7.9.2.44 TREATMENT AND ORDERS:

...B. STOP ORDERS: Medications shall be in accordance with the stop order policy required by Subsection E of 7.9.2.57 NMAC of these regulations.

(1) Notice to physicians or dentists: Each resident’s attending physician or dentist shall be notified of stop order policies and contacted promptly for renewal of orders which are subject to automatic termination.

C. RELEASE OF MEDICATIONS TO RESIDENTS: Medications shall be released to residents who are on leave or have been discharged only on order of the physician.

D. ADMINISTRATION OF MEDICATIONS:

(1) Personnel who may administer medications: In a nursing home, medications may be administered only by a nurse or other licensed medical professional whose, licensed scope of practice permits administration of medication.

(2) Responsibility for administration: Policies and procedures designed to provide safe and accurate administration of medications shall be developed by the facility and shall be followed by personnel assigned to prepare and administer medication except when a single unit dose package distribution system is used. Person administering medication will immediately record in the resident’s clinical records.

(3) Omitted doses: If, for any reason, a medication is not administered as ordered the omission shall be noted in the resident’s medication record with explanation of the omission.

(4) Self-administration: Self-administration of medications by residents shall be permitted on order of the resident’s physician.

(5) Errors and reactions: Medication errors and suspected or apparent drug reactions shall be reported to the nurse in charge or on call as soon as discovered and any entry made in the resident's clinical record. The nurse shall take appropriate action, including notifying the physician.

(6) Day care: The handling and administration of medications for day care clients shall comply with the requirements of this subsection. [7-1-60, 5-2-89; 7.9.2.44 NMAC - Rn, 7 NMAC 9.2.44, 8-31-00]

7.9.2.57 PHARMACEUTICAL SERVICES:

A. DEFINITIONS: As used in this section:
(1) Medication: has the same meaning as the term "drug".

(2) Prescription medication: has the same meaning as the term "prescription drug".

B. SERVICES: Each facility shall provide for obtaining medications for the residents from licensed pharmacies.

C. SUPERVISION:

(1) Medication Consultant: Each facility shall retain a registered pharmacist who shall visit the facility at least monthly to review the drug regimen of each resident and medication practices.

(2) The pharmacist shall submit a written report of findings at least monthly to the facility’s administrator.

D. EMERGENCY MEDICATION KIT:

(1) A facility may have one or more emergency medication kits available to each charge nurse. All emergency kits shall be under the control of a pharmacist.

(2) The emergency kit shall be sealed and stored in a locked area. The facility shall have a policy and procedures for access by staff to the emergency kit in case of need.

E. REQUIREMENTS FOR ALL MEDICATION SYSTEMS:

(1) Obtaining new medications: When medications are needed which are not stocked, a licensed nurse shall telephone an order to the pharmacist who shall fill the order.

(2) Storing and labeling medications: All medications shall be handled in accordance with the following provisions:

(a) The storage and labeling of medications shall be based on currently acceptable professional practices.

(b) The consulting pharmacist shall be responsible to develop policies and procedures governing all aspects of storage and labeling of medications.

(c) The consulting pharmacist shall be responsible for assuring the facility meets all requirements for storage and labeling as required by New Mexico Board of Pharmacy.

(3) Destruction of medications:

(a) Time limit: Unless otherwise ordered by a physician, a resident’s medication not returned to the pharmacy for credit shall be removed to a locked storage area when discontinued by a physician’s order. Such discontinued medications will be destroyed within thirty (30) days of the physician’s discontinuance of use.

(b) Procedure: Records shall be kept of all medication returned for credit and/or disposal.

(c) Remaining controlled substances: Any controlled substances remaining after the discontinuance of physician’s orders or the discharge or death of the resident shall be
inventoried on the appropriate U.S. drug enforcement agency form and one copy shall be kept on file in the facility.

(4) Control of medication:

(a) Receipt of medications: The administrator or a physician, nurse, or pharmacist, may be an agent of the resident for the receipt of medications.

(b) Signatures: When the medication is received by the facility, the person completing the control record shall sign the record indicating the amount received.

(c) Discontinuance of medications: The consulting pharmacist shall assist the facility to develop policies for the automatic discontinuance of medications.

(5) Proof-of-use record:

(a) For schedule II drugs, a proof-of-use record shall be maintained which lists, on separate proof-of-use sheets for each type and strength of schedule II drug, the date and time administered, resident's name, physician's name, dose, signature of the person administering dose, and balance.

(b) Proof-of-use records shall be audited daily by the registered nurse or licensed practical nurse.

(6) Resident control and use of medications:

(a) Residents may have medications in their possession or stored at their bedside on the order of a physician.

(b) Medications which, if ingested or brought into contact with the nasal or eye mucosa, would produce toxic or irritant effects shall be stored and used only in accordance with the health, safety, and welfare of all residents.

[7-1-60, 7-1-64, 5-2-89; 7.9.2.57 NMAC – Rn, 7 NMAC 9.2.57, 8-31-00]