

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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	<p>ACCREDITATION STANDARDS The Joint Commission Standards</p> <p>LEGISLATIVE COUNCIL BUREAU Review of Governmental and Private Facilities for Clients</p> <p>DCFS GLOSSARY OF TERMS: (REV. 01-17-14)</p> <p>Federal Drug Administration Guidelines for Proper Drug Disposal. http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm retrieved 02-25-14.</p>
ATTACHMENTS	<p>Attachment A: DCFS Staff Acknowledgement of Medication and Administration Management Training and Policy</p> <p>Attachment A-1: Physician Approved OTC Medication Routine Order Form</p> <p>Attachment A-2: Medication Routine Order Form DWTC Acute</p> <p>Attachment A-3: Medication Routine Order Form DWTC Residential</p> <p>Attachment B: Medication Administration and Informed Consent</p> <p>Attachment C: DCFS Staff Acknowledgement of Medication and Administration Management Training and Policy</p> <p>Attachment D: Controlled Substances/Medication Count Sheet</p> <p>Attachment E: Incident Report Form</p> <p>Attachment F-1: Medication Administration Record (Oasis, Adolescent Treatment Center, Family Learning Homes)</p> <p>Attachment F-2: Medication Administration Record (Desert Willow Treatment Center)</p> <p>Attachment G: Therapeutic Pass Note Form</p> <p>Attachment H: Temporary Absence Release Form</p> <p>Attachment I: Medication Disposal Sheet</p> <p>Attachment J: Medication Variance Investigation Form</p>

I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) Children’s Mental Health Programs to provide quality care in medication administration and management that ensures compliance with statutory requirements, client safety, and improved child and family outcomes.

II. PURPOSE

This policy ensures that DCFS Children’s Mental Health Program staff receive guidance directives and training in administration and management for all prescribed and over the counter medications.

III. PROCEDURES AND PRACTICE GUIDELINES

A. Medical Assessment

Clients served by DCFS Children’s Mental Health residential and acute programs will undergo medical assessment according to program guidelines.

B. Administration and Management

1. DCFS Principles of Safety in Medication Administration and Management

- a. DCFS affirms all clients served have the right to expect a standard of care which ensures the safe administration and management of medications. DCFS recognizes it has a duty to provide all staff and caregivers with guidelines to enable safe medication management and administration for those clients we serve.
- b. DCFS provides safe medication administration and management services for all clients served which incorporate the seven rights of medication management as follows:
 - 1) Right client
 - 2) Right medication
 - 3) Right dose
 - 4) Right time
 - 5) Right route
 - 6) Right to refuse
 - 7) Right to be educated
- c. Safe medication management and administration procedures include following the “rule of three” prior to administering any medication. The rule of three include comparing the right client, right medication, right dose, right time, and right route to the following:
 - 1) Compare the Physician order to the Prescription Bottle
 - 2) Compare the Prescription Bottle to the Medication Administration Record
 - 3) Compare the Medication Administration Record to the signed Informed Consent for Medication
- d. The minimum amount of information about the client that is to be made available to those DCFS staff involved in medication administration and management includes the following:
 - 1) Client’s name and age
 - 2) Client’s past and current medications
 - 3) Client’s drug and alcohol use and abuse
 - 4) Client’s diagnoses, co-morbidities, and concurrently occurring conditions
 - 5) Client’s relevant laboratory results
 - 6) Client’s allergies and past sensitivities
 - 7) Client’s weight and height
 - 8) Client’s family history of response to certain medications

2. Medical Orders and Prescriptions

- a. No medication, whether prescription or over-the-counter (OTC), may be administered to any client served in DCFS residential programs without a valid prescription or order from a licensed physician and/or an advanced nurse practitioner.

