

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Behavioral Health-Four Winds Lodge

**Policy Number:** HHS-BH-FW 4773

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**Policy Title:** Medication Management and Administration

**Attachments:** Medication Reconciliation Form

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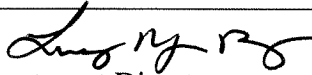
**Revision History:**

**Revised by/Date:** Briana Rosvold/Jan Manary/Dr. Mark Bostrom 2/2021

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**Approved by:**

Lindsay Misquadace-Berg, Four Winds Treatment Director



**Date:**

6/22/21

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**Approved by:**

Nicole Anderson, Commissioner HHS



**Date:**

6-23-2021

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**POLICY STATEMENT:** It is the policy of Mille Lacs Band Four Winds Lodge to establish procedures for medication control, medication handling, medication storage, medication records, and medication disposition that are consistent with Minnesota Supervised Living Facility (SLF) licensure requirements.

**PURPOSE:** This policy is put in place to ensure compliance with medication ordering, administration, storage and disposition.

**PROCEDURES:**

- A. All medications that are not covered in a protocol must be ordered by a licensed clinician.
- B. Medications are administered by assigned staff, unless a medication self-administration order is in place.
  - All personnel assigned, licensed and/or certified to pass medications will sign the Signature Sheet in the following manner:
    - Print name and title in designated area of Signature Sheet
    - Sign name, title and initials in designated area of the Signature Sheet.
    - An original Signature Sheet will be kept with the client's Medication Administration Record (MAR)
    - The Nursing Supervisor will audit Signature Sheets to ensure compliance.
- C. Medications brought into the facility by the client will be administered by assigned staff. In accordance with self-administration – insulin can be self-administered following the below procedure:
  - Nurse will observe client draw up dose of insulin, prep skin and give injection.
  - Nurse will supervise client in the proper disposal of needle/syringe.
  - Nurse will document that self-administration was done and if there are concerns a plan to address and provide needed education.
- D. Medication administration follows the six rights:
  - 1. Right client- ask client to provide two forms of ID
  - 2. Right medication
  - 3. Right dose
  - 4. Right route
  - 5. Right time
  - 6. Right documentation

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- E. Medications will not be given by the assigned personnel if they have not prepared the medication for administration.
- F. Medications that are not plainly and correctly labeled will not be given.
- G. Medications that have a change in color, consistency, or odor will be held and reported to the nursing supervisor.
- H. Medications that are opened and not given will be destroyed per section “R” of this policy. Documentation will be done as to why the medication was not administered
- I. All Controlled Substances must be “signed off” on the controlled substance record. Destruction of controlled substances requires the signature of two individuals an RN and one additional nursing or pharmacy personnel. If a dose is destroyed for any reason documentation will be completed.
- J. “Borrowing” of medications for another client is never allowed.
- K. Discontinued and outdated medications will be placed in a locked storage area until destroyed.
- L. Ordered supplements i.e. Boost, pudding, applesauce used for administering medications may be kept in the Medication Refrigerator on a separate shelf and in compliance with food storage requirements.
- M. Pitchers/Containers used for beverages for medication administration will be routinely sanitized.
- N. Neuroleptic medication administration:
  - If a new order a neuroleptic consent is signed with client, and clinician.
  - If the client already has a prescription for a neuroleptic medication from a community provider a neuroleptic informed consent form is not needed.
  - A new neuroleptic medication will not be administered until appropriate informed consent is documented.
- O. First dose medication monitoring
  - Medication education will be completed and documented as soon as clinically possible.
  - The nurse will monitor client for one hour after client receives initial dose of medication for:
    - Response to medication
    - If side effects or an adverse reaction occurs
  - The nurse will document the client’s response/evaluation to the medication.
- P. Medication Reconciliation
  - A list of current medications the client is taking may be obtained from the client and/or family/significant others within 24 hours of admission.
  - The Medication History and Reconciliation Record will be used to reconcile all medications to include name of medication, dose, route, frequency, reason for taking, date, time of last dose.
  - A count of medications brought into the facility will be conducted as part of the medication reconciliation process.
  - Clients may use their own medications with an order- they will be administered by assigned personnel.
  - A client can be discharged with their own medications with an order; medications taken at discharge will be documented on the discharge section of the Medication History and Reconciliation form. Documentation will include medication name, dose, frequency, route, indication, last dose, prescription sent with client and the count of medications released at discharge. A copy of the form will be provided to the client and /or the next provider.
- Q. Medication Storage
  - Test reagents, germicides, disinfectants, and other household substances will be labeled and stored separately from medications.
  - External use medications in liquid, tablet, capsule, or powder form shall be stored separately from medications for internal use and in a section marked appropriately.
  - Medications shall be stored at appropriate temperatures.

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- All treatment items, shall be stored in a locked cabinet or room, inaccessible to unauthorized persons.
- Medication keys must be carried by personnel assigned to medication administration.
- Oncoming personnel assigned to medication administration and outgoing personnel assigned to medication administration must sign the medication key log to ensure a record of continuous knowledge of the location of the medication keys.
- The medications of each client shall be kept and stored in their originally received containers. No medications shall be transferred from one container to another.
- Eye, ear, and nasal medications shall be stored apart from oral medications and apart from other topical medications.
- All Scheduled II- V drugs must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart.
- All Scheduled II-V drugs will be counted at each shift change by the oncoming and departing personnel assigned to medication administration. Shift counts of controlled medication will be recorded on the controlled substance record.

**R. Medication Disposal**

- Non-Narcotic medications:
  - Disposition of client’s medications for non-narcotic medications form is completed when medications are not returned to the client, the medications are no longer being taken
  - Documentation for the disposition of client’s medications will include a list of all the client’s medications that are destroyed or retained. Documentation includes, client’s name, medication name, strength and dose and prescription number and if destroyed or returned to the client and reason.
  - Two staff authorized to administer medications will count the medication that is to be disposed of and shall sign the disposition of medication form and documented in the client’s chart. The form is retained by the nursing supervisor.
- Narcotic medications:
  - For all Scheduled I-V medications that are not sent home with the patient at time of discharge will remain locked until they can be properly disposed of.
  - All Schedule I-V medications will be destroyed in the presence of a pharmacist and a licensed professional. Documentation will be completed in the client record.
  - The method of destruction will follow the laws and regulations relative to pharmaceutical waste.

<b>Internal and/or External References</b>	Minnesota Rule-4665.4200; Minnesota Rule-4665.4300 Minnesota Rule-4665.4400; Minnesota Rule-4665.4500 Minnesota Rule-4665.4600
<b>Compliance - Posting Date</b>	6/23/2021
<b>Replaces – Policy Number</b>	HHS-BH-FW 4770; HHS-BH-FW 4771; HHS-BH-FW 4772; HHS-BH-FW 4774; HHS-BH-FW 4775; HHS-BH-FW 4776; HHS-BH-FW 4777; HHS-BH-FW 4778
<b>Next Review - Due Date</b>	6/23/2024