system.

Equipment Required

- Infusion therapy medication prepared by pharmacy service provider
- Alcohol wipes
- Medication Administration Record (MAR)

Procedures:

- Obtain infusion therapy medication.
- Draw required amount of medication into syringe.
- Complete “Infusion Therapy Solution/Additive” label and place on IV bag or bottle.
- Clamp tubing.
- Wipe rubber stopper of infusion therapy solution container with alcohol swab.
- Follow procedures for adding medication directly to solution or via “piggyback” according to type of system in use.
- Deactivate the safety needle by engaging the safety shield or withdrawing the needle into the syringe barrel.
- Unclamp tubing and allow fluid to flow through.
- Regulate flow of medication infusion as prescribed.
- Discard syringe and safety needle in sharps container.
- Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Document in nursing progress notes:
  a. Type of solution and medication
  b. Duration of medication infusion
  c. Any untoward reactions

Note: Consult facility infusion therapy policy and procedure manual for additional information.

Policy 10.3.17: Topical Medication Administration

Purpose:

To administer topical medications in a safe, accurate, and effective manner.

Equipment Required

- Topical medication
- Examination gloves (sterile or non-sterile, depending on nature of resident's skin condition)
- Barrier (e.g., disposable tray or plastic cup)
- Treatment Administration Record (TAR)
- Other necessary equipment may include: gauze, tongue depressor, cotton-tip applicator, paper applicator, tape, peroxide, normal saline, bandages, tissue or paper towel

Procedures:

- Provide privacy as necessary.
- Position resident comfortably.
- Put on examination gloves.
- Place bed cover pad under affected area if applicable.
- Prepare items and hang cuffed plastic bag for waste at the end of the overbed table.
- Examine resident's skin for exudate or residue from previous treatment applications.
- If any, remove dressing and cleanse or irrigate the area with saline or other solutions per physician's order.
- Discard previous dressing into plastic bag, if applicable.
- If needed, choose an appropriate applicator to remove medication/treatment from the container. Once used, applicator is never reintroduced into the container.
- Apply topical treatment as per physician's order. To avoid contamination of a product, do not let the medication tube or tip touch the resident's skin.

a. If administering Nitroglycerin ointment, squeeze the ointment onto a calibrated ointment pad in a manner to produce an even ribbon. Avoid getting Nitroglycerin on hands as it can cause a headache.

- When possible, rotate sites of application to prevent skin irritation. Sites of administration should be noted on the appropriate administration record.
- In general, topical products should be applied sparingly unless otherwise ordered.
- If a product might drip, use a clean paper towel to protect the resident's clothing and/or bedding.
- If resident has multiple treatment sites, the cleanest site is treated first (e.g. leg before buttocks) and each site is treated as a separate dressing.
- Remove gloves and discard into plastic waste bag.
- Reposition and cover resident.
- Discard all used, disposable equipment into the plastic bag.
- Place hands under cuff of bag and close.
- Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.
- Dispose of bag in soiled utility area.
- Note administration of the treatment by recording initials, date and time in the appropriate area on the Treatment Administration Record.

Section 11

SPECIFIC MEDICATION POLICIES TO OPTIMIZE THERAPEUTIC BENEFITS AND/OR MINIMIZE RISK TO RESIDENT

Policy 11.1: Anti-infectives and Relationship of Administration to Food

Policy:

To promote the appropriate and optimal administration of anti-infectives, nursing staff shall consult the Anti-infectives and Relationship of Administration to Food chart before deciding when to administer anti-infectives.

Procedure:

Nursing

- When an order is received for an anti-infective, nursing shall refer to the Anti-infectives and Relationship of Administration to Food chart to determine the best administration times and whether or not food is required for proper absorption or to limit side effects.

Antibiotic	Empty Stomach	With or Without Food
Amoxicillin		*
Amoxicillin/Clavulanic acid		* (food increases clavulanic acid absorption & decreases GI side effects)
Ampicillin	*	
Azithromycin	* (suspension)	* (tablets)
Bacampicillin		* with water
Cefaclor		* (food decreases GI side effects)
Cefadroxil		* (food decreases GI side effects)
Cefixime		* (food decreases GI side effects)
Cefprozil		* (food decreases GI side effects)
Cefuroxime axetil		* (food increases absorption, do not crush or chew) (suspension can be added to milk or juice right before administering)
Cephalexin	* preferably	
Ciprofloxacin		* with water (food decreases GI side effects, but faster absorption on empty stomach though and watch dairy and caffeine)

Clarithromycin		* (food increases bioavailabilty of XL formulation) (do not crush or chew the XL formulation)
Clindamycin		* with water
Cloxacillin	*	
Doxycycline		* with water (food decreases GI side effects)

