§11-94-27 PHARMACEUTICAL SERVICES.

(a) The facility shall employ a licensed pharmacist, or shall have a formal contractual arrangement with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal, recordkeeping of drugs and biologicals, and provision for emergency services.

(b) There shall be a current pharmacy policy manual developed and approved by the pharmacist, physician, and licensed nursing staff which:

(1) Includes policies and procedures and defines the functions and responsibilities relating to pharmacy services.

(2) Is revised as necessary to keep abreast of current developments in overall drug usage.

(3) Governs the safe administration and handling of all drugs.

(4) Includes policies regarding self-administration of drugs.

(5) Includes a formulary appropriate to the facility.

(c) Medications administered to a patient shall be ordered either in writing or verbally by a physician so authorized by facility policy.

(1) Physician's verbal orders for prescription drugs shall be given only to a licensed nurse, pharmacist, or another physician.

(2) All verbal or telephone orders for medication shall be recorded and signed by the person receiving them and shall be countersigned by the attending physician within seventy-two hours.

(3) All orders shall be reviewed by the physician at the time of visit to the patient.

(d) Each drug shall be rechecked and identified immediately prior to administration.

(e) Medications shall not be used for any patient other than the one for whom they were issued.

(f) Only appropriately licensed and trained staff shall be allowed to administer drugs and shall be responsible for proper recording of the medication including the route of administration. Medication errors and drug reactions shall be recorded in the patient's chart and reported immediately to the physician who ordered the drug and an incident report shall be prepared. All incident reports shall be kept available for inspection by the director.
Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(1) All drugs shall be kept under lock and key except when authorized personnel are in attendance.

(2) All security requirements of federal and state laws shall be satisfied as they refer to storerooms and pharmacies.

(3) Poisons, drugs used externally, and drugs taken internally shall be stored in locked, well-marked separate cabinets, at all locations.

(4) Medications that are stored in a refrigerator containing things other than drugs shall be kept apart and in a locked container.

(5) If there is a drug storeroom separate from the pharmacy, there shall be a perpetual inventory of receipts and issues of all drugs by the storerooms.

(6) Discontinued and outdated drugs, and containers with worn, illegible, or missing labels, shall be returned to the pharmacy or drug room for proper disposition.

(7) There shall be automatic stop orders on all drugs.

(8) There shall be a drug recall procedure that can be readily implemented.

A pharmacist shall:

(1) Review and document monthly the record of each skilled nursing facility patient receiving medications, to determine potential adverse reactions, interactions, and contraindications. A registered nurse shall carry out this function for intermediate care facility patients.

(2) When appropriateness of drugs or dosage of such as ordered are questioned, the physician shall be consulted and a record of this consultation shall be available to the administrator.