

## **SECTION 1300 - MEDICATION MANAGEMENT**

### **1301. General**

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be properly managed in accordance with State, Federal, and local laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or expired, and their disposition at discharge, transfer, or death of a resident. (I)

B. Applicable medication-related reference materials such as Physicians' Desk Reference and information on the use of medications shall be readily available at each staff work area in order to provide staff members with adequate information concerning medications. At least one (1) such reference in the facility shall have been published within the previous year and none shall be older than three (3) years.

### **1302. Medication and Treatment Orders (II)**

A. Medication and treatment, to include oxygen, shall be administered to residents only upon orders (to include standing orders) of a physician or other legally authorized healthcare provider. (I)

B. All orders (including verbal) shall be received only by licensed nurses or other legally authorized healthcare providers, and shall be authenticated and dated by a physician or other legally authorized healthcare provider pursuant to the facility's policies and procedures. This restriction shall not be construed to prohibit the issuance and acceptance of verbal orders in other specialized departments or services in accordance with facility policies and procedures, *e.g.*, orders pertaining to respiratory therapy modalities; medications administered therewith may be given to respiratory therapy personnel and physical therapy orders to physical therapists. (I)

C. Physician's orders for medication, treatment, care and diet shall be reviewed and reordered no less frequently than every two (2) months. (I)

D. All medication orders that do not specifically indicate the number of doses to be administered or the length of time the medication is to be administered shall automatically be stopped in accordance with facility policies and procedures.

### **1303. Administering Medication (II)**

A. Medications shall be administered in accordance with orders of the attending physician, dentist or other individual legally authorized to prescribe medications or biologicals for human consumption. (I)

B. Medications and medical supplies ordered for a specific resident shall not be provided to or administered to any other resident.

C. Medications shall be administered in accordance with state practice acts. The administration of medication shall include, but not be limited to:

1. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);
2. Verifying the dosage with the physician's orders;
3. Giving the individual dose to the proper resident;
4. Monitoring the ingestion or application of the dose; and
5. Promptly recording on the MAR, as it is administered, the date, time, dose given, mode of administration, and identification of the individual who administered the medication.

D. Doses of medication shall be administered by the same licensed nurse or other legally authorized healthcare provider who prepared them for administration. Preparation of doses for more than one (1) scheduled administration shall not be permitted. (I)

E. Self-administration of medications by residents is permitted only on the specific written orders of the resident's attending physician or other legally authorized healthcare provider, verified by direct contact with the resident by a licensed nurse, and recorded on the MAR by that same person. Verification and documentation shall occur at the same frequency as the medication is taken. Facilities may elect to prohibit self-administration. The facility shall not allow residents to self-administer controlled substances. (I)

F. When residents who are unable to self-administer medications leave the facility for an extended period of time, the proper amount of medications, along with dosage, mode, date, and time of administration, shall be given to a responsible individual who will be in charge of the resident during his or her absence from the facility; these details shall be properly documented in the MAR. (I)

G. At each shift change, there shall be a documented review of all Schedule II controlled substances by outgoing licensed nurses with incoming licensed nurses who shall include verification by outgoing licensed nurses that the count was correct, and if incorrect, an explanation of the discrepancy and any corrective actions taken. The review shall include controlled substances in an unsealed emergency medication kit or cart. (I)

#### **1304. Pharmacy Services**

A. There shall be a written agreement with a consulting pharmacist to direct, supervise and be responsible for pharmacy services in the facility in accordance with accepted professional principles and appropriate State, Federal, and local laws and regulations. (II)

B. At least monthly the pharmacist shall: (II)

1. Review the medication profile for each resident for potential adverse reactions, allergies, interactions and laboratory test modifications. The attending physician shall be advised of recommended changes in the medication regimen, medication therapy duplication, incompatibilities or contraindications;
2. Review medication storage areas and emergency medication kits;
3. Review all medications in the facility for expiration dates and assure the removal of discontinued or expired medications from use as indicated;
4. Verify proper storage of medications and biologicals in the facility and make recommendations concerning the handling, storing and labeling of medications;
5. Examine the controlled substances records and affirm to the administrator that this inventory is correct;
6. Assess the facility pharmaceutical services to assure the services have been properly implemented and maintained and submit to the administrator a written report of each pharmaceutical assessment including recommendations.

C. In addition to the services enumerated in Section 1304.B, the pharmacist shall participate in the formulation of pharmacy service policies and procedures and coordinate pharmacy services. (II)

D. Facilities that maintain stocks of legend medications and biologicals for resident use within the facility shall obtain and maintain from the South Carolina Board of Pharmacy a valid, current, nondispensing drug outlet permit, displayed in a conspicuous location in the facility.

### **1305. Medication Containers (II)**

A. The labeling of medications and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength and lot number. As appropriate, labels shall include resident name and any identifying number. The prescribing physician's name and directions for use shall be on the label if it is not documented in another effective manner. (I)

B. Medication containers that have been damaged, compromised, or without labels, or that have damaged, incomplete or makeshift labels are considered to be misbranded and are prohibited and shall be destroyed in accordance with Section 1309.

