

**Division of Developmental Disabilities Services
Community Services/Adult Special Populations
Dover, Delaware**

Title: Assistance with Self-Administration
of Medication

Approved By:



Acting Division Director

Written/Revised By: Policy & Records
Committee

Date of Origin: July 2008

Revision Date: August 3, 2009

- I. **PURPOSE:** To establish uniform standards relative to the assistance of self-administration of medication by unlicensed health care professionals so as to protect the health and safety of individuals served.
- II. **POLICY:** It shall be the policy of the Division of Developmental Disabilities Services (DDDS) that only staff who have successfully completed the Assistance with Self-Administration of Medication (AWSAM) training and/or annual re-training or health care professionals, as permitted by DE Code, may assist individuals served to self-administer his/her medication.
- III. **APPLICATION**
DDDS Community Services/Adult Special Populations Staff
DDDS Stockley Center staff working in a Community Services Home
DDDS Community Services/Adult Special Populations Contractors
DDDS Supported Living Providers
- IV. **DEFINITIONS**
 - A. **Annual:** for the purposes of AWSAM re-training, annual shall mean within the month that it is due (example: initial AWSAM training 06/15/09, re-cert due by 06/30/10).
 - B. **Assistance with Self-Administration of Medication (AWSAM):** the process by which unlicensed personnel assist individuals with their medications as ordered for the individual by a licensed prescribing practitioner.
 - C. **Controlled Medication:** prescription medications that are grouped into four (4) categories known as Schedules. These medications are placed in Schedules II-V categories depending on their potential to be abused. Because of their potential for abuse, regulations require that medications in Schedules II-V (**controlled medications**) be double locked when in storage and be counted (reconciled) at least during every shift.
 - D. **Hand Hygiene:** a general term that applies to either handwashing, antiseptic handwash or antiseptic hand rub.
 - E. **Medication Assistance Record (MAR):** an on-going record used to document the assistance of ordered medications and treatments, as well as specific instructions for each
 - F. **Order:** for purposes of this policy, refers to a MAIR, PAIR or signed statement from a health care practitioner, who is licensed in Delaware to write prescriptions.
 - G. **Over-the-Counter (OTC) Medication:** refers to any medication made available to the public by the Food and Drug Administration without a prescription. For purposes of AWSAM, only those OTC medications listed on an individual's Standing Medical Order or specifically ordered by a Delaware licensed health care practitioner, may be used.

IV. **DEFINITIONS** *(continued)*

- H. **Prescription Medication**: medication that is ordered through the writing of a prescription by a health care professional who is licensed, in Delaware, to write prescriptions.
- I. **PRN Medication**: **any** medication that is given only when needed and as ordered by the health care professional who is licensed, in Delaware, to write prescriptions. PRN's are not a special kind of medication, but rather prescribed to be given when specific **target signs & symptoms** occur.
- J. **Standing Medication Order (SMO)**: standard list of medications used to treat minor illnesses and injuries. These medications have specific dosages, frequencies and signs and symptoms listed for their use.
- K. **Unlicensed Health Care Professional**: refers to people who do not have a current license in the State of Delaware to administer medications.

V. **STANDARDS**

Assistance with Self-Administration of Medication

- A. Unlicensed health care professionals shall successfully complete the Board of Nursing approved Assistance with Self-Administration of Medication course (in class practicum and supervised medication passes) prior to assisting a person served with his/her medication.
- B. Licensed health care professionals are required to complete the initial AWSAM training, yet, are not required to take annual re-certifications.
- C. Unlicensed health care professionals must successfully complete annual AWSAM training from an authorized instructor, **before** he/she assists a person with self-administration of medication.
- D. Individuals who have been approved to administer their own medication shall require some degree of staff monitoring such as observation, assistance with medication recording or reviewing medication documentation. Specific monitoring and safeguarding components for individuals who assist with his/her own medication shall be clearly documented in the Essential Lifestyle Plan (ELP).
- E. All loose routine medication (i.e., not in blister pack) shall be counted and documented accordingly, on a daily basis. Loose PRN medication shall be documented on a count sheet each time the PRN medication is received.
- G. Medications/treatments may only be assisted with if in a properly labeled container, from the pharmacy, prescribing practitioner or nurse.
- H. Orders must indicate how often the person is to receive the medication.
- I. Orders must be clearly written or clearly understood by the staff who receives the order.

