

# MEDICATION MANAGEMENT

## POLICY

Active has a medication management system that supports client safety and improves quality of care treatment and services by reducing practice variation, errors and misuse of medications. Active has established a mechanism for identifying and reporting potential and actual errors, and a process to improve systems and performance in the area of medication administration and management

## PURPOSE

To reduce errors and improve quality of care and promote safety throughout the home care program

To standardize processes throughout Active to improve medication systems

To review and revise the program based on feedback and evaluation to promote continuous improvement

## PROGRAM SPECIFICS

- Comprehensive client assessment performed at start of care and other defined points in time include review of all medications the client is taking (prescribed, samples, over the counter, herbal remedies, PRN medications) and records this in the client record.. Information that must be available in the record following the assessment includes: age, sex, medications, diagnoses, co-morbidities, and concurrently occurring conditions, relevant laboratory values and regularly scheduled lab testing, allergies and past sensitivities.
- Medications in the home are reviewed with the client/family to determine current medications and client understanding of the medications actions and side effects. Specific instructions for how and when to take the medications will be reviewed and documented. Medications in the home that are not on the current plan of care will be checked to assure they have not expired, and to review if medications are being prescribed by multiple physicians. Clients will be instructed to notify Active if they begin taking any of these medications again or if there are new prescriptions. All expired, damaged, or contaminated medications will be removed from the home.
- Medications that are easy to confuse (sound alike or look alike drugs) or chemicals that could be mistaken for medications should be separated and labeled as needed.

- During the assessment it is determined who will be responsible for managing, reordering and obtaining medications from the pharmacy. The primary pharmacy will also be identified and the phone number recorded in the client's record and on the medication profile. This information will be accessible to all health care professionals.
- If there are other health care organizations providing services in the home, the medication profile will be made available to them. Family members or other support individuals that may assist with administering or obtaining medications from the pharmacy will be oriented to the plan.
- Clients/family members will be educated about proper medication storage in the home as needed. In the event that emergency medications are kept in the home, location of the medication and proper storage guidelines will be identified and documented. If the client is receiving intravenous feedings and/or medications, storage and administration guidelines will be reviewed in the home with client/caregivers. If specific medications or solutions are needed to prepare medications, these must be accurately labeled with contents, expiration dates and warnings as necessary.
- Medication storage areas will be inspected at least every 60 days and more often if medication changes occur or if Active is managing and/or setting up the medications. If medications are being set up by the nurse for self administration or administration by family or other caregivers, a chart or other form of direction should be left in the home to assure medications are taken at the times ordered, and to assess client compliance with the schedule.
- If emergency medications are to be used in the home, they will be packaged and labeled in specific unit dose packaging with directions clearly visible on the package. Storage requirements will also be clearly visible on the packaging.

## MEDICATION ORDERS

1. Written orders must be legible and clearly documented. A complete medication order must include:
  - a. The full name of the drug (no abbreviations)
  - b. Dose and time drug is to be given and any time limitations (no unacceptable abbreviations)
  - c. Indication for the drug
  - d. Special instructions for the use of the drug and any taper or titrating orders

- e. Parameters for using PRN medications including amount and frequency and any other time limitations.
2. Standing orders must be clearly identified with complete names, doses, frequencies, limitations, and communicated to all professionals involved in developing or supervising the plan of care.
3. When a client has been hospitalized or received care in another setting, resume orders must be completely written out for the change in the plan of care.
4. Orders for medication related devices such as nebulizers and catheters, will include the concentration and dose of the medications with orders for frequency and duration of treatments.
5. Orders will be obtained for the use of herbal drugs or preparations. Pharmacists and physicians will be informed of all such products the clients are taking.
6. Over the counter medications that clients take on an as needed basis must be reviewed for potential side effects or adverse effects related to prescription medications they are taking.
7. Investigational drugs will be given when informed consent is documented and a specific protocol with assessment and reporting parameters is identified.

## MEDICATION ADMINISTRATION

1. When Registered Nurse are administering medications the following steps will be taken:
  - a. Clinician will verify that the medication is the correct one based on the order and the product label
  - b. Clinician will verify that the medication or solution is stable based on visual examination for particulates or discoloration and that the medication has been properly stored and has not expired
  - c. Clinician will verify that the dose and the medication is not contraindicated at that time
  - d. Clinician will verify that the medication is being administered at the correct time, in the correct dose and by the correct route.

- e. Client will be informed, as appropriate, about any potential clinically significant adverse reaction or other concerns before giving a new medication.
- f. First dose of intravenous medication will be provided in the home if nursing care present in the home and appropriate emergency medications are ordered and present in the home before the dose is administered.
- g. When medications are administered by persons who are not Active staff, they will receive training as needed about the medications they are giving, expected actions and side effects, specific techniques for administering the medication and what and when to report to the Registered Nurse. Individuals administering medications are determined to be competent to perform the task before allowed to administer medications. The RN will document this in the clinical record.

## **MONITORING EFFECTS OF MEDICATIONS**

- 1. Active will develop monitoring parameters and guidelines to assure the medications are appropriate and the client/caregivers report observations and concerns appropriately to decrease occurrence of adverse events
- 2. Client response to medications will be assessed on each home visit
- 3. Clients will be instructed to report perceptions of side effects and/or the effectiveness of the medication
- 4. Laboratory values will be evaluated as ordered and other clinical responses noted in the record and reported to the physician as indicated

## **HIGH RISK/HIGH ALERT MEDICATIONS**

When and if high risk medications are provided by the agency, there will be specific guidelines available for assessing, providing and reporting procedure and effects

## **FOLLOW UP**

- 1. All medication adverse effects and errors will be documented on Active forms
- 2. Registered Nurse are educated and encouraged to report all events and near misses, and follow up will be done to identify system or process change needed.
- 3. Findings will be compiled and reported to the performance improvement team for review and recommendation.

**ACTIVE HOME HEALTHCARE SERVICES**

**4700 W.95<sup>TH</sup> STREET  
OAK LAWN, IL.60453**

**Incident Report Form**

Name of Person Involved \_\_\_\_\_

Date of Incident \_\_\_\_\_

Where \_\_\_\_\_

Type of  
Incidence \_\_\_\_\_

Occurrence \_\_\_\_\_  
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Results \_\_\_\_\_  
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Disposition \_\_\_\_\_  
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Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

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