MEDICATION ADMINISTRATION

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<th>NHPCO Standard(s)</th>
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Regulatory Citation(s): COPs 418.106(a-e), 10 NYCRR 793.4 (c)(2)(iv), (d)-(f)

POLICY

High Peaks Hospice (HPH) nursing staff will administer medications according to physician orders.

PROCEDURES

1. Drugs may be administered by licensed nursing staff, the patient (if able), and others only in accordance with State laws and regulations and as specified in the patient’s plan of care.

2. Nursing staff may administer medications by oral, sublingual, buccal, topical, rectal, vaginal, subcutaneous, intramuscular, intradermal, intrathecal, intravenous, epidural, or inhalant routes when following physician orders. Intravenous, epidural and intrathecal medications may be administered only after a competency determination is made by the Patient Care Coordinator (PCC).

3. Licensed Practical Nurses (LPNs) administering medications are designated by the PCC and only after a competency determination is made. LPNs may not administer intravenous, intrathecal, epidural or IV push medications.

4. At the time of the patient’s admission to HPH services all prescribed, over-the-counter, and as needed (prn) medications, herbal remedies, and other alternative treatments that could affect drug therapy are reviewed and listed on the medication profile. At inpatient facilities, the facility’s medication administration record may be used.

5. Written and signed orders will be obtained from the physician for all medications
   A. these orders will include:
      1) drug doses
      2) route
      3) name of medication
      4) schedule of administration
   B. the patient’s medication profile will be updated each time a medication order is received
   C. at the time of recertification, all new and changed medications are included in the updated orders
6. Verbal/Electronic Transmission Medication Orders:
   A. A verbal or electronically transmitted medication order can only be taken by a licensed nurse, pharmacist, or another physician.
   B. Verbal/electronically transmitted orders taken by a LPN must be counter signed by a Registered Nurse (RN).
   C. The person receiving the order must immediately record and sign the order and the prescribing physician must authenticate it.
   D. For home care, the prescribing physician must sign and return orders within 7 days.

7. Nursing staff will review and document the review of medication prior to administration to assess for possible contraindication. Assessment will include:
   A. discussion with patient to confirm allergies, sensitivities and previous reactions
   B. current physical and mental status
   C. relevant lab results and drug therapy currently associated with laboratory monitoring
   D. medication incompatibility for actual or potential interactions
   E. Effectiveness of drug therapy
   F. Drug side effects
   G. Duplicate drug therapy

8. Nursing staff will instruct the patient on appropriate medication action, side effects, contraindications and modifications in diet. Nursing staff administering medication are responsible for knowledge of the specific medication including, but not limited to, action, indications, side effects, special precautions, contraindications, usual doses, route of administration and patient’s allergies. All instruction will be documented in the patient clinical chart.

9. Aseptic technique and proper hand washing procedures will be followed prior to medication preparation and administration. (See Clinical Policy “Infection Control: Hand Hygiene CP228”)

10. Products will be inspected for particulates, cloudiness, discoloration, deterioration or other visual contamination

11. Nursing staff will administer medications only from labeled containers. Prior to administration, the nurse will check the label to verify patient’s name, fill date, expiration date, doctor’s name, name and strength of medication and directions for administration.

12. If a medication has special storage requirements, the nurse will verify proper storage of medication. Storage and disposition of medications instructions will be provided to the patient prior to administering the medication. (See Clinical Policy “Controlled Medication Safe Storage and Disposition CP220”)
13. The five “RIGHTS” of medication administration will be adhered to - right patient, right medication, right dose, right time, right route. Should a medication error be made, refer to the Clinical Policy “Medication Errors CP239”.

14. The Interdisciplinary Team (IDT) and the attending physician/Medical Director or designee will:
   A. monitor the patient’s response to all medications on an ongoing basis, including those used for pain management and those used to prevent or treat secondary symptoms such as nausea, vomiting, constipation and/or respiratory distress
   B. Determine the ability of the patient and/or family to safely self-administer drugs and biologicals in the home.

15. The RN case manager will evaluate the patient’s response to medications on an ongoing basis during visits and after an adverse event. (See Clinical Policy “Adverse Events CP230”)
   A. This evaluation will include the following
      1) the degree of patient/family compliance with the prescribed regimen
      2) identification of any complications or problems
      3) overall effectiveness
   B. The RN will communicate with the physician as needed regarding this evaluation or to request additional orders.
   C. Nursing staff will document the following:
      1) all medications administered,
      2) the patient’s response to medication
      3) any physician communication.

16. Nursing staff will monitor patients for adverse reactions. If any reaction occurs, the nurse will contact the physician immediately or call emergency services for life threatening emergencies. (Refer to Clinical Policy “Medication Reactions CP240”)

17. The RN may order from the pharmacy service medications listed on the orders given by the attending physician/Medical Director or designee. (Reference: Lawrence Mokiber, State Board of Pharmacy, 1/20/98)

18. Nursing staff may give flu shots to HPH’s patients if ordered by the patient’s physician. A patient’s insurance may be billed for a flu shot. Staff must fill out a “Flu Vaccine Patient Release” form and submit a copy to the Billing Office.

19. Blood and Blood Products are not administered in the home by HPH staff. Administration of blood and blood products is offered in outpatient and inpatient settings. HPH is not responsible for payment for home transfusions or for any care or services related to their administration.

LAST REVIEW DATE: IDT 1/4/17, Clinical Comm 2/7/17
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