

MN AL Medication Management Policy

Original Effective Date: August 1, 2021

Updated Effective Date: August 5, 2021

Purpose & Context

To ensure that all residents who participate in the medication management program will receive supervision of medication administration and proper storage of medications.

Procedure

1. Resident assistants will provide medication administration as appropriate according to the assessed needs of the resident and under the delegation of a nurse.
2. Provider orders will be obtained for all medications to be administered.
3. Medication administration is the administration of the medications to the resident based on the provider orders. The resident assistant verifies that the medications set up and/ or delegated by the RN or pharmacist are taken according to procedure.
4. Orders will be received upon admission, with changes in orders or condition and annually.
5. Orders will be received and requested via telephone order, fax, or clinic referral from prescribing provider.
6. Communication of new orders will be communicated to the pharmacy, resident assistant, and family. Education will be provided regarding the new medications or changes in medication to the resident and family at time of medication change. This communication will be completed in partnership with ordering provider.
7. Communication will occur on-going with the provider, with changes in condition that require a change in medication or medication review, questions on medications or side effects, and at family/resident request.
8. Distribution and storage of medications:
 - a. A registered nurse will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications.
 - b. All medications will be stored in a locked box in a cabinet or refrigerator in the resident's unit in areas in which the temperature may not fluctuate to levels that are unsuitable for medication storage. Medications delivered to the facility for residents needing medication administration will be added to these locked boxes or cabinets at the earliest convenient time and secured until that time. Medications will be given to residents by one of the methods described above, according to the resident's assessed needs.
 - c. The preferred method of medication administration is in prepackaged blister cards provided from the pharmacy. This includes over the counter medications.
 - d. Medications dispensed in a bottle will be set up by the nurse in a medi-planner or repackaged if needed. Medi-planners will only be used for short-term use.
 - e. Medications in liquid form set up by the nurse will include the following information: the Rx number, resident name, along with the name of the medication and instruction for

MN AL Medication Management Policy (continued)

- administration (dose, time, route, and any other pertinent information), nurse initials and date of set up. All original bottles of medication used to set up medications will be stored with the medication as reference until the medication is used up or discontinued and removed for destruction.
- f. Medication set-up will occur in a clean well-lit area using appropriate infection control techniques.
 - g. All medication set ups will be completed by a licensed nurse. Documentation of the medications set up will include date of set up, name of medications, quantity of dose, times to be administered, route of administration, and name of person completing medication setup.
 - h. The RN will also identify in the resident's individualized medication management plan a process for monitoring or tracking a resident's controlled or other medications that might be at risk of diversion. See Medication Management Diversion Prevention Policy.
9. Documentation of medication administration: Medication administration will be documented on a medication sheet by entering the resident assistant's initials under the date and opposite each medication and dose given.
10. Notification of the RN regarding problems with medication administration, record keeping or storage of medications:
- a. Resident assistants will document resident refusals or reason medication(s) not given in the form attached to the medication administration sheet and circle his/her initials for that/those medications(s). Document resident refusals and reason medications not given in the communication book.
11. Nurse will verify the accuracy of blister packs. This will be documented per individual site process which may include but is not limited to nurse set up sheet, MAR, etc.
12. PRN medications will be set up according to the procedure above and administered by resident assistants on a prn basis. These will be stored in the resident's locked box or cabinet.
13. Medications Management for residents who will be away from home:
- a. Please see AL Leave of Absence Medication Policy
14. Self-Administration of Medication:
- a. Nursing will assess resident during assessment or an unscheduled face to face assessment per resident request to determine if resident is safe to self-administer medications.
 - b. If determined resident is safe to self-administer, provider will be updated, and appropriate documentation will be completed.
 - c. Resident monitoring and reassessment will be conducted during the 90 day clinical update and/ or with a change in condition if needed to ensure resident remains safe to continue self-administration.
15. Delegation of Medication Related Tasks - A Registered Nurse may delegate medication administration to resident assistants only after the RN has:
- a. Verified the resident assistant is educated and trained in the proper methods to administer the medications, and the resident assistant has demonstrated the ability to competently follow the procedures;
 - b. Developed specific written instructions for each resident and documented those instructions in the resident's medication record/MAR; and
 - c. Communicated with the resident assistant about the individual needs of the resident.
 - d. The medication is in the original pharmacy-dispensed container with a proper label and directions, in the original over-the-counter container, bubble pack, or the medication has been removed from the original container and placed in a unit container by a licensed nurse.

MN AL Medication Management Policy (continued)

References/Notes (if applicable)

MN Assisted Living Statutes – 144G.60 Staffing Requirements, Subd. 4, Unlicensed Personnel

MN Assisted Living Statutes – 144G.62 Delegation and Supervision

MN Assisted Living Statutes – 144G.71 Medication Management