PRN Orders

- I. PRN Orders must clearly include a description of the specific target signs or symptoms for which the medication to be received so that staff do not need to make a medical decision.
- J. PRN Orders must indicate how often the medication may be given or how many times it may be given in a day and the duration of therapy, if indicated.
- K. PRN Orders may never be assisted with for the convenience of staff
- L. PRN Orders must be accurately recorded on the individual's MAR each month and all subsequent months, during which time the order is current.

V. **STANDARDS** *(continued)*

- M. PRN Orders must be included in the individual's list of medications so that the prescribing practitioner can determine if it is safe to take with the current medications.
- N. The assistance with the self-administration of a PRN medication shall be documented on the individual's MAR and include the initials of the assisting staff person and the time that the PRN was received by the individual.
- O. The reason staff assisted with the self-administration of the PRN medication and the effectiveness of the medication must be clearly documented in the individual's ID Notes, T-Log or back of the applicable MAR.

Standing Medical Orders

- P. SMO's shall be signed by the individuals' physician at least every 365 days.
- Q. Staff shall use the same protocol for assisting with SMO Medications as for prescription medications.
- R. Staff shall document his/her initials and time, on the MAR, each time a person is assisted with an SMO medication.
- S. Staff shall document the reason the SMO medication was received and its effectiveness, in the ID Note/T-Log or back of the applicable MAR..
- T. SMO medication shall be kept in a locked storage area.

Health Care Provider Visit

- U. Any staff who are assigned to accompany an individual to a health care provider visit shall assume the role of an advocate; assist the individual to make his/her needs known to the health care provider, ask questions of the provider, ensure the individual is treated with respect and dignity and afforded the same medical treatment as anyone else with the same health condition.
- V. Any staff who are assigned to accompany an individual to a health care provider/psychiatrist visit shall bring a Medical Appointment Information Record (MAIR) or Psychiatric Appointment Information Record (PAIR), whichever is applicable. Write the reason for the visit and any questions to be asked of the health care provide on the MAIR.
- W. Bring a current list of the individual's prescribed and OTC's medications and the reason for taking each, insurance information and list of all known allergies.

Physician's Orders

- X. All current medications shall be re-ordered by the individual's physician at the time of his/her Physical Exam. It shall be considered the intent of the primary care physician to discontinue a medication if it is not re-ordered at the time of the Physical Exam. The aforementioned may not include psychiatric medications ordered by a psychiatrist; if not such will be ordered by the psychiatrist on a Psychiatric Appointment Information Record (PAIR).
- Y. A **written** prescription for each new medication shall be obtained from the health care provider or psychiatrist.
- Z. A written order is required for each medication or treatment that is discontinued.
- AA. A written order for each new medication or treatment shall be documented on an MAIR/PAIR and signed by the prescribing health care provider. The copy of the MAIR/PAIR shall be maintained in the COR for one year.
- BB. Staff shall ensure that a Physician's Order minimally include the following elements: the individual's name, the date ordered including the year, name of the drug, dosage, route of administration if other than by mouth, identified body part to apply a topical treatment and the physician's signature, frequency and duration (if a short term therapy).

V. STANDARDS *(continued)*

- CC. The written prescription and the MAIR/PAIR for the new medication or treatment must match.
- DD. Telephone orders may only be received by a pharmacist or nurse.
- EE. Telephone orders made directly to the pharmacy are acceptable. A MAIR shall be completed within 72 hours of the telephone order.
- FF. An order for medication or treatment may be accepted via fax.