- b. For all OTC medications for each child, DCFS shall secure a Physician Approved OTC Medication Routine Order Form (Attachment A-1). Desert Willow Treatment Center (DWTC) utilizes the Admission Orders forms (Attachments A-2 and A-3). These forms are signed and dated by the Medical Director or his/her designee, the legally responsible person, and a witness. DCFS residential staff is responsible for updating this routine order on an as needed basis but not less than annually.
 - c. When a client receives a prescription for any medication, DCFS staff shall request the physician or other medical professional who prescribes the medication to provide written rationale about the need for the medication and the effect of the medication on the client. This is documented on the Medication Administration and Informed Consent (Attachment B). If the client is in the custody of a child welfare agency, a copy of this written explanation is to be provided to the public child welfare agency that has custody of the client. The original document is to be filed in the client's agency record.
In the event the physician or other authorized medical prescriber who prescribes the medication refuses to provide or is otherwise unable to provide a written explanation as requested, DCFS staff shall document the date the request was made, to whom the request was made, and the reason(s) the written explanation was not obtained or provided.
 - d. Copies of prescriptions and/or orders for medication are to be kept in the client's agency file. If copies of prescriptions or orders are not available for the file, staff is to document the reasons these are not available.
3. Obtaining Informed Consent (see also DCFS CMH CRR-3 Consent to Treatment Policy)
- a. Informed Consent Is Required for the Administration of All Medications.
 - 1) Written informed consent to administer medication(s) to a client who is receiving services through any DCFS residential program, whether those medications are prescription medication(s) or OTC medication(s) must be obtained from the Legally Responsible Person prior to the administration of any such medication(s) by any DCFS staff. This includes the requirement for obtaining consent for any changes in medication, including discontinuation of a medication, and/or changes in dosage of any medications except in emergency situations (See section III. B.3.c). If the person who can provide consent cannot make it readily to the facility to physically sign consent, he/she will fax or email the consent with his/her signature. The person who can provide consent will sign verification that he/she signed and transmitted to the facility the written consent upon his/her earliest return to the facility.
 - 2) In the event the client is 18 years of age or over or legally emancipated and competent to give that consent, the consent is to be obtained from the client (NRS 433.484 1(a) (1)).
 - b. Informed Consent for the Administration of Psychotropic Medications for Clients in Child Welfare Custody

- 1) For those clients who are in the custody of a public child welfare agency, written consent from the person legally responsible for the psychiatric care of the child must be obtained prior to the administration of any psychotropic medication(s) by any DCFS staff (NRS 432.B.585).
 - 2) Pursuant to Nevada Revised Statutes, the written consent for the administration of psychotropic medication(s) for a client in public child welfare custody is to be provided by the person legally responsible for the psychiatric care of the child. This consent is provided to the person professionally qualified in the field of psychiatric mental health, the agency that provides child welfare services, and the foster parent or other provider of out-of-home care for the child for the administration of the psychotropic medication.
 - 3) DCFS staff is strictly prohibited from administering any psychotropic medications to any client whose custody is with the public child welfare agency until this written consent is provided.
- c. Emergency Situations
- A licensed and qualified physician may provide emergency medical care in the absence of expressed and informed consent. The determination of what is an “emergency” can only be determined by a licensed and qualified physician. The person who can provide consent will be notified to obtain verbal consent of the emergency medical care and will provide written consent upon his/her most earliest return to the facility.
- The Medical Director or his/her designee will have a standing order for administering Epi-pen in a life threatening situation or for anaphylaxis or severe asthma.
- d. Documentation and Agency Records
- Consent to administer medications must be documented in the child’s agency record. Consents shall be documented on the Medication Administration and Informed Consent Form (Attachment B) for the purpose of acknowledging consent is granted. All consents are filed in the client record.
- e. Prohibitions
- DCFS staff is strictly forbidden from administering any prescription or OTC medications to any client served in residential programs for which written informed consent has not been obtained to administer that medication. Only in the event of an emergency may a DCFS Medical Director or his/her designee provide emergency medical care (to include medication) in the absence of an expressed or informed consent having been obtained.
4. DCFS Staff and Supervisory Accountabilities in Medication Administration and Management Practice
- a. Only DCFS residential staff who received the mandated agency pre-service and annual training, as applicable, in medication administration and management may administer medications to clients served in DCFS residential programs.
 - b. Managers and supervisors are responsible for ensuring staff receive this training within 30 days of hire and for also ensuring staff responsible for

medication administration have demonstrated the core competencies and judgment required to execute these responsibilities according to the agency's minimum standards as set out in this policy and procedure and in the agency's medication administration and management staff training curriculum. DCFS staff and supervisors shall sign the DCFS Staff Acknowledgement of Medication and Administration Management Training and Policy (Attachment C).

