150.007 NURSING SERVICES

(G) Nursing and Supportive Routines and Practices.

...(2) No medication, treatment or therapeutic diet shall be administered to a patient or resident except on written or oral order of a physician or physician assistant or nurse practitioner.

150.008: Pharmaceutical Services and Medications

(A) All facilities shall maintain current written policies and procedures regarding the procurement, storage, dispensing, administration and recording of drugs and medications.

(1) Policies and procedures shall be developed with the advice of a committee of professional personnel including a physician or physician-physician assistant team or physician-nurse practitioner team, a pharmacist and a nurse.

(2) Provision shall be made for the prompt and convenient acquisition of prescribed drugs from licensed community, institutional or hospital pharmacies. Facilities shall make no exclusive arrangements for the supply or purchase of drugs; and patients or residents, their next of kin or sponsor may arrange for the purchase of prescribed medications from pharmacies of their own choice provided medications are dispensed and labeled as specified in 105 CMR 150.000.

(3) No drug or medication that has been removed from the market by the Food and Drug Administration shall be stocked or administered in any facility.

(4) Facilities shall comply with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration, recording and disposal of drugs.

(B) There shall be a current written order by a physician, physician assistant, or nurse practitioner in the Doctor’s Order Book for all medication or drugs administered to patients or residents.

(1) Verbal or telephone orders shall be given only to a licensed nurse (or responsible person in facilities that provide only Level IV care), shall be immediately recorded in writing and signed by the same nurse or responsible person. All verbal or telephone orders shall be countersigned by a physician, physician assistant, or nurse practitioner within 48 hours except for cathartics, aspirin and buffered aspirin.

(2) A licensed nurse and the attending physician together shall review each patient’s or resident’s medications in conjunction with the routinely scheduled comprehensive review of the patient’s or resident’s condition. Such services shall be scheduled at least as often as follows:

Level I or II, every 30 days.

Level II every 90 days,

In a Level IV facility, at the time of a resident’s review by his/her physician, as outlined under 105 CMR 150.005(G)(3), both the physician and the nurse shall review the resident’s medications. Any concerns regarding medication side effects or needs for adjustment shall be discussed by the attending physician and the facility nurse to develop and implement an appropriate adjustment in the resident’s plan of care.

If the resident also has an identified psychiatrist and the medication change involves psychiatric medication, the resident’s psychiatrist should be consulted. If the resident is a Community Support Resident, any change in
psychiatric medication and the rationale for that change must be communicated to the social worker so that an appropriate adjustment in the Mental Health Treatment Plan may be made. In addition, the resident must consent (if she/he is competent to consent) or the resident’s guardian (if the resident is not competent to consent) to any medication change as required under 105 CMR 150.011(E)(5)(d).

(3) Orders for medications and treatments shall be in effect for the specific number of days indicated by the physician, physician assistant or nurse practitioner.

(a) Orders shall not exceed the facility’s stop order policies where applicable.

(b) Orders shall not exceed the limits of 72 hours for narcotics and 14 days for stimulants, depressants, antibiotics and anticoagulants unless specified in writing by the attending physician or physician-physician assistant team or physician-nurse practitioner team.

(c) Medications not specifically limited to time or number of doses by the physician, nurse practitioner, or physician assistant shall automatically be stopped in accordance with the facility’s stop order policies or, in the absence of such policies, at the end of 30 days. The physician, physician assistant, or nurse practitioner shall be contacted for renewal of orders or other instructions.

(4) Medication may be released to patients or residents on discharge only upon the written authorization of a physician, physician assistant or nurse practitioner. Otherwise they shall be held for disposal (105 CMR 150.008(D)(13)).

(5) If medications for a patient are ordered by a physician assistant or nurse practitioner, all initial orders for medication or significant changes in medications and all orders for Schedule II drugs must be reviewed by the supervising physician as specified in 105 CMR 700.000 et seq.

