Custodial Procedures Manual
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MODEL CUSTODIAL DRUG POLICY & PROCEDURE MANUAL

1. DRUG POLICIES & PROCEDURES

A. Procurement of Prescription Drugs

1. Prescription drugs may only be accepted from pharmacies and/or practitioners licensed by any state, territory or possession of the United States. The prescription drugs must be labeled according to section 1C of this manual.
   Any supplying pharmacy, not physically located within New Mexico, must register with the New Mexico Board of Pharmacy as a non-resident pharmacy if they mail or deliver prescription medications to residents in this State.
2. Any prescription drug not meeting the requirements of section 1A(1) above will be returned to the supplier or held in quarantine for the consultant pharmacist to destroy.

B. Receipt of Prescription Drugs

1. A journal for the documentation of all prescription drugs received will be kept (See appendix). The staff will document in the journal the following:
   a. date
   b. patient's name
   c. pharmacy's name or practitioner's name if dispensed from a clinic or private office.
   d. name of drug
   e. strength and dosage form
   f. prescription number
   g. quantity received
   h. initials of person accepting delivery

C. Labeling of Prescription Drugs

Prescription containers shall be properly labeled with the following information:

1. patient's name
2. practitioner's name
3. name, address, and phone number of the pharmacy
4. prescription number, when dispensed by a pharmacy
5. name, strength, dosage form, and quantity of the drug
6. directions for use
7. drug expiration date
8. Date filled
9. The drug Manufacturer's name.

Any prescription received into this facility must be labeled with the information listed above. Return any such prescription container, not properly labeled, to the dispenser (Practitioner, Clinic or Pharmacy) and request they affix a complete label.

D. Administration of Drugs

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.

Medication prescribed for one patient shall not be administered to any other patient

A medication record, for each resident, for medications administered by licensed personnel and /or staff assisting with medications shall include:

1. Name of resident;
2. Date given (administered);
3. Drug product name;
4. Dosage and form (Liquid, tablet, capsule, injection, suppository)
5. Strength of drug;
6. Route of administration;
7. How often the medication is to be taken;
8. The name (initials) of the staff administering or assisting with the self-administration of the medication.

Any medication removed from the pharmacy container or blister pack must be given immediately and documented by the person administering or assisting w/ self-administration.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24 hour period.

All mediations must be given according to the label (Policy C) unless a licensed practitioner has changed the medication orders. When possible, return the prescription container to the pharmacy for relabeling. Document any changes in the patient's medical record along with the practitioner's new order if available (Ie. Telephoned orders must me reduced to writing, faxed orders, or photocopies of the prescription).

Refused medications must be documented. Regularly scheduled medications generally may be given within the 1- hour time window generally accepted by health care professionals. Document the reason for the refusal. When appropriate re-offer the medication. Never double-up the dose at the next regularly scheduled time unless the practitioner has authorized the change. There are numerous drugs where the refusal of the medication may have serious consequences (i.e. Anti-seizure, Heart, or Blood-pressure medications). Your pharmacist should provide you with a list of critical medications and his/her procedure for notifying him/her or the practitioner when the dose is refused or missed. The pharmacist should also provide you with general guidelines for other refused or missed doses of medications.

E. Medication Storage

1. Prescription drugs will be stored in a locked cabinet and the key will be in the care of the administrator or designee.
2. Drugs to be taken by mouth will be separated from all other dosage forms.
3. A locked compartment will be available in the refrigerator for those items labeled "Keep in Refrigerator". The temperature will be kept in the 36ºF-46ºF range. An accurate thermometer will be

kept in the refrigerator to verify temperature.
4. Separate compartments are required for each resident's medications.
5. All medications will be stored according to their individual requirements or in the absence of temperature and humidity requirements, controlled room temperature (68-77ºF) and protected from light. Storage requirements are in effect 24 hours a day.
6. Medications no longer in use, unwanted, outdated, or adulterated will be placed in a quarantine area in the locked medication cabinet and held for destruction by the consultant pharmacist.

F. Pass Medications/Discharge Medications/Day Programs

1. When a resident leaves on pass, all current medications in their original containers, are given to the resident or the resident's agent. A notation in the Final Disposition/Drug Destruction Journal (See appendix) showing the information listed in Policy (G) shall be made. Upon the resident's return a notation in the receipt journal, indicating the information required by paragraph B1 of this manual, shall be made.

Day Programs:

- Licensed Day Programs (Licensed by the NM Board of Pharmacy) that take custody of the client's medications on an ongoing basis, must keep all the required records (Receipt, destruction, administration, other disposition, pharmacist reports, patient profiles, etc.)
- Day Programs that <u>do not</u> take custody of the client's medication on an ongoing basis (Ie. Medications and all associated administration records are returned to the licensed custodial facility with the client at the end of the day) are required to maintain security and proper storage of the medications. Prescription drugs removed from the custodial facility on a temporary basis and that remain in the custody of the care staff are not required to document the "Pass Medications" requirements listed in(F)(1) of this section. All day program staff w/ access to the medications must read and sign this procedure manual.