- c. Managers and supervisors are also responsible for ensuring staff receives this training at least annually or more frequently if such training is identified as needed based on staff performance. DCFS staff and supervisors shall sign the DCFS Staff Acknowledgement of Medication and Administration Management Training and Policy (Attachment C) at the time the annual training and/or refreshed training has been completed.
- d. DCFS staff who is assigned responsibility for medication administration and management must demonstrate knowledge and adherence to the seven rights of medication administration and the rule of three as well as the ancillary mechanics and techniques required for competency based medication administration and management. Any DCFS staff who fails to consistently demonstrate this level of mastery shall be put on a performance improvement plan and shall be supervised closely until such time as mastery is achieved and confirmed.
- e. DCFS staff who is assigned responsibility for medication administration and management shall, in addition to ensuring the seven rights, demonstrate core competencies in the following methods and abilities:
 - 1) Demonstrating proper storage of medication;
 - 2) Setting up medication administration properly (i.e., clean, designated space with needed supplies available);
 - 3) Reading and following directions on medication labels;
 - 4) Describing how the physical or chemical dosage of medication cannot be altered (e.g. such as cutting it in half or dissolving it in water in an unapproved way);
 - 5) Identifying the client by name and picture in the agency file;
 - 6) Demonstrating clean technique for administering medications;
 - 7) Observing the client has taken his or her medication properly by confirming the medication is on the tongue of the client, observing the client swallowing the medication by drinking water from a cup, and visually sweeping the mouth of a client using a tongue blade to look under the tongue and in both cheeks when staff suspects a client may not have swallowed the medication given;
 - 8) Demonstrating correct and complete recording of medication given/taken;
 - 9) Describing proper action to taken if medication is not taken or given;
 - 10) Demonstrating proper action to be take if medication is not taken or given either by refusal/unavailable or other contraindications;
 - 11) Describing resources to be used in an emergency or when problems arise;and,

12) Describing procedure for identifying, documenting and reporting medication errors.

5. Controlled Substances

a. Controlled Substances not prescribed by the DCFS Medical Director or his/her designee

- 1) If the controlled substance/medication is prescribed by a physician other than the DCFS designated Medical Director or his/her designee, the DCFS staff or supervisor will note this order on the client's Controlled Substance/Medication Count Sheet (Attachment D).
- 2) The Medical Director or his/her designee will be notified as soon as practicable but not more than 24 hours from admission that the client has been admitted with the order for the controlled substance/medication.
- 3) If the Medical Director or his/her designee approves of the client continuing to receive the medication, this approval is to be documented by DCFS staff on the Controlled Substance/medication Count Sheet (Attachment D) and the medication may then be administered as ordered, given consent has been obtained as required in Section III. B. 3 of this policy.
- 4) If the Medical Director or his/her designee does not approve the client receiving the controlled medication, DCFS staff will:
 - (a) Notify the legally responsible person of the Medical Director's or his/her designee's orders;
 - (b) Obtain consent to discontinue or change the dosage of the medication, if the client was admitted with such consent and pursuant to Section IV. B. 3. (a) through (e) of this policy;
 - (c) Document and initial on the client's Controlled Substance/Medication Count Sheet (Attachment D) that the Medical Director or his/her designee has ordered the controlled medication not be given;
 - (d) Document in the client progress notes that a request has been made to the legally responsible person to pick up the medication from the DCFS residential program within 72 hours; and
 - (e) Keep the controlled medication locked until the legally responsible person returns to pick up the medication. At that time, the nurse, treatment home supervisor, treatment home provider, or manager will count the medication with the legally responsible person or the person legally responsible for the psychiatric care of the child and both will sign the Controlled Substance/Medication Count Sheet (Attachment D) to verify the count before sending the medication out of the residential facility. If the medication is not picked up within 72 hours of notification, it will be disposed of per this policy Section IV. B. 13.

b. Controlled Medications Prescribed by the DCFS Medical Director or his/her Designee

If the controlled medication is ordered by the Medical Director or his/her designee and brought in by the legally responsible person, DCFS staff shall

follow the above procedures for documenting and administering the controlled medication.