(6) If medications for a patient are ordered by a physician assistant or nurse practitioner, there shall be a review of medications by the physician assistant or nurse practitioner and the supervising physician as specified in the written guidelines established pursuant to 105 CMR 100.003(C)(3) or more frequently if clinically indicated. At a minimum, there shall be an onsite medication review at the long term care facility by the supervising physician at least once every 90 days.

(C) Supervision and administration of medication shall be as follows:

(1) Every medication administered in a facility shall be administered by a physician, physician assistant, nurse practitioner, registered nurse, or licensed practical nurse, except as provided in CMR 150.008(C)(2).

(2) In a Level IV facility or unit and a CSF, the following medications may be administered by a responsible person who has documented evidence of having satisfactorily completed a training course approved by the Department on the topic of dispensing medications, or may be self-administered if so authorized by a physician or psychiatrist’s order:

(a) Any oral medication, which is not included in the schedules of controlled substances established under the Federal Comprehensive Drug Abuse Prevention and Control Act.

(b) Any of the following medications contained in federal schedules of controlled substances: chlorodiazepoxide, diazepam, oxazepam, chorazepate, flurazepam, donazepam, chloral hydrate, phenobarbital when used in the treatment of seizure disorders, trazolam, lorazepam, alprazolam, temazepam, prazepam, propoxyphene hydrochloride, and propoxyphene napsylate.

(c) The administration of all other controlled substances must be approved by the Department through a written waiver request pursuant to 105 CMR 153.030(B).

(3) Notwithstanding a physician’s order, a licensee shall not permit self-administration by any resident where, in his/her judgment, this practice would endanger another resident or other residents.
(a) All medication which is to be self-administered shall be kept in the resident’s room in a locked cabinet or in a locked drawer.

(b) In the case of a resident with a history of mental illness, a self-administration order must be supported by written finding by the physician that the resident has the ability to manage the medication on this basis.

(c) Every self-administration order shall be reconsidered as part of the periodic review of medications under 105 CMR 150.0008(B)(2).

(4) All medications shall be accurately recorded and accounted for at all times, and each dose of medication administered shall be properly recorded in the clinical record with a signature of the administering nurse or responsible person.

(5) Medications prescribed for a specified patient or resident shall not be administered to any other patient or resident.

(6) Individual medication cards shall be provided for each medication for each patient. Cards shall be used when administering medications and checked against the physician’s orders. Adequate medicine trays shall be provided.

(7) Medication errors and drug reactions shall be reported to the patient’s or resident’s physician and recorded in the clinical record.

(8) A current medication reference book shall be provided in the facility at each nurse’s or attendant’s station.

(D) Labeling, Storage and Supervision of Medications.

(1) All facilities shall provide a locked medicine cabinet or closet of a type approved by the Department within the nurses’ or attendants’ station for the proper storage of all patients’ or residents’ drugs except those approved for self-administration. Such cabinets or closets shall be used exclusively for the storage of medications and equipment required for the administration of medications.

(2) The locked medicine cabinet or closet shall be located within or close to the nurses’ or attendants’ station in a place that is removed from areas frequented by patients, residents or visitors.

(3) The medicine cabinet or closet shall be well-lighted, locked at all times with a suitable lock, and maintained in a clean and sanitary manner. It shall be sufficient in size to permit storage without crowding and shall have running water accessible.

(4) There shall be a separately locked, securely fastened compartment within the locked medicine cabinet or closet for the proper storage of prescribed controlled substances under the federal Comprehensive Drug Abuse Prevention and Control Act.

(5) Medication requiring refrigeration shall be properly refrigerated and kept in a separate, locked box within a refrigerator at or near the nurses’ or attendants’ station.

(6) Poisons and medications for “external use only,” including rubbing alcohol, shall be kept in a locked cabinet or compartment separate and apart from internal medications.

(7) Medications shall not be stored in patient’s or resident’s rooms except drugs approved for self-administration.

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(6) Poisons and medications for "external use only," including rubbing alcohol, shall be kept in a locked cabinet or compartment separate and apart from internal medications.

(7) Medications shall not be stored in patient’s or resident's rooms except drugs approved for self-administration.

