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| Manual: BV Operational Policies | Section: Medications |
| Approver: Arthur Mathews | Original Date: September 1, 2007 |
| Date Last Approved: January 4, 2018 | Next Review Date: January 4, 2019 |

# POLICY STATEMENT

All trained staff will consistently and safely dispense and administer medications to SABV residents/participants according to specified SABV standards of administration and documentation.

# PROCEDURES

## Administration Standards

To ensure accurate and safe medication administration, the same staff must dispense and administer the medication and initial the Medication Administration Record (MAR) that it has been administered following the “7R’s”.

* 1. RIGHT PERSON
     + Confirm the person corresponds with the name on the MAR. Only administer medication to the person whom the medication has been prescribed.
  2. RIGHT MEDICATION
     + Confirm the medication to be administered corresponds with the name of the medication on the MAR.
  3. RIGHT DOSE
     + Confirm the dosage of the medication corresponds with the dosage on the MAR.
  4. RIGHT TIME
     + Confirm the time the medication is to be administered corresponds with the time on the MAR and the current time. Note: *Unless otherwise stated by the doctor or pharmacist, medications must be administered within the 1 hour before the specified time or 1 hour after the specified time.*
  5. RIGHT ROUTE
     + Confirm the correct medication administration route according to the label and MAR instructions.
  6. RIGHT DOCUMENTATION
     + After administering the medication, initial the MAR to confirm the medication has been administered or use one of the designated codes.
  7. RIGHT STORAGE
     + Return any unused medication to the locked storage area.

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## Documentation Standards

To ensure proper and consistent documentation of the administration of medication, documentation will be kept in the form of Medication Administration Records (MAR) sheet (see Appendix 1a and 1b).

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* 1. The MAR will be prepared by the pharmacist/Prime Worker or designate staff on a monthly basis. This must be checked by another staff that has completed SABV Medication training. **The information on the MAR must be the same as what is on the medication label. Any discrepancy must be questioned with the doctor or pharmacist before medication is administered.**
  2. Ensure SABV Medication Administration Records (MARs) includes the following clearly printed documentation:

1. Resident’s/Participant’s name
2. Resident’s/Participant’s family doctor name
3. Resident’s/Participant’s allergies listed in red (or enter “none known”)
4. Pharmacy name and phone number
5. Notes/Special Notes as required
6. Site Location
7. Month and year of MAR
8. Number of pages
9. Name of staff who checked the newly prepared MAR
10. Medication name and strength (both brand and generic names when known)
11. Dosage for each administration time
12. Route and or instructions if given (e.g., by mouth, on empty stomach)
13. Time medication is to be administered (ensure a.m. or p.m. is indicated)
14. Physical description of medication (e.g., small yellow tablet)
15. Identify any PRN meds
16. The **first and last** name initials of the staff administering the medications (black or blue pen only)
    1. The following codes are to be used:
17. W = Work or day program
18. V = Visit
19. H = Hold (\* document reason on MAR e.g., hospitalized)
20. X = Not to be given
21. N = Prescription PRN not needed
22. A = Absent from Day Program
23. S = Self-administered
24. Initials/ = pre-poured
25. R = Refused (resident/participant would not take medication)
26.  = Not Initialed/Coded

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* 1. Medications shall only be pre-poured in instances where the resident/participant will be off-site during the time when medications should be administered (such as at a day program or on a visit with their family/friends).
  2. Pre-poured medications are to be documented on the MAR as follows (see Appendix 2):

1. Staff who pour required medication divides the medication sign-off space in half either horizontally or diagonally and then initials top half of sign-off space.
2. At medication administration time the staff designated to administer medication initials that they have administered the medication OR prints applicable code (i.e. “W” for Work) in the bottom half of medication sign-off space (follow numerical code on pharmacy generated MAR if applicable

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* 1. The current MAR will be kept in the resident/participant Medication Binder and stored near the medications.
  2. A record must be kept of first and last name initials and signature/name printed of every staff member of their respective houses who is trained to administer medication (either on a master signature list or at the bottom of the MAR sheet).
  3. **No ‘white out’** is to be used on the MAR sheet. Errors are to be crossed out with a single straight line by the recorder who will then initial this error. These errors must be explained on the back of the MAR sheets being filed.
  4. Changes on the MAR are to be documented as follows (see Appendix 2):

1. **Medication Addition**: add the new medication to the existing MAR if there is enough room, if not add to a new MAR and adjust page numbers.
2. **Medication Decrease**: draw a horizontal line on the MAR sheet from the date of when the medication is to be decreased and write “MED DECREASE, SEE PAGE ” (in red ink).
3. **Medication Increase**: draw a horizontal line on the MAR sheet from the date of when the medication is to be increased and write “MED INCREASE, SEE PAGE

” (in red ink).

1. **Medication Discontinuation**: draw a horizontal line on the MAR sheet from the date of when the medication is to be discontinued and write “DISCONTINUED” (in red ink).
   1. All medication changes must be written in the communication book and possible other site specific locations.
   2. All off-site (non-residential) settings where medication is administered to residents/participants must be notified in writing of any medication administration changes with a follow-up phone call to ensure communication of the change.