

He-P 803.16 Medication Services.

(a) All medications shall be administered in accordance with the orders of the licensed practitioner.

(b) Medications, treatments and diets ordered by the licensed practitioner shall be made available to the resident within 24 hours of the order, or in accordance with the licensed practitioner's direction.

(c) The licensee shall have a written policy and system in place instructing how to:

(1) Obtain any medication ordered for immediate use at the nursing home;

(2) Reorder medications for use at the nursing home; and

(3) Receive and record new medication orders.

(d) For each prescription medication being taken by a resident, the licensee shall maintain one of the following:

(1) The original written order in the resident's record, signed by a licensed practitioner or other professional with prescriptive powers; or

(2) A copy of the original written order in the resident's record, signed by a licensed practitioner or other professional with prescriptive powers.

(e) Each medication order shall legibly display the following information unless it is an emergency medication as allowed by (aa) below:

(1) The resident's name:

(2) The medication name, strength, and prescribed dose and route, if different than by mouth;

(3) The frequency of administration;

(4) The indications for usage for all medications that are used PRN; and

(5) The dated signature of the ordering practitioner.

(f) Pharmaceutical samples shall be used in accordance with the licensed practitioner's written order and labeled with the resident's name by the licensed practitioner, the administrator, or authorized personnel.

(g) The label of all medication containers maintained in the nursing home shall match the current

written orders of the licensed practitioner and include the expiration date of the medication unless authorized

by (aa) below.

(h) Except as allowed by (f) above and (i) below, only a pharmacist shall make changes to prescription medication container labels.

(i) When the licensed practitioner changes the dose of a medication and personnel of the nursing home are unable to obtain a new prescription label:

(1) The original container shall be clearly and distinctly marked, for example, with a colored sticker that does not cover the pharmacy label, in a manner consistent with the nursing home's written procedure, indicating that there has been a change in the medication order;

(2) Personnel shall cross out the previous order on the daily medication record, indicating that the dose has been changed, and write the new order in the next space available on the medication record; and

(3) The change in dosage, without a change in prescription label as described in (1) and (2) above, shall be allowed for a maximum of 90 days from the date of the new medication order or until the medications in the marked container are exhausted or, in the case of PRN medications, until the expiration date on the container, whichever occurs first.

(j) Any change or discontinuation of medications taken at the nursing home shall be pursuant to a written order from a licensed practitioner or other professional with prescriptive powers.

(k) The licensee shall require that all telephone orders for medications, treatments, and diets are immediately transcribed and signed by the individual receiving the order.

(l) The transcribed order in (k) above shall be counter-signed by the authorized provider within 30 days of receipt.

(m) The licensee shall obtain written approval from the resident's licensed practitioner for all over-the-counter medications.

(n) The medication storage area shall be:

- (1) Locked and accessible only to authorized personnel;
 - (2) Clean and organized with adequate lighting to ensure correct identification of each resident's medication(s); and
 - (3) Equipped to maintain medication at the proper temperature.
- (o) All medication at the nursing home shall be kept in the original containers and properly closed after each use.
- (p) Topical liquids, ointments, patches, creams, or powder forms of products shall be stored in such a manner that cross contamination with oral, optic, ophthalmic and parenteral products shall not occur.
- (q) If controlled substances, as defined by RSA 318-B, are stored in a central storage area in the nursing home, they shall be kept in a separately locked compartment within the locked medication storage area accessible only to authorized personnel.
- (r) The licensee shall develop and implement written policies and procedures regarding a system for maintaining counts of controlled drugs.
- (s) All contaminated, expired or discontinued medication shall be destroyed within 90 days of the expiration date, the end date of a licensed practitioner's orders or the date the medication becomes contaminated, whichever occurs first.
- (t) Controlled drugs shall be destroyed only in accordance with state law.
- (u) Medication(s) may be returned to pharmacies for credit only as allowed by the law.
- (v) If a resident is going to be absent from the nursing home at the time medication is scheduled to be taken and the resident is not capable of self-administering, the medication shall be given to the person responsible for the resident while the resident is away from the nursing home.
- (w) Upon discharge or transfer, the licensee may make the resident's current medications available to the resident and the guardian or agent, if any.
- (x) A written order from a licensed practitioner shall be required annually for any resident who is authorized to carry emergency medications, including but not limited to nitroglycerine and inhalers.

(y) The licensee shall maintain a written record for each medication taken by the resident at the nursing home that contains the following information:

- (1) Any allergies or allergic reactions to medications;
 - (2) The medication name, strength, dose, frequency and route of administration;
 - (3) The date and the time the medication was taken;
 - (4) The signature, identifiable initials and job title of the person who administers, supervises or assists the resident taking medication;
 - (5) For PRN medications, the reason the resident required the medication and the effect of the PRN medication; and
 - (6) Documented reason for any medication refusal or omission.
- (z) Non-prescription stock medications shall only be accessed and administered by the licensed nurse or medication nurse assistant on duty.

(aa) A nursing home shall use emergency drug kits only in accordance with board of pharmacy rule Ph 705.03 under circumstances where the nursing home:

- (1) Has a director of nursing who is a registered nurse (RN) licensed in accordance with RSA 326-B; and
- (2) Has a contractual agreement with a medical director who is licensed in accordance with RSA 329 and a consultant pharmacist who is licensed in accordance with RSA 318.

(ab) The licensee shall develop and implement a system for reporting within 24 hours any observed adverse reactions to medication and side effects, or medication errors such as incorrect medications.

(ac) The written documentation of the report in (ab) above shall be maintained in the resident's record.

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