PART 9. PHARMACEUTICAL SERVICES

R 325.20901 Medication kits.

Rule 901.

(1) A medication kit for medical emergency use, which is accessed only on the direct order of a physician and which is maintained in a locked cabinet, shall be accessible only to the licensed nurse in charge.

(2) The emergency kit shall be obtained only on the order of a licensed physician and shall be prepared and sealed by a pharmacist.

(3) The kit shall contain a list of its contents and expiration date on the outside surface of the lid, and a complete record of usage and disposal shall be available.

History: 1981 AACS; 1983 AACS.

R 325.20902 Medications; dispensing and storage.

Rule 902.

(1) A legend drug shall not be dispensed except by a pharmacist according to established pharmacy policies and procedures. It shall be contained in properly labeled individual containers, kept in a locked cabinet, and shall be accessible only to the nurse in charge. Labeling and relabeling of all drugs shall only be done by a pharmacist.

(2) A controlled substance shall be kept in a separate locked box within the locked medication cabinet, except that under a unit dose system, a single dose or limited number of doses shall be stored separately for each patient as indicated in subrule (1) of this rule.

(3) A medication requiring refrigeration shall be kept in a separate locked box within a refrigerator. Drugs and biologicals requiring refrigeration shall be stored at a temperature recommended by the manufacturer.

(4) A medication for external use only shall be kept in a locked cabinet separate from other medications.

History: 1981 AACS.

R 325.20903 Medications; administration.

Rule 903.

(1) Medications shall be administered only by medical or nursing personnel in accordance with the written or verbal order of the attending physician.

(2) A dose of medication administered shall be properly recorded in the patient’s clinical record and, when applicable, in special records for controlled substances as required by law. Abbreviations used in recording medication orders and administration shall be standardized in the home according to a written source document.

(3) A medication shall be listed on an approved medication card or its equivalent and shall be checked against the physician’s orders before being administered.
(4) A medication prescribed for a patient shall not be administered to another patient.

(5) A medication prescribed for a patient shall be administered promptly after the appropriate dose is prepared for administration.

(6) Self-administration of medication by a patient shall not be permitted, except when special circumstances exist and when supported by a physician's written order and justification.

(7) An unused portion of a previously prepared medication dose not administered to a patient shall not be returned to its original container, but shall be disposed of appropriately.

History: 1981 AACS.

R 325.20904 Medications; errors; reactions.

Rule 904. Medication error or drug reaction shall be immediately reported to the charge nurse, physician, and the pharmacist as soon as possible and shall be recorded in the patient's clinical record as well as on an incident report form which shall be forwarded to the administrator and kept on file. Corrective action shall be initiated promptly by the physician, administrator, director of nursing, or pharmacist as appropriate.

History: 1981 AACS.

R 325.20905 Stop orders and policies.

Rule 905. An automatic stop order and policy governing the use of drugs shall be formulated and shall be made a part of the written patient care policy implemented and in effect in the home.

History: 1981 AACS.

R 325.20906 Medications; disposal and release.

Rule 906.

(1) A medication no longer in use or outdated shall be disposed of immediately and in accordance with federal or state laws and regulations.

(2) A medication shall not be released or sent with a patient upon discharge, except on the written order of the physician.

History: 1981 AACS.