c. Accounting for Controlled Medications

- 1) A complete count of all controlled medications in each DCFS residential facility is conducted. In DWTC, controlled substances are counted at the end of each shift by two (2) designated nurses or pharmacy technicians. In treatment homes, controlled substances are counted each morning by two (2) designated nurses, treatment home supervisors, or treatment home providers
- 2) Both designated staff will sign and counter-sign the count on the Controlled Substance/Medication Count Sheet (Attachment D).
- 3) If a discrepancy is noted during the count, every effort shall be made to ascertain the cause of the error and an Incident Report Form (Attachment E) shall be completed and the Supervisor and Program Manager are to be notified not later than the end of the shift in which the discrepancy was discovered. The prescribing pharmacy is notified not later than the end of the shift when a discrepancy is discovered for the initial medication counts or refills. All such notifications are to be documented in the progress notes by the DCFS staff who provided the notification(s) of the discrepancy (ies).

6. Storage of Medication

- a. All prescription and OTC medications must be in locked storage, including medications which require refrigeration, and accessible only to authorized DCFS staff.
- b. All medications are to be secured in a sanitary manner, away from contaminants such as household cleaners and poisons.

7. Medication Manual

All DCFS residential programs are to maintain and keep current a medication manual that gives information on side-effects and intended effects of each medication administered.

8. Medication Administration Record (MAR)

A MAR (Attachments F-1 and F-2) for each client who receives prescription and/or OTC medications is maintained on a monthly basis in each residential program. The MAR will be completed on each occasion that any type of medication, whether prescription or OTC, is administered to a client. The MAR is to be updated when a client is prescribed a new medication or when a current medication is discontinued or when there is a change in dosage.

a. The MAR shall include the following elements:

- 1) Name, age and any known allergies of the client;
- 2) Current picture of the client with his/her name printed on it;
- 3) A section for each medication which includes the name of the medication, the dosage and times for administration and the purpose of the medication;

- 4) Dates and times for staff to initial when medication is observed as properly taken (i.e., not “cheeked” or saved by the client);
 - 5) Documentation by staff if medication is not properly taken or if medication is refused;
 - 6) Documentation of medication information provided to the client which includes the name of medication, purpose and dosage schedule;
 - 7) Documentation if the medication was refused, discontinued, not administered, given on a home pass, given at school, or given at day treatment;
 - 8) Observation and documentation of any side effects of medication.
 - b. DCFS staff will draw a line with a yellow or colored marker on the MAR when a medication is discontinued, writing the date, time and initials of the staff person on the MAR.
 - c. DCFS residential staff is to ensure the MAR is complete and kept current. A new MAR starts on the first day of each month the client is in a DCFS residential program. A MAR is considered completed on the last day of each month following the last dosage for that day.
 - d. The completed MAR is filed in the client record by the first day of the next month, at which time a new MAR is started.
9. Medication Administration for Clients on Pass
- a. When a client of a DCFS residential program is out on an approved pass, DCFS staff shall ensure the following is provided to the adult granted permission to take the client on pass:
 - 1) Inform as to the name of the medication, the purpose of the medication, the dosage, the frequency, the route, the time of administration, and to seek medical attention should the client experience an adverse or severe reaction to the medication given (DWTC and ATC nurses may be available for consultation).
 - 2) The exact number of medication dosages is given to cover the period of time the client will be away from the residential program. This medication must be placed in a medication bottle or container provided by the pharmacy.
 - 3) A Therapeutic Pass Note Form (Attachment G) that contains all the information required (i.e., client’s name, name of medications, dosage and administration times, etc.). DCFS staff shall explain the purpose of the Therapeutic Pass Note and how to document the medication administration on the Therapeutic Pass Note while the client is out on pass.
 - 4) The expectation that the medication will be administered as required and the completed Therapeutic Pass Note will be returned to the residential program when the client returns from his/her pass.
 - 5) The adult granted permission to take the client on pass will count all medications with the DCFS staff member and sign the Temporary Absence Release Form (Attachment H) stating they received the pass medications.

DCFS staff shall document # 1) through #5) in the progress notes in the client record.

