37.106.066 MINIMUM STANDARDS FOR A SKILLED AND SKILLED/INTERMEDIATE CARE FACILITY: DRUG SERVICES

(1) Medication shall be released to a patient at discharge only on the written authorization of his licensed physician.

(2) Self-administration of medication by a patient is not permitted except on order of his licensed physician.

(3) Any deviation from the prescribed drug dosage, route or frequency of administration and unexpected drug reactions shall be reported immediately to the patient's licensed physician with an entry made on the patient's medical record and on an incident report.

(4) A current medication reference book must be provided at each nurses station. (History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.) Rules 07 through 39 reserved

37.106.1121 MEDICAL ASSISTANCE FACILITIES: PHARMACEUTICAL SERVICES

(1) A medical assistance facility must have pharmaceutical services that meet the needs of the patients and comply with the following standards:

(a) The facility must have either a pharmacy directed by a registered pharmacist or a drug storage area under the supervision of a consulting pharmacist who must develop, supervise, and coordinate all the pharmacy services activities.

(b) The pharmacy or drug storage area must be administered in accordance with accepted professional principles.

(c) When a pharmacist is not available, drugs and biologicals may be removed from the pharmacy or storage area only by personnel designated in writing in medical staff and pharmaceutical services policies, in accordance with federal and state law.

(d) All compounding, packaging, and dispensing of drugs and biologicals must be under the supervision of a pharmacist and performed in a manner consistent with federal and state law.

(e) Drugs and biologicals must be kept in a locked storage area.
(f) Outdated, mislabeled, or otherwise unusable drugs and biologicals must be removed from the facility and destroyed; and

(g) Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending practitioner. (History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-101, 50-5-103 and 50-5-204, MCA; NEW, 1989 MAR p. 663, Eff. 4/28/89; TRANS, from DHES, 2002 MAR p. 185.)

37.40.110 SERVICES FURNISHED

(1) Medications given by intravenous or intramuscular injections usually require skilled services. The frequency of injections would be particularly significant in determining whether the patient needs continuous skilled nursing care.

Injections which can usually be self-administered – for example, the well-regulated diabetic who receives a daily insulin injection -- do not require skilled services. Oral medications which require immediate changes in dosages because of sudden undesirable side effects or reactions should be administered to the patient and observed by licensed nurses, e.g., anticoagulants, quinidine. This is a skilled service. Where a prolonged regimen of oral drug therapy is instituted, the need for continued presence of skilled nursing personnel can be presumed only during the period in which the routine is being established and changes in dosage cannot be anticipated or accomplished by unskilled personnel, e.g., digitalis.

(a) Administration of eye drops and topical ointments (including those required following cataract surgery) is not a skilled service. In Montana, institutional patients must receive all medications from licensed nurses; this fact, however, would not make the administration of oral medication a skilled service where the same type of medications are frequently prescribed for home use without skilled personnel being present.

(2) Levine tube and gastrostomy feedings must be properly prepared and administered. Supervision and observation by licensed nurses are required, thus making this procedure a skilled service.