



Section	Crisis Systems	Effective:	10/29/2015
Sub-section	Crisis Stabilization Unit		
Policy	Medication Administration	Last Revised:	New policy
Policy #	1.106		
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
CSU Medical Director's Approval	_____	Date	_____
	Leslie Lundt, MD		
Supersedes:	New Policy	Audit Date:	

1. PURPOSE

- 1.1. To provide standards and procedures for the safe administration of medications for the clients served at the Crisis Stabilization Unit (CSU).
- 1.2. To ensure all medications are administered in compliance with state laws and standards of professional practice.

2. ACRONYMS/DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Medication Administration** – direct administration of medications to a client by any route.
- 2.2. **MAR** – Medication Administration Record.
- 2.3. **PRN** – Medication ordered without specific administration times and given on an as needed basis with parameters per a physician's order.
- 2.4. **Qualified licensed personnel** – an individual employed or contracted by the CSU who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).

3. POLICY

- 3.1. All medications are ordered by CSU psychiatrists and staff physicians (hereafter referred to as "doctor"), and are administered by qualified licensed personnel.

- 3.2. Qualified licensed personnel must adhere to the seven “rights” of medication administration:
 1. Right Client
 2. Right Medication
 3. Right Dose
 4. Right Route
 5. Right Time and Frequency
 6. Right Reason
 7. Right Documentation
- 3.3. Medications are administered within 60 minutes before or after the scheduled administration time unless an order allows for a broader timeframe.
- 3.4. All medications administered must be transcribed and documented on the CSU *Medication Administration Record (MAR)* (see Attachment A).
- 3.5. If the medication is client-owned, all medications must be inventoried and documented on the *Client-owned Medication Log* (see Attachment B) or *Client-owned Medication Log (Controlled Substances)* (see Attachment C) before administered.

4. **MEDICATION ORDERS**

- 4.1. All orders from a doctor must detail the:
 1. Client’s name;
 2. Medication name and dosage;
 3. Route of administration; and
 4. Frequency of administration.
- 4.2. Orders for PRN medications must include specific indications for when the medication is to be administered and must be documented in the nurse’s notes in addition to the MAR. Results of the PRN must be documented in the medical record within one hour of administration.
- 4.3. The assigned overnight qualified licensed personnel will:
 1. Audit new medication orders to ensure accuracy;
 2. Check and compare the doctor’s order with the MAR; and
 3. Document that the transcription is accurate by signing the doctor’s order sheet in red ink.
- 4.4. When a medication order is changed, the existing order will be discontinued and a new replacement order written (see the “CSU Program Manual” for further instructions on medication changes).

- 4.5. Written orders may not be altered except to correct an error. Errors are corrected by drawing a single line through the error accompanied by the staff's signature, license discipline, date and time of the error correction.
- 4.6. Staff may only correct his/her own errors. At no time may staff make corrections on behalf of the doctor or other nursing staff.

5. **ADMINISTRATION PROCEDURES**

- 5.1. Prior to administering any medication, the qualified licensed personnel will:
 1. Wash his/her hands and prepare the administration area with all necessary supplies.
 2. Minimize or eliminate distractions and interruptions.
 3. Check the client's chart for medication allergies and ensure this information is written prominently on the cover of client's chart, on every medication order sheet and on every MAR sheet.
 4. Check labels for expiration dates or transcription errors.
 5. Ensure a current, signed consent form is present for all psychotropic medications.
 6. Ensure he/she has the right client before any medications are administered. Two forms of identification are required. A current photograph, confirmation by the client's assigned nurse or asking the client to verbalize his/her date of birth may be used.
 7. Compare the MAR with the written doctor's order to ensure accuracy.
 8. Compare the medication label with the MAR and the doctor's order.
 9. Document the administration in the MAR by placing his/her initials and license discipline in the box that corresponds with the date and time the medication was given.
 10. If the medication is by injection (intramuscular or subcutaneous), document the site of injection using the site code listed on the back of the MAR.
 11. When giving insulin from a sliding scale, document the exact dose given on the MAR in addition to the injection site code. The blood glucose levels will be documented by the nurse. A review of the administration must be conducted by a second RN nursing staff.
 12. If a medication is written with vital sign parameters, document the required vital signs in the same box in which the medication is signed off.
 13. Monitor and document the client's response to the medications administered.
- 5.2. Medications will be administered only by the staff preparing them and may not be pre-poured before the client receives them.

5.3. Medications must not be administered if staff have any concerns regarding consistency, color, odor or the presence of precipitants. Any serious issues or findings must be reported to the Nursing Supervisor and documented via an Unusual Occurrence Incident Report.

