310:675-7-11.1. MEDICATION RECORDS

(a) The facility shall maintain written policies and procedures for safe and effective acquisition, storage, distribution, control, and use of medications and controlled drugs.

(b) The facility shall establish a policy for providing information about administering prescribed medications to residents who are on leave from the facility.

(c) The facility shall maintain records of consultation and services provided by the consultant registered pharmacist at the facility.

(d) The facility shall maintain a system to account for controlled medications prescribed for each resident, and an individual inventory record on all Schedule II medications.

(e) The facility shall maintain a medication regimen review record on each resident.

[Source: Added at 9 Ok Reg 3163, eff 7-192 (emergency); Added at 10Ok Reg 163, eff 6-1-93]

310:675-9-9.1. MEDICATION SERVICES

(a) Storage.

(1) Medications shall be stored in a medication room, a locked cabinet, or a locked medication cart, that is convenient to the nursing station and used exclusively for medication storage.

(2) The medication storage area temperature shall be maintained between 60° F. (15.5° C.) to 80° F. (26.6° C.)

(3) The medication room, the medication storage cabinet, and medication cart shall be locked when not in use.

(4) The key to the medication storage areas shall be in the possession of the person responsible for administering medications.

(5) Scheduled medications shall be in a locked box within the locked medication area or cart.
(6) Medications for external use shall be stored separately from medications for internal use.

(7) Medications requiring refrigeration shall be kept within a temperature range of 36° F. (2.2° C.) to 48° F. (8.8° C.) and separated from food and other items. There shall be a method for locking these medications.

(8) The medication areas shall have a work counter; the counter and cabinet shall be well lighted, clean and organized.

(9) Running water shall be in close proximity to the medication area.

(10) Powdered over-the-counter medication for topical use may be kept in the resident’s room for administration by a nurse aide if:

(A) The facility submits its policies and procedures for safe and appropriate storage and application of the powder to the Department and receives written approval from the Department prior to implementation; and

(B) Each aide who applies the over-the-counter topical medication is trained in accordance with the established policies and procedures of the facility.

(b) Emergency medications. Emergency medication, policies and equipment shall include but not be limited to:

(1) An electric suction machine with necessary aseptic aspirator tips.

(2) An emergency tray or cart with the following items labeled and accessible to licensed personnel only: resuscitation bag; tongue depressors; and assorted airways; sterile hypodermic syringes in 2 cc, 5 cc, and 20 cc or larger sizes and appropriate needles. The content shall be limited to emergency medications and contain no scheduled medications. Only two single dose vials of the following medications may be on the tray or cart: 50% Dextrose, respiratory stimulant, a cardiac stimulant, injectable lasix, injectable dilantin and injectable benadryl.

(3) A certified medication aide shall not administer injectable medications from any emergency tray or cart, but shall have access to resuscitation bags, tongue depressors, and assorted sizes of airways.

(c) Medication accountability.

(1) Medications shall be administered only on a physician's order.

(2) The person responsible for administering medications shall personally prepare the dose, observe the swallowing of oral medication, and record the medication. Medications shall be prepared within one hour of administration.

(3) An accurate written record of medications administered shall be maintained. The medication record shall include:

(A) The identity and signature of the person administering the medication.
(B) The medication administered within one hour of the scheduled time.

(C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.

(D) Adverse reactions or results.

(E) Injection sites.

(F) An individual inventory record shall be maintained for each Schedule II medication prescribed for a resident.

(G) Medication error incident reports.

(4) A resident's adverse reactions shall be reported at once to the attending physician.

(d) Medication labels and handling.

(1) All prescribed medications shall be clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of medication, dosage, directions for use, date of issue and expiration, and name, address and telephone number of pharmacy or physician issuing the medication, and the quantity. If a unit dose system is used, medications shall indicate, at least, the resident's full name, physician's name and strength of medication, and directions for use.

(2) When over-the-counter medications are prescribed and obtained in the original manufacturers container, the package directions shall be considered part of the label. The resident's name shall be on the package.

(3) Each resident's medications shall be kept or stored in the originally received containers. Paper envelopes shall not be considered containers.

(4) Medication containers having soiled, damaged, illegible or makeshift labels shall be relabeled by the issuing pharmacy or physician. Labels on containers shall be clearly legible and firmly affixed. No label shall be superimposed on another label on a medication container except for over-the-counter medication containers.

(5) No person shall change labels on medication containers. If the attending physician orders a change of directions, there shall be a procedure to mark the container indicating a label change is needed at the next prescription refill.

(6) A pharmacist shall dilute, reconstitute and label medications, whenever possible. If not possible, a registered nurse may reconstitute, dilute and label medications. A distinctive, indelible, supplementary label shall be affixed to the medication container when diluted or reconstituted for other than immediate use. A licensed practical nurse may reconstitute oral medications only. The label shall include the following: resident's name, dosage and strength per unit/volume, nurse's initials, expiration date, and date and time of dilution or reconstitution.

(7) When a resident is discharged, or is on therapeutic leave, the unused medication shall be sent with the resident, or with the resident's representative, unless there is a written
physician’s order to the contrary, or the medication has been discontinued, or unless the resident or the resident’s representative donates unused prescription medications for dispensation to medically indigent persons in accordance with the Utilization of Unused Prescription Medications Act. The clinical record shall document the quantity of medication sent, and returned or donated, and the signature of the person receiving or transferring the medications.

(8) All medication orders shall be automatically stopped after a given time period, unless the order indicates the number of doses to be administered, or the length of time the medication is to be administered. The automatic stop order may vary for different types of medications. The facility shall develop policies and procedures, in consultation with the medical director and pharmacist, to review automatic stop orders on medications. The policy shall be available to personnel administering medications.