Medication Storage

- GG. All medication, both prescription and OTC, shall be stored in a locked area, away from food and toxic materials.
- HH. All controlled substances and syringes shall be double locked (i.e., stored in a locked box inside a larger locked drawer or locked cabinet).
- II. Medications for internal use and external use shall kept be separated. They may be stored in the same locked cabinet but must be on different shelves or in different containers.
- JJ. Medications shall always be stored according to the manufactures' guidelines.
- KK. Medications that require refrigeration shall be stored in a locked box within the refrigerator.
- LL. All medication shall be stored in their original container, with its original label that includes directions that are the same as the health care provider's order.
- MM. Medications may never be combined (ex: combining 2 partially used meds together into one bottle)
- NN. Medication labels shall be replaced when they appear illegible.
- OO. Insulin and supplies shall be stored in an individual locked container in a refrigerator. Only the individual to whom the insulin is prescribed may handle the insulin and supplies, to include the disposal of such, in accordance with the Occupational Safety and Health Administration (O.S.H.A. regulations).

Accountability of Controlled Medications

- PP. Controlled substances and syringes shall be counted and recorded every shift. Documentation shall be made on the controlled Substance Count Sheet.
- QQ. Count sheets shall be filed with the corresponding month's MAR.
- RR. Count sheets shall be updated with the current count each time a medication is dispensed or additional medication is received from the pharmacy.
- SS. Immediate contact with a supervisor shall be made if a medication error or documentation error is identified re: controlled medications.

Medication Administration Records (MAR)

- TT. Medication Administration Records shall minimally include the following elements:
 - the individual's name;
 - the name of the medication(s);
 - the time(s) that the medication is to be assisted with (i.e., 7am, 3pm, 11pm);
 - if med times are identified as AM, PM or HS by the health care practitioner, time designations must be defined by the home to ensure that the consistency of medication times are maintained:
 - Example: AM may be designated as 7:00am, PM as 4PM or HS as 10 PM, this time designation may be individualized for each home as long as the consistency of the medication times are maintained for the person receiving services.
 - any allergies the individual may have. Write "No Known Allergies" (Abbreviated as "NKA" or No Known Drug Allergies abbreviated as "NKDA") if applicable;

- current date with the year and month listed once on each page and the days listed individually on a grid;
- space for initialing who assisted with the medication(s) on each date;
- signature line accompanied by initials for each person who assists with medication;
- specific instructions or precautions (ex: take pulse prior to Digoxin or take blood pressure prior to receiving cardiac meds or take prior to meals).

V. STANDARDS

Agency Oversight

UU. Contracted agencies shall have a system, as identified in their policy, whereby they minimally monitor regularly for medication errors, ensure that staff who assist with medications have a current certification in Assistance with Self-Administration of Medication, respond to the Board of Nursing with required information, provide their staff with necessary training and/or mentoring and apply corrective actions, as required.

Disposal of Medications

VV. Medications shall be destroyed/disposed if they have been refused by an individual after it was poured or punched from a bubble pack, it has been dropped or it has expired or discontinued.

WW. All medications to be disposed shall be returned to the pharmacy, if the pharmacy permits, OR

XX. All medications shall be destroyed by methods such as identified on Exhibit G, Federal Guidelines for the Proper Disposal of Prescription Drugs. Two staff persons shall witness the disposal of the medication (the staff disposing of the medication and another staff witness to the disposal).

YY. Documentation of all discarded/destroyed medications shall minimally include the names of the staff witnesses, the time date, name of medication, quantity of destroyed medications, prescription number and method of disposal. Documentation shall be made in the individual's ID Notes/T-logs.

VI. PROCEDURES

Responsibility

Action

Person Assisting with Self-Administration of Medication

To Assist with Self Administration of Medication:

1. Completes hand hygiene immediately before assisting the individual.
2. Documents the date on the label of all medications/treatments, when started.
3. Read the MAR to check for the FIVE rights of medication self-administration (refer to exhibit).
4. Read MAR to check for any allergies
5. Prompts/assists individual to wash his/her hands.
6. Prompts/assists the individual to obtain drink or food of his/her preference.
7. Prompts/assist individual to obtain medication from the storage area.
8. Carefully compare the label on each medication container with the instructions on the MAR.
9. Review the name, dosage, purpose and possible side

effects of the medication with the individual.