(8) The custody of all keys to the medicine cabinets or closets shall at all times be assigned to a licensed nurse (or a responsible person in facilities that provide only Level IV care).

(9) The label affixed to each individual medication container shall clearly indicate the patient’s or resident’s full name, physician’s name or physician assistant’s name and his supervising physician’s name or nurse practitioner’s name and his supervising physician’s name, prescription number, name and strength of drug, quantity, dose, frequency and method of administration, date of issue, expiration date of all time-date drugs, and name, address and telephone number of pharmacy issuing the drug.

(10) Prescription labels shall not be defaced, and medication containers with soiled, damaged, incomplete, illegible, or make shift labels shall be returned to the issuing pharmacy for relabeling or disposal. Containers without labels shall be destroyed as directed by the Department.

(11) Medications for each patient or resident shall be kept and stored in the containers in which they were originally received; transfer to other containers is forbidden.

(12) Medications having a specific expiration date shall be removed from usage and destroyed at expiration. All medications no longer in use shall be disposed of or destroyed at as directed by the Department.

(13) Following a patient’s or resident's death, transfer or discharge, all drugs prescribed for that individual, if not transferred with him, shall be disposed of as directed by the Department.

(E) An emergency medication kit shall be provided in all facilities.

(1) The contents of the kit shall be approved by the Department. In accordance with Federal law, narcotics shall be excluded.

(2) The emergency medication kit shall be kept in a separate, sealed container, which shall be stored in a suitable place when not in use. Exception: Drugs requiring refrigeration shall be kept in a separate sealed container under proper refrigeration (150 CMR 150.008(D)(5)).

(3) Each emergency medication kit shall be prepared, packaged and sealed by a pharmacist and shall contain a list of contents of the outside cover and within the box.
(4) The medications contained in the emergency medication kit shall be used only upon the orders of a physician or physician assistant or nurse practitioner.

(5) After a kit has been opened, it shall be inspected, re-stocked and resealed by the pharmacist within 48 hours prior to further use.

(F) Facilities shall be permitted to stock those drugs and medical supplies that are approved as stock items or medicine chest items by the Department.

(G) Records.

(1) When drugs are transferred with a patient or resident, an accurate record shall be made at the time of discharge including the following: date, name and new address of patient or resident; name of drug, strength, quantity, pharmacy and physician’s name or physician assistant’s name and his supervising physician’s name or nurse practitioner’s name and his supervising physician’s name.

(2) An individual narcotic and sedative record shall be maintained for each narcotic, sedative, amphetamine, barbiturate or other dangerous drug prescribed for each patient or resident. This record shall be kept in a bound book with numbered pages in a manner approve by the Department and shall include:

(a) Patient's or resident’s name.

(b) Name of physician prescribing the medication or the name of the physician assistant or nurse practitioner prescribing the medication and the name of his supervising physician.

(c) Name of medication, quantity prescribed, strength or dosage prescribed, the amount of medication received and the balance on hand.

(d) Date received, prescription number and name of pharmacy that dispensed medication.

(e) Date, time, dosage and method of administration and signature of nurse who administered the medication.

(3) A recorded, dated count of controlled substances under the federal Comprehensive Drug Abuse Prevention and Control Act shall be checked by a nurse or responsible person going off duty on each shift in the presence of a nurse or responsible person reporting on duty and both shall sign the count in the Narcotic and Sedative Book with their legal signatures.

(4) All facilities shall maintain a Pharmacy Record Book which is bound with numbered pages and maintained in a form approved by the Department. All deliveries of prescribed medications shall be entered into this book, and entries shall include:

(a) Patient's or resident’s name.

(b) Name of physician prescribing the medication or the name of the physician assistant or nurse practitioner prescribing the medication and the name of his supervising physician.

(c) Name of pharmacy dispensing medication.

(d) Name of medication, prescription number, quantity ordered, quantity received.

(e) Date and time received and signature of individual who receives the medication.

(5) Change of Ownership (See 105 CMR 150.002(G)(4).)