G. Disposition Records (Discharge/Destruction)

The facility will maintain a journal or inventory documenting the final disposition of all unwanted, discharged, recalled, expired, discontinued, or adulterated prescription medications.

The journal shall contain (See attachment Record Book of Prescriptions):

1. date
2. patient's name
3. pharmacy name
4. name, strength, dosage form, and quantity of drug
5. prescription number
6. initials of the person accepting delivery (Patient/patient's agent or the pharmacist responsible for the destruction of the drug).

An Inventory shall contain the following information:

-name and address of the facility or institution;

-name and pharmacist license number of consultant pharmacist

-date of drug destruction;

-date the prescription was dispensed;
-prescription number;
-dispensing pharmacy;
-name, strength and quantity of drug;

-signature of consultant pharmacist destroying drugs;

-signature of facility administrator or director of nurses; and

-method of destruction.

H. Controlled Substances (Perpetual Count Requirement)

1. Separate accountability or proof-of-use sheets shall be maintained, for each controlled substance, indicating the following information:
a. date,
b. time administered,
c. name of patient,
d. dose,
e. prescribing practitioner's name,
f. signature of person administering or assisting with the administration the dose, &
g. balance of controlled substance remaining.

2. Records

A. Receipt, disposition, controlled substance proof of use sheets, medication errors, and pharmacist's record of visits and activities (reports), shall be kept for 3 years. Records must be kept at the licensed location unless the Board of Pharmacy has authorized storage elsewhere.

3. Emergency Drug Tray

A. An emergency drug tray may be maintained to be used in a medical emergency. The nurse and pharmacist will determine the contents. Emergency drug trays shall not contain prescription drugs unless the business utilizes and restricts access to licensed nurses. Under no circumstances will the emergency drug tray contain controlled substances. The contents of the emergency tray, containing prescription drugs, must be included as part of this procedure manual and must also be secured to the outside of the emergency tray or cabinet. The prescription drugs are an extension of the supplying pharmacy and any use must be pursuant to a valid prescription.

B. The emergency drug tray will be kept in a secured (locked) location with the other medications the facility takes custody of. The emergency drug tray will be kept in a separate locked box or cabinet.

C. Nursing staff utilizing the emergency drug tray shall record the following information on the Emergency Drug Tray Form attached or a similar one:
    1. Name of drug, strength, and amount of medication used;
    2. Date used;
    3. Time;
    4. Patient's name;

5. Practitioner's name;
6. Nurse administering drug; and
7. Nature of the emergency.
8. The pharmacist shall make a notation of date and time the medication replacement is made immediately following numbers 1 thru 7 above and sign his/her name.

4. Drug Policy and Procedure Manual

A. The manual must be dated, signed and reviewed on an annual basis, by the pharmacist.
B. The manual must be read and initialed by all personnel responsible for the procurement, administration, or control of the patient's medications.
C. The manual must be available to all persons with access to prescription medications.

5. Licensure

A. Custodial Care Facility means any facility or business, including any non-profit entity, that provides care and services on a continuing basis, for two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs. The Custodial Care Facility license issued by the NM Board of Pharmacy must be renewed by December 31st each year.

B. The consultant pharmacist must be registered with the NM Board of Pharmacy.

His/her license is renewable every two years by the last day of his/her birth month.

6. Display of License and Inspection Report

A. The following are required to be publically displayed:
- Current Custodial Drug Permit from the NM Board of Pharmacy
- Current registration of the consultant pharmacist
- Current NM Board of Pharmacy Inspection Report

7. Consultant Pharmacist

A. Any facility which meets the requirements of Policy 5A. must, employ a consultant pharmacist whose duties and responsibilities are the following:
- Ensure that drugs are handled in the facility in a manner that protects the safety and welfare of the patient.
- Set the policies and procedures in the facility as related to all facets of drug handling and distribution; these policies and procedures to be reviewed and updated on an annual basis. The manual shall have policies and procedures for the receipt, storage, record keeping, maintenance of patient profiles, administration and accountability of all prescription drugs and procedures for the removal and destruction of unwanted, unused, outdated, recalled drugs, and

accountability and security for controlled substances.
- His/her primary goal and objective shall be the health and safety of the patient, and he/she shall make every effort to assure the maximum level of safety and efficacy in the provision of pharmaceutical services.
- He/she shall not condone or participate in any transaction with any practitioner of another health profession, or any other persons whosoever under which fees are divided, or rebates or kickbacks paid or caused to be paid, or which may result in financial exploitation of patients or their families in connection with the provision of drugs, medication, supplies, or pharmaceuticals.
- To document all his/her visits and activities including any irregularities.
- Shall include in the Procedures Manual the names of all individuals responsible for the assistance with the medication.
- Is responsible for giving proper training or instruction to the persons at the facility, who have day to day responsibility, for receipt, administration of medications to residents, adverse reactions, special diets, or any other information relative to the drug therapy.
- Shall maintain a patient profile on each individual.
- Shall visit the facility no less than once a quarter, or more often, commensurate with the patient's drug regimen and shall be available in emergencies.
- Shall document drug regimen reviews (List the resident and any apparent irregularities or indicate no irregularities noted if none are found.)
- Is responsible for the removal and destruction of unused, outdated, or recalled drugs.