VI. PROCEDURES *(continued)*

Person Assisting with Self-
Administration of Medication

10. Observe or assist the individual take his/her medication as ordered by the prescribing health care professional.
11. Initial and date the applicable medication card and the MAR.
12. Prompt/assist the individual to return the medication to the storage area.
13. Completes hand hygiene after assisting with medications.
14. Ensure that the medication storage area is locked whenever staff is not present in the room.
15. Only the recipient of the medication shall be present when staff assists with medication, in order to avoid distractions.
16. **PRN's** may be assisted with in accordance with the presence of signs/symptoms and the duration of such, as listed on the physician's orders and transcribed onto the MAR.
17. **PRN Mental Health Interventions**- Includes planned medical treatments (i.e., medication) and interventions used to treat the symptoms of an Axis I DSM IV-TR diagnosis. Such is determined by the person's needs and treatment is ordered by a physician. A PRN intervention must include a Physician's Order with the person's name, the frequency of observable well-defined symptoms which must be present prior to assisting with the PRN and the dose and frequency of the ordered PRN.
 - a. The requested use of a PRN Intervention must have prior verbal approval from a physician or registered nurse (DDDS or agency contracted nurse).
 - b. Staff shall contact the DDDS on-call worker if environmental and behavioral interventions have been exhausted and the need for a PRN intervention exists. The on-call worker shall contact a nurse and request that he/she contact the staff who identified the need for a PRN. Agencies that provide contracted nursing shall develop a protocol for nurse contacts.
 - c. The nurse shall assess the situation based on the staff person's description of the incident and the Physician's Order for a PRN intervention. The nurse shall approve/disapprove the use of the PRN.
 - d. The outcome of the request to use a PRN medication shall be documented by the contacted nurse, via T Log/ID Note entry, and by the staff person making the request, on the

VI. PROCEDURES *(continued)*

Person Assisting with Self-Administration of Medication

Medical Behavioral Intervention Strategies section of the General Event Report (GER).

- e. PRN medical treatments shall never be used for staff convenience.

18. **PRN's**- documents on the MAR when assisted and documents in the individual's ID Note or T-Log the effectiveness of each dose (i.e., name the symptoms for which the person received the prescription or OTC and observations concerning its effect on the symptoms).

Assisting with Medication at a Day Program

Designated Residential Staff
Shared Living Provider
Family Member
Day Program Director or Designee

19. Delivers prescribed, properly labeled medication and a copy of the applicable MAIR to the individual's day program.
20. Maintains a current order for all medications assisted with at the day program.
21. Documents the receipt of all medications/treatments, on a MAR
22. Follows the procedures above for the assistance of medication.
23. Notifies residential provider agency, shared living provider and/or family member when seven (7) doses of medication remain, in order to ensure that prompt refills are obtained.
24. Files Medication Information Sheets behind the MAR for each medication an individual receives. Such can be provided by the health care provider/psychiatrist, pharmacy or current edition of a drug resource book.
25. Notifies the day program of any medication changes and provides a copy of the applicable order, within one working day of receiving a new or revised order.

Designated Residential Staff
Shared Living Provider
Family Member

Obtaining the Prescribed Medication

Designated Residential Staff or
Shared Living Provider

26. Delivers prescription to the pharmacy on the same day that it is received. Follow-up written documentation on a MAIR/PAIR shall be received within 72 hours of a telephone order.
27. Examines medication to ensure that it is in a container with a label (which may be supplied by the pharmacy, prescribing practitioner or Nurse).
 - ensures that schedule II-V medication is in a tamper-resist package, such as a "bubble pack" or a childproof container, with a medication label
 - Address with pharmacist if needed.