- b. The Temporary Absence Release Form (Attachment H) is used when a client leaves the facility accompanied by the adult granted permission to take the client on pass. The adult is accepting responsibility and releasing the facility of liability while the client is off property in their care. The Temporary Absence Release Form (Attachment H) is filed in the client record. The adult granted permission to take the client on pass will sign the Temporary Absence Release Form (Attachment H) and again when the client is returned to the facility along with the Therapeutic Pass Note Form (Attachment G).
- c. If the client is returned without a completed Therapeutic Pass Note Form (Attachment G) or there is evidence the medication was not administered as required, DCFS staff will document the incident in the progress notes and inform the Medical Director or his/her designee not later than the end of the shift in which the client was returned.
- d. In the event the parent or family member took the client on pass and did not administer the medications as prescribed, DCFS staff shall work with that parent or family member to develop a plan to ensure that if/when the next pass is granted the medications are administered correctly. If there is concern about missed medication or a pattern of missed medication, the manager and the physician is informed not later than the end of the shift in which the concern is noted.
- e. Medications taken to school for administration by school personnel will be delivered to the school employee responsible for monitoring and administration of medications by the DCFS staff member. The DCFS staff member will follow procedures from section IV.B.9.a. of this policy regarding DCFS residential clients on approved pass. The DCFS staff member will count and review the medication with the school employee. The school employee will sign the Temporary Absence Release Form (Attachment H) indicating school medications were received.

10. Medication Refusals

If a client refuses to take his or her medication, DCFS staff will proceed as follows:

- a. If there is a reason to believe the client will suffer acute symptoms or serious impairment unless the medication is taken, DCFS staff will notify the client's physician for medical assistance immediately; otherwise:
- b. Explore the reasons for the refusal with the client and document the interaction in the client record.
- c. Educate the client about the reason(s) he or she needs the medication and confirm their understanding of the medication's importance to their care and well-being. Document the interactions in the client's agency record.
- d. Continue to offer the medication at 10 to 15 minute intervals, providing an opportunity for exploration and education at each juncture, up to one hour. If, after an hour, the client continues to refuse the medication, document the

refusal on the MAR. DCFS staff shall also inform the supervisor of this refusal and the legally responsible person as soon as possible but not more than 24 hours following the refusal. These notifications will be documented in the client record and on an Incident Report (Attachment E).

- e. As soon as is practicable but not more than 24 hours following the refusal, DCFS staff will inform the Medical Director or designee of the refusal to take the medication and follow advice/instructions given by the physician. The physician's advice and the actions taken as a result of this medical advice are to be documented in the client record.

11. Monitoring, Documenting and Managing Adverse and Severe Medication

Reactions

- a. The client must always be observed after taking medication(s) for any adverse effects. DCFS staff responsible for administering medications must monitor the client for adverse effects of medications and regularly document these on the MAR.
- b. In the event of an unexpected minor reaction to any medication administered, the following actions are to be taken:
 - 1) The client's physician and pharmacist must be notified not later than the end of the shift in which the reaction was noted. DCFS staff document on the MAR and in progress notes that this notice was provided, what instructions they were provided and whether they implemented the physician's instruction for care.
 - 2) The DCFS on-call supervisor/program manager must be notified not later than the end of the shift in which the reaction was noted.
 - 3) DCFS staff must document the reaction on the medication MAR.
 - 4) Any reaction requiring medical attention must be immediately reported to the Deputy Administrator.
- c. In the event of an adverse or severe reaction to a particular medication, the following actions are to be taken:
 - 1) Call 911 if the client requires immediate medical attention to save life or limb.
 - 2) The client's physician and/or pharmacist must be notified. This notification must be documented, including the physician's and pharmacist's instructions for care.
 - 3) The DCFS on-call supervisor/program manager must be notified.
 - 4) DCFS must notify the legally responsible person as soon as possible but not more than 24 hours after the event.
 - 5) DCFS staff must document the reaction on the MAR.
 - 6) DCFS staff must complete an Incident Report (Attachment E) within 24 hours and submit through management with a copy of the final signed to the legally responsible person.

12. Monitoring and Documenting Client Response to Medication

- a. Treatment Homes document expected or unexpected effects in the 30-day Residential Note.

- b. In DWTC, the treatment team will review the expected or unexpected effects of medication and the nurse will document it in the daily shift note.
- c. DWTC documents the effectiveness of PRNs on the back of the MAR.