Antibiotic	Empty Stomach	With or Without Food
Erythromycin	* (base and stearate salts) (do not crush or chew the base form if it is enteric coated)	* (estolate and ethylsuccinate)
Gatifloxacin		* (do not crush or chew)
Levofloxacin		* with water
Lincomycin	*	
Metronidazole		* (food decreases GI side effects, no alcohol)
Minocycline		* (food or milk reduces absorption)
Moxifloxacin		* with water (do not crush or chew)
Norfloxacin	* with water (no milk, avoid caffeine)	
Ofloxacin		* with water (food decreases GI side effects, but faster absorption on empty stomach though and watch dairy and caffeine)
Paromomycin		* (very poorly absorbed)
Penicillamine	* with water (no milk)	
Penicillin G	*	
Penicilline V		*

Pivampicillin		*
Spiramycin		*
Sulfamethoxazole/ Trimethoprim		* with water (food decreases GI side effects)
Telithromycin		* (do not crush or chew)
Tetracycline	* with water (no milk)	
Trovafloxacin		*
Vancomycin		* (very poorly absorbed)

Note: Empty stomach means one hour before a meal or two hours after

Policy 11.2: Administration of Influenza Vaccine

Policy:

Influenza virus vaccine should be offered to all residents and staff of the facility.

Purpose:

To prevent Influenza from occurring, or at least to reduce the potency of the disease.

Equipment Required

- Influenza vaccine
- 3ml syringe with #22-23 gauge needle, 4-5cm long
- Alcohol swab
- Adrenalin (must be available in case of sudden allergic reaction along with a hypodermic syringe with 23 gauge needle 15mm long)

Procedure:

- Vaccine is administered by intramuscular injection into the deltoid muscle.
- Cleanse the rubber stopper on the top of the vial with an alcohol swab.
- Measure the specified amount of vaccine into the syringe.
- Swab the injection area with alcohol.
- Insert the needle and draw back on barrel of syringe to make sure you are not in a blood vessel. Push the plunger slowly to inject the influenza vaccine into the muscle.
- Remove the needle and massage the injection site gently.
- Keep the resident under observation for 15 minutes in case of reaction.
- Document on immunization record.

Policy 11.3: Medication Crushing Guidelines

Policy:

- Medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed as ordered by the attending physician.
- The nurse shall notify pharmacy that a resident's medications are crushed with each order so the pharmacy can determine if crushing is suitable and advise on alternate therapy if required.

Procedure:

Nursing:

- Shall ensure the need for crushing medications is indicated on the resident's orders and the MAR so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety issues and alternatives, if appropriate, during medication regimen reviews.
- Shall crush medications in the multi-dose pouch, or a separate crushing sleeve, or between soufflé cups, whenever possible to minimize the contact of medication with the surfaces of the pill crusher. If the medication comes in direct contact with the pill crusher or mortar and pestle, the equipment shall be cleaned immediately after use.
- Shall contact pharmacy for suggestions with alternate therapy for long-acting or enteric-coated dosage forms, since these should generally not be crushed.
- Shall crush medications with the device that is specifically used for crushing medications.
- For residents able to swallow, tablets which can be crushed may be ground coarsely and mixed with a food vehicle, such as applesauce, so that the resident receives the entire dose ordered.
- If the resident is tube-fed, medications are crushed finely to prevent clogging of the tube. The use of a mortar and pestle is encouraged to achieve this. If it is not possible to use paper cups to prevent direct contact of medications with the mortar and pestle, the mortar and pestle are cleaned thoroughly after each use. If paper cups are used, paper is not ground into the medication.
- Shall mix crushed tablets or emptied capsules with applesauce, pudding, or jelly immediately prior to administration if necessary to improve their palatability. Water may be used as a vehicle as well. Medications should not be mixed with enteral feeding solution.
- Shall mix crushed medication with juice only when ordered by the physician. However, juice may be used as a vehicle for the administration of potassium

supplements (liquid effervescent tablets or powder only), bulk laxative, or docusate sodium liquid.