VI. **PROCEDURES** *(continued)*

Designated Residential Staff or
Shared Living Provider

28. Verifies that the label includes the same information on the MAIR/PAIR re: the name and dose of the medication, the individual's name, the frequency it is to be received and the route it is to be received. Address with pharmacist if needed.
29. Understands the directions on the label; ask the pharmacist to clarify if unsure of the label's directions.
30. Verifies that the directions do not require altering the unit of medication (i.e., splitting, cutting or breaking medication is prohibited).
31. Makes arrangements to refill medication **before** there is less than a 3 day supply remaining.
32. Files Medication Information Sheets behind the MAR for each medication an individual receives. Such can be provided by the health care provider/psychiatrist, pharmacy or current edition of a drug resource book.

Transferring or Documenting Orders onto MAR

Supervisory Residential Staff or
Designee

33. Ensures that the information from the medication label, including special instructions, is transferred onto the MAR, and that it accurately corresponds with the practitioner's order, **prior to the assistance with medication.**
34. All orders documented on the MAR shall minimally include the following elements:
 - a) **Name and Dosage** of medication.
 - Strength is the number of milligrams or GM for each unit of medication. Amount is the number of units of medication (for example: tablets, capsules, or cc) to be assisted. This is also found on the medication label. The amount is specified in the directions.
 - Different strengths of the same medication must be documented as separate entries on the MAR.
 - b) **Time(s)** the medication should be assisted with.
 - Frequency or time of day (health care practitioner's orders for AM, PM HS, etc shall have time designations defined by the home so as to ensure consistency of medication times).
 - Route is the method by which medication is to be taken into the body or applied to the body.
 - Unless otherwise specified by the practitioner it is understood that the medication is to be given by mouth.
 - c) **Start and Stop Dates** if the medication is ordered for a set number of days.
 - d) **Special Instructions** for assistance should be listed.

e) Location for topical treatment application.

VI. PROCEDURES (continued)
Supervisory Residential Staff or
Designee

- f) Specific signs and symptoms for PRN medications.
 - g) For medications/treatments that are ordered for specific days of the week or month, the MAR is to be marked accordingly, i.e. X out days medication/treatments are not to be used.
35. Documents a discontinued or changed medication/treatment by writing "DISCONTINUED" or "D/C" across the applicable grid on the MAR and the date of the action.
36. Documents the changed or new order on the MAR.
37. Compares medication label, documentation on the MAR and the health care provider's order for medication.
38. Contacts his/her supervisor or on-call immediately if all 3 do not match. Medication may not be assisted with unless all 3 documents have the same information.

Required Documentation for Absence/Vacation from Home

Residential Staff

- 39. Sends medication in its original container, as dispensed by the pharmacy, or have the pharmacy prepare a separate container(s) with sufficient supply of medication for the leave.
- 40. Completes a Medication Form for Leave/Absence every time a person is expected to receive his/her medication from a person other than a residential or day program staff who have successfully completed AWSAM training (example: a person leaves the home for a vacation or a visit with his/her family).
- 41. Follows instructions for completion of form (see exhibit).

Disposal of Medication

Staff responsible for disposing of medication

- 42. Returns unused or discontinued medications to the pharmacy, if permitted, OR
- 43. Discards medication on site, with two (2) staff present.
- 44. Documents the names of the staff witnesses, the time date, medication name, quantity of destroyed medications, prescription number and method of disposal. Documentation shall be made in the individual's ID Notes/T-logs.

VII. Synopsis

This policy delineates the requirements of staff who assist individuals with their medications, as required by the Delaware Board of Nursing Assistance with Self-Administration of Medication certification.

VIII. Exhibit

- A. The 5 Rights of Assistance with Self-Administration of Medication

- B. Overview of AWSAM Standards
- C. Medical Appointment Information Record (MAIR)
- D. Medication Form for Leave/Vacation
- D-1 Medication Form for Leave/Vacation Instructions
- E. Controlled Substance Count Sheet
- F. MAR Documentation Key
- G. Proper Disposal of Prescription Drugs- Federal Guidelines

IX. References

- A. Delaware Board of Nursing Assistance with Self-Administration of Medication Training Course Outline
- B. Center for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, October 25, 2002, Vol. 51, No RR-16
- C. DDDS Administrative Policy, Behavior/Mental Health Supports Policy
- D. DDDS Community Services Policy, General Event Reporting



EXHIBIT A

THE 5 RIGHTS OF ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION

1. The Right Individual

Make sure you know who the health care provider's order refers to.