13. Disposal of Medications

There shall be 2 DCFS staff involved in each disposal of medications. Whenever a DCFS nurse is available, the nurse shall be one of the 2 DCFS staff. DCFS staff shall be responsible for counting the medication to be disposed and the second DCFS staff shall act as the witness to this activity. Each staff shall sign Attachment H where indicated.

a. Disposal of Unused or Discontinued Medications

The FDA supports the responsible disposal of medicines from the home. Almost all medicines can be safely disposed of by using medicine take-back programs, if available, or by throwing them away in the household trash. To dispose of acceptable medicines in your household trash, first mix the medicines with an unpalatable substance such as kitty litter or used coffee grounds. Then place the mixture in a container such as a zip-top or sealable plastic bag, and throw the container in your household trash. Before throwing out your empty pill bottle or other empty medicine packaging remember to scratch out all personal information on the prescription label to make it unreadable. Drug take-back programs for disposal can be another good way to remove unwanted or expired medicines from the home and reduce the chance that someone may accidentally take the medicine. (retrieved from <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186188.htm> 01-11-14)

All DCFS residential program staff shall return to each pharmacy issuing medications all unused medications which have been discontinued or those for which the dosage has been changed; this is to occur weekly. After the medications have been counted as noted above and Attachment I is signed by DCFS staff, both are brought to the pharmacy. The pharmacy staff shall receive the unused or discontinued medication and sign off on Attachment I where indicated. Each completed Attachment I is then filed in the client's record.

b. Wasting Medications

1) DWTC

DWTC shall return all medications to be wasted to the pharmacy once these medications have been counted and Attachment I has been completed by DCFS staff as noted above. The pharmacy shall sign Attachment I in all circumstances upon counting and accepting the medications for disposal after which Attachment I is filed in the client record.

2) OASIS, ATC, and FLH

All medications to be wasted shall be counted and witnessed by DCFS staff as noted above. Wasting is to occur at least weekly as follows:

- (a) All medications shall be dissolved in water or crushed.
 - (b) Once dissolved or crushed, the medications shall be mixed in either used coffee grounds or dirt or kitty litter, placed in a sealed baggie and discarded in the facility dumpster.
 - (c) The disposal shall be noted on Attachment I and filed in the client record.
- 3) If any DCFS residential programs have access to disposal of medications at law enforcement offices, this is allowed once Attachment I has been completed and given law enforcement is amenable to completing their portion of this form for the client's record.

Clark County Procedures

Disposal of psychotropic medications prescribed for clients in Clark County child welfare custody that are discontinued, expired or unused will follow the policies of Clark County Department of Family Services.

14. Medication Errors

- a. There are several types of medication errors which can occur in the practice of medication administration. They are as follows:

TYPE OF ERROR	DEFINITION
Prescribing Error	1. Incorrect drug selection, contraindications, known allergies, harmful interactions with existing drug therapy. 2. Incorrect dose, dosage form, quantity, route, concentration, rate of administration. 3. Illegal prescriptions or medication errors that lead to errors.
Omission or Missed Dose Error	The failure to administer a consented ordered dose at the time and interval scheduled. The failure to administer a consented to and ordered dosage during periods in which the youth is on AWOL status is NOT a medication error. Also it is NOT a medication error for a child to refuse medications.
Wrong Time Error	Administration of medication outside a predefined time interval from its scheduled administration time (medication must be given within plus or minus one hour of time ordered).
Unauthorized Drug Administration Error	1. Medication not authorized by prescribing provider for the client. 2. Wrong drug; a dose given to the wrong client.
Improper/Wrong Dose	Administration of a dose that is greater than or lesser than the amount ordered by the prescribing provider.
Deteriorated Drug Error	Administration of a drug that has expired or that the physical or chemical dosage-form integrity has been compromised.
Pharmacy Error	An error made by the pharmacy; e.g., the wrong medication or dosage is prescribed.
Transcription Error	The prescription does not match the medication written on the MAR.