6. MEDICATION ADMINISTRATION DOCUMENTATION

6.1. Medical staff will document all medications administered as follows:

1. Verify that there is a current prescription (if a prescribed medication), or a current order (for sample medications) from a psychiatrist.
2. Verify that the medication about to be administered is the correct medication and dosage.
3. Verify the lot or vial number of the container matches the current prescription or order that is due to be administered. Document the number under the correct row on the log.
4. Ensure a consent for medications is signed by the client.

6.2. Note the medication administered on the *Medication Administration Record (MAR)* for that client. Each entry must include:

1. Client name.
2. Source of medication.
3. Lot or vial number (if multi-dose container or sample card).
4. Date and time medication was administered.
5. Quantity administered.
6. Quantity remaining.
7. Route of administration.
8. Initials of medical staff.

7. REFUSALS AND MEDICATIONS NOT ADMINISTERED

7.1. When a medication is refused or not administered, the assigned nurse will:

1. Circle his/her initials in red ink on the MAR.
2. On the reverse side, document the reason the medication was refused or not administered.
3. Place his/her initials, signature and license discipline in the corresponding section.

7.2. Any unused portion of any single medication dose will be discarded per the CSU's medication disposal procedures.

8. MEDICATION EDUCATION

- 8.1. Nursing staff will provide medication teaching opportunities and will document the activity on the Medication Education Flow Sheet for each client.
- 8.2. When education is provided, nursing staff will document on the Medication Education Flow Sheet:
 1. What information was provided and taught by listing the class of medication and the medication name.
 2. What mode was utilized to educate the client (i.e. Verbal, Written or Demonstration).
 3. The client's comprehension of what was taught.
 4. His/her name, initials and license discipline.
- 8.3. As appropriate, qualified licensed personnel will provide relevant medication education sheets, including printouts and links to educational websites, to the client.¹ All educational materials will be provided in the client's preferred language.

9. MEDICATION ERRORS AND ADVERSE REACTIONS

- 9.1. The on-call doctor and the Team Supervisor will be notified immediately in the event of a medication error and/or an adverse reaction.
- 9.2. When a medication error occurs:
 1. Assess and support the client and provide necessary care.
 2. Notify the client's physician.
 3. Document the medication, time, route, the client's response and action taken.
 4. Complete an Unusual Occurrence Incident Report.
- 9.3. When a medication adverse reaction occurs:
 1. Assess and support the client and provide necessary care.
 2. Notify the client's physician.
 3. Document the medication, time, route, the client's response and action taken.
 4. Complete the Adverse Medication Reaction (AMR) Report.

¹ Please see policy CSU-1.101 "Aftercare Planning" for further instructions.

ASSISTANCE

Kristin Isaac, RN, CSU Team Supervisor

REFERENCE

California Code of Regulations – Rehabilitative and Developmental Services
 Title 9, Sections 522 and 1840.346

ATTACHMENTS

[Attachment A – Client-owned Medication Log](#)

[Attachment B – Client-owned Medication Log \(Controlled Substances\)](#)

[Attachment C – Medication Administration Record \(MAR\)](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).

Attachment A

Client-owned Medication Log				Allergies:			
Month/Year:							
Date Ordered:	Date Received:	Date	Time	Qty Given	Qty Remain	Medical staff Initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date	Time	Qty Given	Qty Remain	Medical staff Initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date	Time	Qty Given	Qty Remain	Medical staff Initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date	Time	Qty Given	Qty Remain	Medical staff Initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date	Time	Qty Given	Qty Remain	Medical staff Initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Initials	Print Name, Credentials	Initials	Print Name, Credentials	Initials	Print Name, Credentials		

Attachment B

Client-owned Medication Log (CONTROLLED SUBSTANCES)						Allergies:	
Month/Year:							
Date Ordered:	Date Received:	Date:	Time:	Qty. Given	Qty. Remain.	Medical staff initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date:	Time:	Qty. Given	Qty. Remain.	Medical staff initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date:	Time:	Qty. Given	Qty. Remain.	Medical staff initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date:	Time:	Qty. Given	Qty. Remain.	Medical staff initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Date Ordered:	Date Received:	Date:	Time:	Qty. Given	Qty. Remain.	Medical staff initials	Date and Time Meds Removed (Returned to Client, Expired, etc.):
Client Name	Lot/Vial #						
Medication & Dosage	Route of Administration						By:
Prescription #	Expiration Date						
Pharmacy	Quantity Received						Signature of Witness:
Prescribing MD							
Initials	Print Name, Credentials	Initials	Print Name, Credentials	Initials	Print Name, Credentials		

Attachment C

HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
CHARTING FOR _____ THROUGH _____ FACILITY MAG-ICISIS _____ ALLERGIES _____ PATIENT NAME _____ PATIENT NO. _____ STA _____ ROOM _____ BED _____ PHYSICIAN _____ TELEPHONE NO. _____ DATE _____ PAGE NO. _____																																			