- Do not guess, be absolutely sure that you know the individual! If you are not sure, ask another certified staff person who is familiar with the individual. Hint: use a photograph to check, and attach it to the MAR.
- Compare the name on the MAR and the medication label. **If these do not match, do NOT assist with the medication and contact your supervisor or on-call immediately.**
- If you are sure you have the right individual, then go to step 2, The Right Medication.

2. The Right Medication

All medication names should match:

- Compare the medication name on the MAR and the medication label. **If these do not match, do NOT assist with the medication and contact your supervisor or on-call immediately.**
- If all the medication names match, then go to step 3, The Right Dose.

3. The Right Dose

The right dose is **how much** medication you are to assist the individual with at one time. To determine the dose, you need to know the strength and the amount of the medication. The dose equals the strength multiplied by the amount.

- Before you assist with the dose compare the dose on the Medication Assistance Record and the medication label. As always, double check. If they do not agree or if you have questions, do NOT assist with the medication and contact your supervisor immediately.
- If all the dose information agrees, then go to step 4, **The Right Time.**

4. The Right Time

The right time can mean several things, all of which will be written on the medication order, and on the medication label. Make sure all this information matches. The right time means:

- A particular time of day.
 - ☛ Routine medications must be taken at specific times to achieve and maintain desired medication levels. Established dosage times must be at least four hours apart unless otherwise ordered by the physician.
- The number of times per day.
- The time between doses.

Compare the times on the Medication Assistance Record and the medication label. **If they do not agree, then do NOT assist with the medication and contact your supervisor and/or on-call system immediately.**

Medications must be given within a one-hour time period of the prescribed time. You have one/half hour before it is due; to one/half hour after it is due to help the person take their medication. If you have any questions or concerns about the right time, then call your supervisor or nurse. If the times match, then go to step

5. The Right Route

The right route means how and where the medication goes into the body. Most medication goes into the mouth, but some goes in through the skin, the rectum, the vagina, the eyes, the ears, the nose, or by injection.

Compare the route on the Medication Assistance Record and the medication label. Make sure these all match. As always, check and then double check. If they do not agree or if you have any questions, do NOT assist with the medication and contact your supervisor immediately.



Overview of Required AWSAM Standards

Do:

- ✓ **Ensure the person is in the right position.**
- ✓ The method means that the medication is being given with the correct preparation and or supporting steps. Some medications require being shaken before being given. Other medications require being given with certain types of food, diluted in water or on an empty stomach. Should you wait between puffs or drops? These measures are important because they help with the body's absorption of the medication and/or the distribution of the medication.
- ✓ **Pay attention to what you are doing. It is very easy to get distracted by other people or activities. Make sure you stay focused on your work.**
- ✓ **Stay with the individual until he or she has taken the medication.**
- ✓ **Prepare and give medications to one individual at a time.**
- ✓ **If a medication is dropped, refused, or not taken for any reason, this should be documented in the individual's ID Notes. If the medication was packaged in a blister card the card should be marked as "wasted" and if another dose was punched the card should reflect such with the date. For medications with a count sheet the refusal, dropped, etc dosage must be documented on the count sheet.**
- ✓ **Follow all the directions very carefully. Examples of directions are:**
 - Give with water
 - Give with food
 - Give on an empty stomach
 - Avoid sunlight

Don't:

- ✓ **Do not give a medication if you do not have a health care provider's written order.**
- ✓ **Do not increase or decrease the amount of medication or in any way change the route of the medication, or how you give the medications. If you have a question asks your Nurse.**
- ✓ **Do not give medications if the medication label is soiled, messy or in any other way hard to read.**
- ✓ **Do not give medication to one individual from another individual's container.**
- ✓ **Never try to hide a Medication Error!**
- ✓ **Never put two liquid medications together in the same cup. Each liquid medication gets its own cup**