(9) No resident shall be allowed to keep any medications unless the attendant physician or interdisciplinary team has indicated on the resident’s clinical record that the resident is mentally and physically capable of self-administering medications.

(10) A resident who has been determined by the physician or interdisciplinary team as capable of self-administering medication may retain the medications in a safe location in the resident’s room. The facility shall develop policies for accountability. Scheduled medications shall not be authorized for self-administration, except when delivered by a patient controlled analgesia pump.

(11) A physician’s telephone orders shall be conveyed to, recorded in the clinical record, and initialed by the licensed nurse receiving the orders.

(12) Medications shall be administered only by a physician, registered nurse, a licensed practical nurse, or a certified medication aide. The only injectables which a certified medication aide may administer are insulin and vitamin B-12 and then only when specifically trained to do so.

(13) A pharmacy, operating in connection with a facility, shall comply with the State pharmacy law and the rules of the Oklahoma State Board of Pharmacy.

(14) Powdered over-the-counter medication for topical use may be administered by a trained nurse aide when designated in writing by the attending physician and delegated by a licensed nurse. The licensed nurse shall ensure that the aide demonstrates competency in reporting skin changes, storage, application and documentation policies and procedures. The licensed nurse or the attending physician shall document in the resident’s record a skin assessment at least twice each week and more often if required by the facility’s approved policy.

(e) Medication destruction.

(1) Medications prescribed for residents who have died and medications which have been discontinued shall be destroyed by the director of nursing and the consultant pharmacist, except that the facility may transfer unused prescription drugs to city-county health department pharmacies or county pharmacies in compliance with the Utilization of Unused
Prescription Medications Act and all rules promulgated thereunder. Medications shall not be returned to the family or resident representatives. The destruction and the method used shall be noted on the clinical record.

(2) Medications prescribed for one resident may not be administered to, or allowed in the possession of, another resident.

(3) There shall be policies and procedures for the destruction of discontinued or other unused medications within a reasonable time. The policy shall provide that medications pending destruction shall not be retained with the resident's current medications. The destruction of medication shall be carried out in the facility jointly by the director of nursing and the licensed pharmacist who shall sign a record of destruction that is retained in the facility.

(f) Medication regimen review. The facility shall ensure that each resident's medications are reviewed monthly, by a registered nurse or a licensed pharmacist. The reviewer shall notify the physician and director of nursing, in writing, when irregularities are evident.

(g) Consultant pharmacist. The facility shall have a consultant licensed pharmacist to assist with the medication regimen review and medication destruction. The consultant pharmacist shall discuss policies and procedures for the administration, storage, and destruction of medications with the administrator, director of nursing and other appropriate staff.

(h) Emergency pharmacist. The facility shall have a contract, or letter of agreement, with a licensed pharmacist or a hospital pharmacy, that agrees to serve as the emergency pharmacist. This licensed pharmacist shall practice in a licensed pharmacy within a ten-mile radius of the facility, and shall be available twenty-four hours a day. If a licensed pharmacist is not available within a ten mile radius, the Department may approve a licensed pharmacist beyond the ten mile radius.

(i) Bulk nonprescription drugs. A facility may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished.

(1) Policy of facility. The facility must have and follow a written policy and procedure to assure safety in dispensing and documentation of medications given to each resident.

(2) Acquisition. The facility shall maintain records which document the name of the medication acquired, the acquisition date, the amount and the strength received for all medications maintained in bulk.

(3) Dispensing. Only licensed nurses, physicians, pharmacists or certified medication aides (CMA) may dispense for administration these medications and only upon the written order for as needed (p.r.n.) or nonscheduled dosage regimens dosing from a physician as documented in the clinical record of the resident.

(4) Storage. Bulk medications shall be stored in the medication area and not in resident rooms.
(5) Records. The facility shall maintain records of all bulk medications which are dispensed on an individual signed medication administration record (MAR).

(6) Labeling. The original labels shall be maintained on the container as it comes from the manufacturer or on the unit-of-use (blister packs) package.

(7) Package size. The maximum size of packaging shall be established by the facility in its policy and procedures and shall insure that each resident receives the correct dosage; provided however, that no liquid medications shall be acquired nor maintained in a package size which exceeds 16 fluid ounces.

(8) Allowed nonprescription drugs. Facilities may have only oral analgesics, antacids, and laxatives for bulk dispensing. No other categories of medication may be maintained as bulk medications.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 11 Ok Reg 907, eff 12-17-93 (emergency); Amended at 11 Ok Reg 2645, eff 6-25-94; Amended at Ok Reg 2521, eff 6-25-99; Amended at 18 Ok Reg 2533, eff 6-25-01; Amended at 19 Ok Reg 524, eff 1-3-02 (emergency); Amended at 19 Ok Reg 2099, eff 6-27-02]

310:675-13-5. NURSING SERVICE

(f) Certified medication aide

(1) Each medication aide shall be a certified nurse aide who has passed a Department approved medication administration program.

(2) A graduate nurse or a graduate practical nurse, who has not yet been licensed, may administer medications if the nurse has passed an approved competency test for medication administration.

(3) A certified medication aide may administer physician ordered medications and treatments under the direction of a licensed nurse.

(4) The facility shall have a licensed nurse or physician on-call to handle medical emergencies. The charge person shall notify the designated person when a medical emergency arises.

(5) A certified medication aide shall complete eight hours of continuing education a year that is approved by the Department.