C. Medications for each resident shall be maintained in the original container(s) including unit dose systems. Opening blister packs to remove medications for destruction or adding new medications for administration, except under the direction of a pharmacist, is prohibited. (I)

D. When a physician or other legally authorized healthcare provider changes the dosage of a medication, such information shall be documented in the medication administration record and a label that does not obscure the original label shall be attached to the container that states, "Directions changed; refer to MAR and physician or other legally authorized healthcare provider orders for current administration instructions." The new directions shall be communicated to the pharmacist upon receipt of the order. (I)

### **1306. Medication Storage**

A. Medications shall be stored and safeguarded in a locked medicine preparation room (See Section 2808) or locked cabinet at or near the staff work area to prevent access by unauthorized individuals. If medication carts are utilized for storage, they shall be locked when not in use. Expired or discontinued medications shall not be stored with current medications. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. (I)

B. Medications requiring refrigeration or freezing shall be stored in a refrigerator or freezer as appropriate at the temperature range established by the manufacturer used exclusively for that purpose in the medicine preparation room, or in a locked refrigerator used exclusively for medications, or in a separate locked box within a multi-use refrigerator at or near the staff work area. Food and drinks shall not be stored in the same refrigerator or freezer in which medications and biologicals are stored. Blood and blood products may be stored in the same refrigerator with medications and biologicals if stored in a separate compartment from the medications and biologicals in accordance with the AABB. Refrigerators and freezers shall be provided with a thermometer accurate to plus or minus three (3) degrees Fahrenheit. (I)

C. Medications shall be stored: (I)

1. Under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, safety and security;
2. In accordance with manufacturer's directions and in accordance with all applicable State, Federal, and local laws and regulations;
3. Separately from poisonous substances, such as cleaning and germicidal agents, or body fluids;
4. In a manner that provides for separation between topical and oral medications, and which provides for separation of each resident's medication;
5. In medicine preparation rooms or cabinets that are well-lighted and of sufficient size to permit orderly storage and preparation of medications. Keys to the medicine preparation room, cabinet, refrigerator or medication cart at the staff work area shall be under the control of a designated licensed nurse.

D. Nonlegend medications that can be obtained without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained and labeled as stock in the facility for administration as ordered by a physician or other legally authorized healthcare provider.

E. The medications prescribed for a resident shall be protected from use by any other individuals. For those residents who have been authorized by a physician or other legally authorized healthcare provider to self-administer medications, such medications shall be stored in accordance with facility policies and procedures. (I)

F. Prescribed and over-the-counter medications may be maintained at bedside upon physician orders if kept in an individual cabinet or compartment that is locked, such as the drawer of the resident's night stand, in the room of each resident who has been authorized in writing to self-administer by a physician or other legally authorized healthcare provider, in accordance with facility policies and procedures. (II)

G. Medications listed in Schedule II of the Federal "Controlled Substance Act" shall be stored in separately locked, permanently affixed, compartments within a locked medicine preparation room, cabinet or a medication cart, unless otherwise authorized by a change in the State-Federal Law pertaining to the unit dose distribution system. (I)

### **1307. Medication Control and Accountability (II)**

A. Records of receipt, administration and disposition of all medications shall be maintained in sufficient detail to enable an accurate reconciliation.

B. Medication, supplies and devices shall not be administered and/or provided to residents beyond the expiration date of those items. (I)

C. Medications that have been discontinued may be secured in the staff work area with a written order by the attending physician. Such medications shall not be held beyond a ninety-day (90-day) period unless so ordered by the physician or other legally authorized healthcare provider, but in no case held beyond the expiration date of the medication.

D. Separate control sheets shall be maintained on any controlled substances listed in Schedule II, State and Federal "Controlled Substance Act." This record shall contain the following information: date, time administered, name of resident, dose, signature of individual administering, name of physician or other legally authorized healthcare provider ordering the medication and Schedule II controlled substances balances (See Section 1303.G).

### **1308. Emergency Medications (II)**

A. Each facility shall maintain, upon the advice and written approval of the Medical Director and consultant pharmacist, an emergency medication kit or cart of designated medicines and equipment at each staff work area for the use of

physicians or other legally authorized healthcare providers in treating the emergency needs of residents. As an exception, the facility may determine that one (1) emergency medication kit can be readily accessible to, and adequately meet the needs of two (2) or more staff work areas. If such is the case, the facility's written policies shall include the location(s) of the emergency medication kit(s) and the justification for this determination. There shall not be less than one (1) emergency medication kit on each resident floor.

B. The emergency medication kit or cart shall be sealed and stored in a secured area to prevent unauthorized access and to assure a proper environment for preservation of the medications within, but in such a manner as to allow immediate access.

C. An inventory of medications maintained in the kit shall be attached to or placed in the kit. Another inventory list shall be maintained at the staff work area for quick reference.

D. Whenever the emergency medication kit or cart is opened, the use of contents shall be documented by the nursing staff and it shall be restocked and resealed by the pharmacist within two (2) business days.

### **1309. Disposition of Medications**

A. Upon discharge of a resident, unused medications, biologicals, medical supplies and solutions may be released to the resident, family member, or responsible party, unless prohibited by facility policies and procedures, the attending physician or other legally authorized healthcare provider.

B. When resident medications, biologicals, medical supplies or solutions have deteriorated or exceeded their expiration date or there are partial unused medications, or medication containers are misbranded, they shall be destroyed by a licensed nurse or other legally authorized healthcare provider or returned to the pharmacy. (II)

C. When noncontrolled legend drugs, biologicals, medical supplies and solutions are destroyed, the following shall be documented: date of destruction, medication name, strength, quantity, mode of destruction, and the name of the individual performing the destruction and witnessed by a licensed nurse or pharmacist. (I)

D. The destruction of controlled substances shall be accomplished pursuant to the requirements of R.61-4. (I)