Do not assist with medications if:

- **The label on the medication does not match the medication and treatment order.**
- **The medication in the container does not seem to be the same as you usually give the individual.**
- **You think the medication might have been tampered with.**
- **It is documented that the individual is allergic to the medication.**
- **You are not sure of the Five Rights.**
- **Observe with care! If you see any changes or you have any concerns, make sure you call your supervisor and if advised the individual's health care provider. If the changes are life threatening call 911 first. You will probably be the first person who sees the changes or will know the concern. This is why your job is important – close watching can keep the individuals you care for healthy and safe.**



New Castle Regional Office
2540 Wrangle Hill Road
2nd Floor
Bear, DE 19701
PH 302-836-2645
FAX: 302-836-2646

Kent Regional Office
Thomas Collins Bldg
540 S. DuPont Hwy., Suite 8
Dover, DE 19901
PH: 302-744-1110
FAX: 302-739-5535

Sussex Regional Office, Stockley
26351 Patriot's Way
101 Llyod Lane
Georgetown, DE 19947
PH: 302-933-3100
FAX: 302-934-6193

**Delaware Health & Social Services
Division of Developmental Disabilities Services**

Medical Appointment Information Record [MAIR]

Name: _____ MCI#: _____ Date: _____

Ht: _____ Wt: _____ BP: _____ P: _____ Temp: _____

Doctor seen: _____ Specialty: _____

Known Drug Allergies: _____

Symptoms Present: _____

Physical findings: _____

Tests Done: _____

Diagnosis and Prognosis: _____

Restrictions: _____

Prescriptions & Treatment: _____

Return Appointment Date _____

Signature of Doctor: _____

Address: _____

Phone: _____

NAME OF CONSUMER: _____

MEDICAL APPOINTMENT CHECKLIST

This form must be completed and taken on every doctor's appointment:

• **The following items must accompany you on this appointment:**

<input type="checkbox"/> Medical Appointment Information Record	<input type="checkbox"/> COR (Client Oriented Record)
<input type="checkbox"/> Current MAR	<input type="checkbox"/> Physical Exam form and Standing Medical Orders (for annual physical only)

• **The following questions must be answered prior to the doctor's appointment:**

What is the nature (purpose) of this appointment?

- An annual physical
- An illness
- A follow up appointment

What symptoms are being experienced? How long have the symptoms been present?
(Include when the illness started, how often does it occur and how long does it last? _____

Has this occurred before? YES NO If yes when and what was done for it?

What has been done for the individual to help with this condition?

Signature/Title: _____ Date: _____

At the end of the appointment, these questions should be asked of the doctor:

What care is being ordered? _____

If medication is prescribed, what is the medication supposed to do? (What is the desired effect?) _____

Are there any side effects that we should be concerned about? _____

Signature/Title: _____ Date: _____



**Department of Health and Social Services
Division of Developmental Disabilities Services
Community Services/Adult Special Populations Programs**

MEDICATION FORM FOR LEAVE/VACATION

Name: _____ MCI #: _____

Date of Departure: _____ Expected Date of Return _____

Destination: _____

Traveling alone? (If no, specify with whom) _____

MEDICATIONS: For each medication and strength specify exactly as on the prescription label.

Name of Medication	Strength	# of Pills Sent	Escort/Guardian Signature	# of Pills Returned	Staff Signature

Special medication instructions/comment:

Signature/Date of Staff who Prepared Medication for Leave

Signature/Date of Staff Who Counted Meds Upon Return

To whom are medications entrusted? _____
Name/Relationship

I have received the medications listed above and have no questions regarding their administration. I understand that I may call the agency staff if any further questions arise.

Signature of Person Entrusted with Medication/Date

Instructions for use of Medication Form For Leave/Vacation

When to be Completed: Every time a person is expected to receive his/her medication from a person other than a residential or day program staff who have successfully completed AWSAM training (example: a person leaves the home for a vacation, respite or a visit with his/her family).

