



Shared Living Program Medication Administration Policy

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I. Purpose

To ensure the professional and safe practice of medication administration to clients of the UCP of Maine Shared Living Program. This includes knowledge of the medications, adherence to established policies, proper documentation, and infection control philosophy.

II. Policy

It will be the policy of UCP of Maine Shared Living Providers to ensure safe and accurate administration of medications to clients through use of described procedure following the eight rights of medication administration.

III. Procedure

1. All drug orders will:
 - Clearly identify the resident by his/her full name.
 - Contain the date that the order is written.
 - Identify the name of the drug, the desired dose, route of administration.
 - Cite the frequency of the dose and duration if applicable.
 - Identify any special conditions or considerations related to administration.
 - Contain the prescriber's signature.
2. Provider will verify all new medications appearing on the MAR, prior to administration of the first dose, by reviewing the physician's order.
3. Provider will practice the Eight Rights of Medication Administration:
 - a. **RIGHT CLIENT**
 - b. **RIGHT MEDICATION**
 - c. **RIGHT DOSE**
 - d. **RIGHT TIME**
 - e. **RIGHT ROUTE**
 - f. **RIGHT TO REFUSE MEDICATION**
 - g. **RIGHT TO KNOW ABOUT THE MEDICATION**
 - h. **RIGHT DOCUMENTATION**
4. Prepare medications for one client at a time and administer immediately.
5. Provider is permitted a one-hour window before and after ordered medication times

during routine hours. Anything beyond this is considered a medication error unless a physician provides an order otherwise.

If an error occurs, it must be reported to a physician and the supervisor immediately.

6. Medications are never to be left unattended. The provider must always have any prepared drugs in sight until administered.
7. Always triple check your medications before dispensing them.
8. All medications are to be administered as ordered by the physician.
9. Drugs are not to be poured from one bottle into another.
10. Drugs are to be used only from the container labeled with the name of the client receiving the drug. **Exception:** Anytime house stock meds are used.
11. Any tablets or capsules dropped on the floor must be discarded /wasted and recorded in the back of each MAR book.
12. Only the provider preparing the drug should be dispensing the drug. Never allow someone to give a drug you prepared and never give a drug that someone else prepared.
13. The provider's initials on the MAR represent that the medication was given exactly as it was written on the order.
14. When medications are given using standing orders, they are entered on the cause and effect page.
- 16 All medications brought in to the home must be documented by noting the name and strength of the drug and the volume being brought in.
17. All bottles of house stock liquid medications and bottles of house stock medications must be dated when opened for use. Once opened these medications expire one year from opening or by manufacturer's expiration date, whichever date occurs first.

A. PROCEDURE FOR ADMINISTRATION OF MEDICATIONS:

1. Provider will wash or sanitize hands.
2. Only give/prepare medications for one resident at a time
3. Check the label against the MAR 3 times:
 - 1 Pull the med.
 2. Pour or preparing med.
 3. Putting back or putting away med.
4. Date and initial the bubble pack.
5. Dot the box, or place first initial (this is optional but can help you keep track of which meds you have prepared).

6. Give the medications.
7. Document the administration by placing your initials in the box of the MAR.
8. Complete the pass by washing or sanitizing your hands.

B. MEDICATION TIMES

Designated times for medication administration have been established in order to address the appropriateness of medication dispensation for the clients as well as to manage nursing time effectively. Laxatives and vitamins are to be given at a minimum of two hours apart.

C. SECURITY OF MEDICATIONS

Only personnel authorized to set up and administer medications shall have access to the medications.

All medications are administered in accordance with the current Federal and State Regulations, laws and guidelines. FDA approved medications are used in the home unless waived and approved by IDT. Medications requiring refrigeration will be kept in a refrigerator. The temperature will be checked daily to assure it is between 35 and 41 degrees Fahrenheit. If vaccines are being stored in the refrigerator, then temperatures have to be checked twice daily.

MEDICATION STORAGE

1. All meds will be kept in locked medication cabinets.
2. The Provider is responsible to ensure the meds are locked as specified below:
 - a. The medication cabinet is to be closed and locked when providers are not present in the home.
 - b. The medication cabinets will be kept locked at all times unless the provider is in direct attendance and working with the medications.

D. MEDICATION ERROR GUIDELINES

The homes will have an organized system for medication administration following the eight rights as a guide. The system will assure that all meds are administered in compliance with physician's orders and all meds will be administered without error by utilizing proper practice.

E. DOCUMENTATION OF MEDICATION ADMINISTRATION

Documentation is extremely important for providers. Providers must consistently and accurately document when delivering medications.

Disposal of Unused Medications

Purpose: Medicines play an important role in treating many conditions and diseases, but when they are no longer needed, it is important to dispose of them properly, to avoid harm to others.

This procedure outlines the appropriate steps for disposal of unused medications.

Procedure:

- a. Periodically, community **Medicine Take-Back Programs** are offered. These are a good way to dispose of a large number of medications. Contact the program for specific rules and limitations.
- b. Flushing of medicines may be appropriate when the above are not possible. When a medicine take-back program isn't available, FDA believes that any potential risk to people and the environment from flushing medications is outweighed by the real possibility of life-threatening risks from accidental ingestion of these medicines.



Scott Tash, CEO



Date