

201.PHARMACY SERVICES.

01. Pharmacy Service. Each SNF and ICF shall have a written agreement with a pharmacist licensed by the state of Idaho to direct, supervise and be responsible for pharmacy service in the facility. He shall be responsible for: (1-1-88)

- a.** Reviewing the medication profile for each individual patient at least every thirty (30) days. The attending physician shall be advised of drug therapy duplication, incompatibilities or contraindications. (1-1-88)
- b.** Reviewing all medications in the facility for expiration dates and shall be responsible for the removal of discontinued or expired drugs from use as indicated at least every ninety (90) days. (1-1-88)
- c.** Reviewing the facility for proper storage of medications and dangerous chemicals at least every thirty (30) days and notifying the administrator of the facility of any nonconformance. (1-1-88)
- d.** Reviewing the narcotic and dangerous drug records at least every thirty (30) days and certifying to the administrator that this inventory is correct. (1-1-88)
- e.** Participating in the formulation of pharmacy service policies and procedures in conjunction with the administrator, director of nursing service, and the physicians(s) responsible for the medical direction of the facility. (1-1-88)
- f.** Coordinating services when more than one (1) supplier of medications is utilized by the facility. (1-1-88)
- g.** Providing the administrator, on a quarterly basis, a written report of services and activities given by him at the facility and shall include any recommendations. (1-1-88)

02. Care of General Medications. The care and handling of medications shall be conducted in the following manner: (1-1-88)

- a.** Medications shall be administered to patients of the SNF or ICF only on the order of a person authorized by law in Idaho to prescribe medications. This order shall be recorded on the patient's/resident's medical record, dated and signed by the ordering physician, dentist or nurse practitioner. (1-1-88)
- b.** All telephone and verbal orders shall be taken by licensed nurses, pharmacists and physicians only, and shall be recorded on the patient's/resident's clinical record, dated and signed by the person taking the order. Telephone and verbal orders shall be countersigned by the ordering physician, dentist or nurse practitioner within seven (7) days. (1-1-88)
- c.** No person other than licensed nursing personnel and physicians shall administer medications. This does not include execution of duties of inhalation therapists as ordered by the attending physician. (1-1-88)

- d.** Nursing service personnel shall not package or repackage, bottle or label any medication, in whole or in part. (1-1-88)
- e.** Prescription medication shall be administered only to the patient whose name appears on the prescription legend. (1-1-88)
- f.** All medications shall be labeled with the original prescription legend including the name and address of the pharmacy, patient's/resident's name, physician's name, prescription number, original date and refill date, dosage unit, number of dosage units, and instructions for use and drug name. (Exception: See Unit Dose System.) (1-1-88)
- g.** No alteration or replacement of original prescription legend shall be allowed. (1-1-88)
- h.** Prescription renewal or refill shall be made only under physician's, dentist's or nurse practitioner's authorization. (1-1-88)
- i.** No medication shall be in the possession of the patient/resident unless specifically ordered by the physician on the patient's/resident's medical record, and in no case shall exceed two (2) units of dosage. All such medications shall be individually packaged by the pharmacist in units of dose, labeled with the patient's/resident's name, unit of dose, and date of distribution. The charge nurse shall maintain an inventory of these drugs on the patient's/resident's medical record. (1-1-88)
- j.** Medication containers which are poorly labeled or bear worn labels shall not be used. (1-1-88)
- k.** Drugs dispensed shall meet the standards established by the United States Pharmacopeia, the National Formulary, New Drugs, the Idaho Board of Pharmacy, and the U.S. Food and Drug Administration.(1-1-88)
- l.** All medications in the facility shall be maintained in a locked cabinet located at, or convenient to, the nurses' station. Such cabinet shall be of adequate size, and locked when not in use. The key for the lock of this cabinet shall be carried only by licensed nursing personnel and/or the pharmacist. (1-1-88)
- m.** An adequate lighting system shall be provided in the drug storage area. (1-1-88)
- n.** Poisons and toxic chemicals shall be stored in separate locked areas apart from medications. (1-1-88)
- o.** External-use-only medications shall be stored only in a separate, locked area apart from internal use medications. (1-1-88)
- p.** All bleaches, detergents, and disinfectants shall be kept in locked utility storage, separate and apart from medicines, drugs, and food. (1-1-88)
- q.** Biological materials and other medications requiring cold storage shall be refrigerated. A covered container in a home refrigerator is considered satisfactory storage space if the temperature is maintained at thirty-six degrees Fahrenheit (36F) to forty-five degrees Fahrenheit (45F). The temperature shall be monitored daily. (1-1-88)

r. An up-to-date medication reference index and sources of information such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists, or other suitable and acceptable references, shall be provided in each unit. (1-1-88)

s. Hypodermic syringes and needles (except sterile disposables) shall be autoclaved before each use. (1-1-88)

t. Equipment for the administration of medications shall be thoroughly cleaned and suitably stored after each use. (1-1-88)