- Shall not crush the following medications:

a. Sublingual and buccal tablets are designed to dissolve in the oral fluids of the mouth for rapid and more complete absorption than is possible in the stomach. Swallowing, crushing, or chewing will prevent proper absorption of the medication. Many of these medications are destroyed by the gastric juices in the stomach. Some of these medications are available in both oral and sublingual forms, which are formulated differently. If the sublingual form is ordered by the physician, it should be administered sublingually only. If the resident is unable to comply with this dosage form, the physician should be notified and the order changed to the oral form, if possible.

b. Enteric coated tablets are designed to pass through the stomach whole and then dissolve in the intestinal tract. Reasons for this type of formulation include:

    i. To prevent the destruction of the medication by stomach acid,

    ii. To prevent the medication from irritating the stomach lining

    iii. To achieve a prolonged action from the medication.

c. Timed release capsules are designed to release medication over a sustained period, usually 8–24 hours. The beads within the capsule are designed to dissolve at different times. These formulations are utilized to reduce stomach irritation in some cases and to achieve prolonged medication action in other cases. It should be acceptable to open the capsules and administer the contents in food so long as the beads are not crushed or chewed. The pharmacist should be consulted before administering in this manner.

d. Timed release tablets are designed to release medication over a sustained period, usually 8–24 hours. These formulations are utilized to reduce stomach irritation in some cases and to achieve prolonged medication action in other cases. In either case these tablets should not be crushed. Some specific types of timed release tablets include the following:

    i. Slow release core: The outer coating may dissolve immediately to provide an initial dose of medication followed by the slow dissolving of the core of the tablet to provide a prolonged dose of medication.

    ii. Mixed release granules: A tablet made of individual granules with varying rates of dissolution, compressed together.

    iii. Multilayer tablets: Are usually composed of two or three layers with one layer designed to dissolve rapidly to provide immediate action and the remaining layers dissolving at much slower rates to provide sustained release.

e. Porous inert carriers: Are plastic or wax matrix tablets with thousands of passages filled with medication. The medication leaches out of the passages very slowly. It should be noted that with some products the plastic or wax tablet may be found in a resident's stool. This is a normal finding with this type of formulation.

- Shall refer to the list of "medications not to be crushed" supplied by the pharmacy at the front of each MAR binder as a reference. Since new medications are continuously coming to market, this list serves as a guideline only, and is not exhaustive. If there is any question as to whether a medication should be crushed, consult a current version of the CPS or confirm with the pharmacy.

Policy 11.4: Aerochamber Maintenance

Policy:

Aerochambers shall be cleaned on a weekly basis to minimize contamination and prolong life-span.

Procedure:

- Remove the back piece only. Do not remove the mask or mouthpiece of the aerochamber.
- Soak both parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently.
- Rinse both parts in clean water.
- Shake out excess water and allow to air dry in a vertical position. Ensure parts are dry before reassembly.
- To reassemble, center the alignment feature on the back piece with the Flow-Vu* Indicator. Press firmly to attach the back piece.
- Do not clean in dishwasher.
- Document on aerochamber log date and initials of staff performing cleaning maintenance.

Policy 11.5: Hazardous Medication

Policy:
Pharmacy and facility staff will clearly identify potentially hazardous medications and adhere to safe handling procedures.

Background:
Hazardous medications may be further sub-divided into Hazardous Group 1 (Hazardous-1) (also known as cytotoxic) and Hazardous Group 2 (Hazardous-2) medications and have the potential to be seriously harmful in several ways. Hazardous agents may damage cells by being:

- Genotoxic (damaging to DNA)
- Mutogenic (changes DNA to induce or increase genetic changes)
- Oncogenic (cancer causing)
- Teratogenic (causes fetal malformations)

Therefore, extra care and attention must be used in the preparation, transportation, administration, disposal and clean-up of hazardous medication in order to minimize the contact that facility staff experience. Education and awareness must also be encouraged to promote safe handling processes within the facility.

Different provincial and regional guidelines may apply. Refer to your provincial and regional documents for safe handling policies and procedures. (See *References and Resources)*

Procedure:

Nursing

- Will ensure that facility policies and procedures regarding the safe administration of hazardous medications are being closely and consistently followed.
- Will notify pharmacy with any questions or discrepancies regarding hazardous medication administration.
- Will ensure that all medication administration nursing staff is aware of policies and procedures regarding hazardous medications.
- Will wear nitrile gloves when administering hazardous medication. Crushing of tablets or opening of capsules that are hazardous may result in exposure to staff of particles that become suspended in the air. This practice is therefore discouraged. If there is a chance of spills, as with a liquid or injectable dosage form, a gown, mask and/or protective eye wear will be worn. Please refer to specific regional and provincial guidelines.

▪ Will dispose of hazardous garbage in appropriate biohazard waste containers.

▪ Will ensure that hazardous substance spill kits are available in the home. The kits should contain, at a minimum:

- o goggles
- o disposable moisture resistant long-sleeved gown with cuffs
- o 2 pairs disposable nitrile gloves
- o disposable mask
- o biohazard garbage bags
- o Absorbent towels
- o Absorbent pads
- o Disposable scoop
- o Warning or caution signs
- o Puncture resistant container

Pharmacy

▪ Will establish and maintain a current list of hazardous medications potentially used in each facility to maintain awareness of such medication.