Instructions for Completion of Form Prior to Individual's Departure:

1. Staff person (this includes agency contracted staff and shared living provider) completes the top section of the form.
2. Staff person (this includes agency contracted staff and shared living provider) completes the first three (3) columns of the table.
3. Staff person (this includes agency contracted staff and shared living provider) completes the section re: special medication instructions/comments, if applicable.
4. Staff person (this includes agency contracted staff and shared living provider) signs on the line that states "staff who prepared medication for leave".
5. Staff person (this includes agency contracted staff and shared living provider) writes the name and relationship of the person to whom the medication is being transferred on the line that states "to whom are medications entrusted".
6. Staff person (this includes agency contracted staff and shared living provider) reviews the medication and the information on the Medication Form for Leave/Vacation with the receiving person. The person receiving the medication then signs their name in the fourth (4th) column of the table for each medication received.
7. The person receiving the medication signs and dates on the bottom line of the form attesting to his/her receipt and understanding of the medications.

Instructions for Completion of Form Upon Individual's Return:

1. Staff person (this includes agency contracted staff and shared living provider) counts the number of pills returned and signs the form (column five and six of the table). It is preferable that this be done in the presence of the person to whom the medications were entrusted.

Where to File Completed Form:

1. Provider agency staff shall file the completed form in the Flow Sheets and Graph section of the COR.
2. Shared Living providers shall forward the form to the designated Case Manager who will file it in the Flow Sheets and Graph section of the COR.

MAR Documentation Key

- Correctly document on the MAR to reflect their absence.
 - **V= Vacation** This code is to be used anytime that an individual is scheduled to be away from their primary residence for an extended visit. This may include for a vacation, respite or weekend visit with friends or relatives.
 - **H=Hospital** This code is to be used anytime that an individual is hospitalized and does not receive their medication due to the hospitalization.
 - **X=Medication not given** This code is used to document that a medication was not given except in the event of a refusal or one of the codes listed above.

Staff Initials = This coding is used to document a refusal of medication by an individual.

Medication Abbreviations

Space is usually limited when filling out a Medication Administration Record. The following abbreviations maybe used:

p.r.n. or PRN: as needed

q or Q: every

BM: Bowel movement

BP: blood pressure

q.d or QD: every day

D/C: discontinue

Elix: elixir (liquid)

Gtts: drops

Mg: milligram(s)

Ml: milliliter(s)

NKA: no known allergy,

NKDA: no known drug allergy

P: pulse

p.o.: by mouth

q.o.d. or QOD: every other day

q1h or Qhour: every hour

q4h pr Q4H: every 4 hours

b.i.d. or BID: twice a day

HS: hour of sleep (bedtime)

q.i.d. or QID: four times a day

Tbsp. or Tbs.: tablespoon

temp: temperature

tab(s): tablet(s)

tsp. or t: teaspoon

t.i.d. or TID: three times a day

Equivalents

1000 ml=1 liter

1 Tbsp.=3tsp.

1ml=1 cc

30 ml=1 fluid ounce=2 Tbsp.

1 tsp.=5 cc=5ml

15ml= 1/2 ounce= 1Tbsp=15cc



Proper Disposal of Prescription Drugs

Office of National Drug Control Policy February 2007

Federal Guidelines:

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so (see box).
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

Actiq (fentanyl citrate)
 Daytrana Transdermal Patch (methylphenidate)
 Duragesic Transdermal System (fentanyl)
 OxyContin Tablets (oxycodone)
 Avinza Capsules (morphine sulfate)
 Baraclude Tablets (entecavir)
 Reyataz Capsules (atazanavir sulfate)
 Tequin Tablets (gatifloxacin)
 Zerit for Oral Solution (stavudine)
 Meperidine HCl Tablets
 Percocet (Oxycodone and Acetaminophen)
 Xyrem (Sodium Oxybate)
 Fentora (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions.