03. Care of Schedule II Drugs. Schedule II drugs shall be maintained as follows (see alternate method - "Unit Dose Pharmacy"): (1-1-88)

a. A separate schedule II drug inventory sheet shall be maintained for each patient/resident listing the patient's/resident's name, date the medication was received from the pharmacist, medication dose unit and number of dose units received. (1-1-88)

b. On a monthly basis or upon refill of the prescription, the charge nurse shall inventory the remaining number of dose units against the units administered to the patient/resident from the patient's/resident's chart medication record and certify by the nurse's signature that the inventory is correct. (1-1-88)

c. The pharmacist shall review this inventory and certification at least every thirty (30) days. (1-1-88)

d. The schedule II drug record shall be maintained as a permanent record in the patient's/resident's chart. (1-1-88)

e. Schedule II drugs shall be stored in a separate, locked section of the medication storage area or cabinet. (Alternate allowed under Unit Dose Pharmacy and emergency drug kit provisions.) (1-1-88)

f. All schedule II drugs which are discontinued or which are left over after the discharge or death of a patient/resident shall be handled or returned according to applicable regulations of the Idaho Board of Pharmacy. It shall be noted in the patient's/resident's medical record when schedule II drugs are returned. (1-1-88)

g. If there is a loss or wastage of unused portions of a prescribed schedule II drug, a notation to that effect shall be made in the nursing notes and signed by the person responsible and attested to by the Director of Nursing Services. (1-1-88)

04. Record of Medications. (7-1-93)

a. An accurate and complete record of all medication given, both prescription and nonprescription, shall be recorded in the patient's/resident's chart. The record shall also include the time given, the medication given, date, dosage, method of administration, and the name and professional designation (R.N., L.P.N.) of the person preparing and administering the medication. The first and last name initials may be used if identified fully elsewhere in the medical record. (1-1-88)

b. Entries shall be made on the patient's/resident's medication record whenever medications are started or discontinued. (1-1-88)

c. Reasons for administration of a PRN medication and the patient's/resident's response to the medication shall be documented in the nurse's notes. (1-1-88)

05. Unit Dose Pharmacy. A unit dose pharmacy system may be provided in a SNF or ICF as the drug distribution system under the following rules and regulations. (1-1-88)

a. All patients/residents of the facility shall be served by the unit dose system. (1-1-88)

b. All medications distributed to the patients/residents shall be under the unit dose system, if they are prepared and available in unit dose. (1-1-88)

c. The unit dose system shall be on a signed, written agreement basis between the facility and the pharmacist. If the facility employs a pharmacist to operate its own in-house pharmacy, a signed, written agreement is not necessary. (1-1-88)

d. All medications shall be packaged by individual unit dose, and labeled with drug (proprietary and/ or generic) name, unit of dose, and lot identification number or date packaged, and such other rules that may be promulgated by the Board of Pharmacy. The pharmacist shall maintain a log identifying the drug lot number by date packaged. (1-1-88)

e. The pharmacist (or the facility) shall provide suitable drug-distribution cabinets which can be locked, or in lieu of a locked cabinet, medications shall be stored in a room which can be locked. Safe, orderly transport of the drug distribution cabinets shall be assured by the pharmacist. (1-1-88)

f. A direct copy of all medication orders from the patient's/resident's chart shall be supplied to the pharmacist in a timely manner so that he can maintain each individual patient's/resident's medication profile in the pharmacy from which he fills each patient's/resident's twenty-four (24) hour medication orders. (1-1-88)

g. The pharmacist shall be responsible to see that each individual patient's/resident's medication drawer is filled from the drug distribution cabinet each twenty-four (24) hours from the patient's/resident's medication profile; shall record individual doses not administered from returned sets of drawers; shall indicate the reason the medication was not administered; and shall record medications supplied for the next twenty-four (24) hour period. (1-1-88)

h. Designated nursing staff shall check each patient's/resident's medication drawer contents against his medication profile prior to distribution to the patient/resident. (1-1-88)

i. The unit dose system is an alternate to packaging and labeling requirements and does not preclude the facility from meeting all other requirements of Section 201. (12-31-91)

06. Customized Medication Packaging. The packaging of medications commonly referred to as "blister paks," "punch cards" and "bingo cards" may be utilized by the facility provided that measures of accountability, safety and sanitation are employed.

Customized packaging is not to be interpreted to mean a unit dose system. All other requirements of Section 201 shall apply except for alternate packaging systems. (12-31-91)

07. Emergency Medication Supply. (1-1-88)

a. Certain emergency medications shall be available within the facility for occasional use where the pharmacy source is not immediately available. (1-1-88)

b. All medications included in the emergency supply shall be listed in an emergency medication formulary for the facility and reviewed and approved by the physician(s) responsible for the medical direction of the facility, director of nurses, and the administrator. (1-1-88)

c. All medication supplies of this category shall be stored apart from other prescription drugs in a separate, locked and convenient location near the nursing station. Control and access to these medications shall be limited to the nurse in charge of each shift and the pharmacist. (1-1-88)

d. Medications shall be withdrawn and administered to patients/residents from this supply on direct physician, dentist or nurse practitioner order and shall be signed by the physician, dentist or nurse practitioner on the patient's/resident's medical record no later than seven (7) days from the withdrawal, and a copy of the order forwarded to the pharmacist. The pharmacist shall be responsible for replacing drugs which have been withdrawn. (1-1-88)

e. All medication inventories contained within this emergency medication supply are the property and responsibility of the pharmacist, and he shall be responsible for maintenance of records for these medications. (1-1-88)