▪ Will ensure current and best practices are used regarding the storage, packaging, transportation and disposal of hazardous medications.

▪ Will package hazardous medications as per regional standards, including an explicit “Hazardous-1”, “Cytotoxic” or “Hazardous-2” label.

Consultant Clinical Pharmacist

▪ Will provide education regarding hazardous medications. This may include regular in-services as required or requested to establish and reiterate policies and procedures surrounding hazardous medications.

▪ Will ensure the visible display of a list of hazardous medications used in the facility in order to alert staff.

▪ Will upon admission or when initially written by a physician, evaluate hazardous medications in terms of risk versus benefit for the resident and facility staff, and if appropriate and available, recommend an effective non-hazardous alternative.

Sample List of Hazardous Medications in Long Term Care:

- Azathioprine
- Colchicine
- Dutasteride
- Finasteride
- 5-Fluorouracil
- Hydroxyurea
- Methotrexate
- Paroxetine

References and Resources:

Pharmacy Practice News:
Safe Handling of Hazardous Drugs: Reviewing Standards for Worker Protection, Pharmacy Practice News, March 2011.
http://www.pharmacypracticenews.com/download/Safe_handling_ppn0311_WM.pdf

British Columbia
Fraser Health, British Columbia, Protocol: Hazardous Drugs-Handling Precautions-Nursing Staff

WorkSafeBC – Best Practices for the Safe Handling of Hazardous Drugs, November 2015 PDF
Best Practices for the Safe Handling of Hazardous Drugs | WorkSafeBC

Hazardous Drugs: Draft NIOSH List of Hazardous Drugs in Healthcare Settings, 2020; Procedures; and Risk Management Information

The National Institute of Occupational Safety and Health (NIOSH) List of Antineoplastics and Other Hazardous Drugs in Healthcare Settings, 2016
NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016 (cdc.gov)

HAZARDOUS DRUG EXPOSURE CONTROL PROGRAM To Minimize Occupational Exposure to Hazardous Drugs VERSION 3.0 Originally Created : April 2014. Review/Revision Completed: November 2021

British Columbia Cancer Agency Safe Handling Standards
Safe Handling Standards Manual (bccancer.bc.ca)

Hazardous Drugs Education Curriculum (Provincial Health Services Authority
https://learninghub.phsa.ca

Policy 11.6: High Alert Medication

Policy:
To educate and emphasize to nursing staff, the potential harm and safe administration of high alert medication, as defined by the ISMP (Institute for Safe Medication Practices) list of High Alert Medications.

Background:
High-Alert Medications carry with them greater consequences and potential for serious harm if administered incorrectly. Special awareness of these medications needs to be emphasized to pharmacy and facility staff in order to promote their safe distribution and administration and avoid potentially devastating adverse drug events.

Procedure:

Nursing
- Shall ensure that the ISMP list of High Alert Medications is visible in every medication storage area, as well as available for information in every facility Medication Administration Record Binder.
- Nursing staff shall ensure that they are aware of the medications contained on the list, as well as the consequences that incorrect administration might confer to the resident.

Pharmacy
- Evaluate and update of the facilities High-Alert Medication list as changes occur by ISMP.
- Shall ensure that the ISMP list of High-Alert Medications is visible in every medication storage area, as well as available for information in every facility Medication Administration Record Binder.
- Shall provide in-services, when requested by the facility, regarding High-Alert Medications regarding the potential danger of these medications and to emphasize their consistent safe administration.

Abbreviated ISMP list for Long Term Care:

- Antithrombotic agents (anticoagulants):
    - o Warfarin (Coumadin),
    - o Heparin,
    - o Low Molecular Weight Heparin (Dalteparin, Enoxaparin, Tinzaparin, Nadroparin),
    - o Factor Xa inhibitors (Fondaparinux),
    - o Thrombin inhibitors (e.g., Argatroban, Lepirudin, Bivalirudin),
    - o Thrombolytics (e.g. Alteplase, Reteplase, Tenecteplase), and
    - o Glycoprotein IIb/IIIa inhibitors (e.g., Eptifibatide).
- Chemotherapeutic agents – Any medication provided by a cancer clinic for the treatment of oncological disorders.
- Hazardous Medications as indicated in policy and procedure XX
- Digoxin
- Amiodarone
- Methotrexate
- Oral Hypoglycemics
- Narcotics/opiates, IV, transdermal, and oral (including liquid concentrates, immediate and sustained-release formulations)
- Insulin
- Magnesium Sulfate Injection
- Potassium Phosphate and Potassium Chloride

References:

https://www.ismp.org/Tools/highalertmedications.pdf