Documentation Errors	An error made regarding documentation; e.g., administering the medication but staff failing to initial the block on the Medication Administration Record (MAR)
Consent Administration Errors	Administering medications without legal consent
Medication Location Error	Finding the youth's medication in an inappropriate area; e.g., in the child or youth's clothing, on the floor, packaged with a meal, in a non-secure area, in an unmarked open container or dish, or mixed together in a container, etc.
Medication Supply Error	Failing to ensure that an adequate supply of medication is available or that new prescriptions are obtained within a reasonable time.
Prior Authorization Errors	Inability to obtain prior authorization from third party payer.
Obtaining Consent Errors	Inability to obtain legal consent
Security/Storage Errors	Security/storage safeguards are not followed
Other Medication Errors	Any medication error that does not fall into one of the predefined categories.

- b. DCFS Medical Director or his/her designee and residential program managers in collaboration with residential program supervisors and staff are required to conduct reviews of medication administration records and related documentation to identify any medication errors for program improvement purposes. This review should occur on a regularly scheduled basis.
 - c. DCFS program managers are responsible for documenting that this review occurred and the recommendations for program improvement that were identified as a result of this review.
 - d. DWTC staff is required to document on the Medication Variance Investigation Form (Attachment J) when a medication error is discovered while all other residential services programs document errors on the MAR (F-1). An error could be a transcription error where it is copied wrong to the MAR, administering a wrong dose or the wrong medication, forgetting to administer a medication, not documenting that a patient refused a medication, etc. This procedure is used for educational purposes to problem solve how not to make the same mistake again, to inform physician of error, and ensure safety of the patient.
 - e. Consultation with DCFS Planning and Evaluation Unit (PEU) is strongly encouraged in order to support program improvement initiatives.
 - f. All medication errors which occur in DCFS residential programs are to be documented on the MAR and on an Incident Report (Attachment E). DWTC uses the Medication Variance Investigation form to document and investigate the cause of the medication error.
15. Agency Records for Medication Administration and Management

All documentation with regard to medication administration and management is to be maintained in the client's agency record. This includes all consents, medication administration records, any notifications provided, documentation of medication reactions, and medication errors.

IV. QUALITY ASSURANCE AND QUALITY IMPROVEMENT FOR MEDICATION ADMINISTRATION AND MANAGEMENT

Consistent and accurate reporting is a positive step toward identifying and eliminating medication errors and ensuring the safety and well-being of all clients. By identifying medication error trends and problem areas, programs will be able to prevent future errors and reduce client harm and injuries.

In order to ensure ongoing safe administration and monitoring of clients taking medications, programs shall have a quality assurance and quality improvement process that addresses and minimizes errors.

A. Program Staff Medication Administration Record Reviews

1. Staff document medication errors on the MAR using the error definitions described in Section III., B., 14., a. through f. of this policy.
2. In DWTC and ATC, nursing staff conduct daily reviews of medication administration records to identify errors and to confirm the accuracy of data.
3. In treatment homes, supervisors conduct weekly reviews of medication administration records to identify errors and to confirm the accuracy of data.
4. Managers or their designee conduct monthly reviews to reconcile the following:
 - a. Compare the prescriber's order with the transcribed prescription on the MAR;
 - b. Compare each prescription with each medication;
 - c. Compare each medication listed on the MAR with each prescription;
 - d. Compare medications administered with medication counts;
 - e. Compare informed consents with medications listed on the MAR;
 - f. Compare medication review form with MAR and prescriptions;
 - g. Compare medication errors with Incident/Accident Reports.
5. Managers or their designee monitor medication errors and address errors with staff in order to minimize future medication errors. Managers or their designee must sign the MAR acknowledging they completed a review of the MAR and provided appropriate and timely feedback for medication errors.
6. The Medical Director or designee conducts a monthly review of adverse medication administration events and recommends initiatives to reduce or eliminate future adverse events. The Medical Director or his/her designee must sign the MAR acknowledging they completed a review of the MAR and provided appropriate and timely feedback for medication errors.

B. Planning and Evaluation Unit Medication Administration Reviews

1. The PEU receives a monthly report of all medication errors through Incident Reports submitted by the Clinical Program Manager II.
2. The PEU analyzes medication errors monthly and annually to identify patterns and trends.
3. The PEU reports medication error patterns and trends to each program for quality improvement purposes.

4. The PEU monitors medication administration and management quality improvement processes to maintain areas where performance has improved and to alert programs when performance declines.
 - a. Staff are minimally required to receive medication administration and management training within 30 days of hire and before they are allowed to administer medications and annually thereafter.
 - b. The PEU shall conduct an independent review of medication files, records and processes for quality assurance annually. The findings from medication reviews are compiled into a report and provided to the DCFS Deputy Administrator and the program manager. Reviews can include but are not limited to:
 - 1) Review of MARS to determine if all medication errors were identified, documented and reported
 - 2) Root cause analysis of errors
 - 3) Review of medication management and administration adherence to policy requirements
 - (a) Staff interviews and/or observations to ensure understanding of medication policy and procedures and to ensure that staff are competent in administering medications
 - (b) Review of corrective and improvement actions to ensure that implementation occurred
 - (c) Evaluation of the effectiveness of quality improvement actions

V. MEDICATION MANAGEMENT AND ADMINISTRATION TRAINING

The goal of the Division's medication administration and management staff training is to increase staff awareness and understanding of medication, enable staff to help and support clients with their medicines and minimize the likelihood of errors.

- A. DCFS provides training as well as ongoing coaching and supervision for all staff involved in the administration of different types of medication.
- B. Supervisors are responsible for ensuring staff receive this training in a timely manner and for also ensuring staff responsible for medication administration have demonstrated the core competencies and judgment required to execute these responsibilities.
- C. The agency's medication administration and management staff training curriculum must entail:
 1. An overview of the types of clients DCFS Children's Mental Health programs serve
 2. Myths and misconceptions regarding psychotropic medications
 3. Understanding the DCFS statewide medication management policy
 4. Current medication management guidelines and legislation
 5. The seven rights of medication management
 6. Obtaining informed consent
 7. Consent to administer
 8. Consent for medication administration form
 9. Medical orders and prescriptions
 10. Securing prescriptions and orders in the client's agency file
 11. Routine orders and using the Routine order form

12. Types and uses of over the counter drugs
13. Safe use of PRN medication
14. Proper storage of medications
15. Reading and following directions on medication labels
16. Proper recording techniques of medicines being administered
17. Proper identification procedures of client receiving medication
18. Proper hygiene techniques for medication administration
19. Proper procedures for medication administration
20. Proper observation of medication administration (e.g., “cheeking”)
21. How to properly use DCFS’ Medication Administration Record (MAR)
22. Proper way to deal with a client who refuses medication
23. Proper action to take if medication is not taken or given either by refusal/unavailability or other contraindication
24. How to properly use DCFS’ Medication Manual
25. Proper resources to utilize in an emergency
26. Monitoring, documenting and managing adverse and severe medication reactions
27. Medication errors
28. Medication errors review process

VI. DEFINITIONS

- A. Controlled Substances/Medication: Medications with varying potential for abuse and psychological or physical dependence, ranging from Schedule II medications with high abuse potential to Schedule V medications with low abuse potential.
- B. Discontinued Medication: Medication a licensed physician has ordered to be no longer administered to the client.
- C. Medication: A drug prescribed only for the purpose of controlling or preventing a specific condition or symptom.
- D. Medication Administration Record (MAR): A form for documenting a client’s medications, dosages, time given, date ordered, and initial of the person administering the medications.
- E. Medication Error: Any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in control of the health care professional, client, or caregiver.
- F. Medication Manual: Provides information concerning clients’ medications including potential risks, benefits, purposes, side effects and contraindications. Also contains a program’s policy for medication administration and management.
- G. Off Label: A drug prescribed by a physician for conditions other than those indicated and approved by the United States Food and Drug Administration (FDA).

- H. Over the Counter Medications: Medications which can be obtained without a prescription.
- I. P.R.N. (abbreviation for Latin: *pro re nata*): Medication administered on an as-needed basis. A P.R.N. order is provided allowing caregivers to administer a medication for management of specified symptoms under certain conditions.
- J. Psychotropic Medication: Medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to, antipsychotic, antidepressant, anxiolytic, and mood stabilizing medications. The classification of a medication depends on the causes of illness or symptoms.
- K. Seven Rights of Medication Management: Standards for safe medication management – the right patient, right medication, right dose, right route, right time, right to refuse, and the right to be educated.
- L. Sharps: Any medical item having corners, edges, or projections capable of cutting or piercing the skin (such as a syringe or lancet). Sharps are considered bio-hazardous medical waste and must be carefully handled and disposed of properly.