8. References

A. Adequate drug reference shall be available for facility staff.

9. Stock Medications and Sample Medications

A. Stock prescription drugs and samples of prescription medications are not allowed in this facility. All prescription containers must be properly labeled. Return any sample prescription medications to the practitioner and request the he/she label it according to Board of Pharmacy regulations (Policy 1C).

10. Medication Errors and Drug Reactions

A. Should a staff member notice an error or any other discrepancy with the prescription medications, contact the pharmacy filling the prescription.

B. In the event of a serious adverse drug reaction, contact the resident's practitioner, and/or emergency medical services. Contact the consultant pharmacist after the emergency situation has subsided.

C. Administration record errors shall be brought to the pharmacist's attention.

D. Please contact the pharmacist or the practitioner for instructions concerning missed doses.

E. Significant adverse drug reactions, those resulting in serious harm, injury, or death to the resident, must be reported, by the consultant pharmacist, to the Board of Pharmacy within 15 days of discovery.

11. DRUG REGIMEN REVIEW

A. Includes an evaluation of a prescription and the patient record for:
- known allergies;
- rational therapy contraindications;
- reasonable dose and route of administration;
- reasonable directions for use;
- duplication of therapy;
- drug-drug interactions;
- adverse drug reactions; and
- proper use and optimum therapeutic outcomes.

Proper use includes verification of all records required including administration (MAR's) records. The pharmacist will look for:
- clinical abuse/misuse,
- over/ under utilization of the drug,
- incorrect duration of drug treatment,
- incorrect drug dosage,
- charting holes/ missed doses, and
- drug monitoring (Blood pressure, blood glucose, etc).

Pharmacist Contact Information: Name_____; Telephone _____

Cell Phone_____; Pager_____; Fax_____;

Back-up pharmacy _____, Telephone_____

Policy and Procedure Manual periodic review dates:

PHARMACIST	DATE	CHANGES/ ADDITIONS / DELETIONS

All staff or employees accessing the medications and/or are involved with their administration must read and sign the manual and sign below.

I have read and understand this drug policy and procedure manual:

Signature & Initials Date

MEDICATIONS	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
		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
		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
		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
		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
		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
		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
		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
		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
MEDICATIONS	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

NURSE’S ORDERS, MEDICATION NOTES, AND INSTRUCTION ON REVERSE SIDE

CHARTING FOR MONTH:		Page of
Primary Care Physician:		Telephone No.
Specialist(s):		Telephone No.
Allergies NKA	Pharmacy:	Telephone No.
Diagnosis:		

Medicaid Number	Medicare Number	Complete entries checked By: Title: Date:
Patient:		Location:

INSTRUCTIONS:
a. Put initial in appropriate box when medication given
b. Circle initials when medication refused
c. State reason for refusal on nurse's notes.
d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

CHARTING CODES:
A-Charted in error
B-Patient refused
C-Patient out of facility
D-Drug not given. Indicate reason in Nurse's Medication Notes.
E-See Nurse's Notes
F-Patient did not retain medication

DATE	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	DATE
Temperature/ Pulse																																Temperature/ Pulse
Blood Pressure																																Blood Pressures

NURSE'S

MEDICATION NOTES

PATCH SITE/ INFECTION SITE CODES:
1-RIGHT DORSAL GLUTEUS
2-LEFT DORSAL GLUTEUS
3-RIGHT VENTRAL GLUETEUS
4-LEFT VENTRAL GLUTEUS
5-RIGHT LATERAL THIGH
6-LEFT LATERAL THIGH
7-RIGHT DELTOID
8-LEFT DELTOID
9-RIGHT UPPER ARM
10-LEFT UPPER ARM
11-RIGHT ANTERIOR THIG
12-LEFT ANTERIO THIGH
13-UPPER BACK LEFT
14-UPPER BACK RIGHT
15-UPPER CHEST LEFT
16-UPPER CHEST RIGHT

Date/Hour	Medication/Dosage	Reason	Results/Response	Hour/Initials

RECORD BOOK OF PRESCRIPTIONS

DATE	CLIENT	PHARMACY	PRESCRIPTION NUMBER	DRUG NAME	STRENGTH	QUANTITY	FORM (CAPS, TABS, LIQUID)	INITIALS OF PERSON ACCEPTING DRUG DELIVERY	PHARMACIST DESTROYING DRUG OR PERSON ACCEPTING THE PRESCRIPTION (CLIENT/AGENT). INCLUDE THE DATE/ QUANTITY AND SIGNATURE

PHARMACIST'S RECORD OF VISITS

DATE	LIST ALL ACTIVITIES (DOCUMENT REVIEW OF POLICY AND PROCEDURES MANUAL ANNUALLY)	LIST OF CLIENTS AND DRUG REGIMEN REVIEWS (SEE POLICY NO. 12)	LIST ALL IRREGULARITIES NOTED WITH CORRECTIVE ACTION TAKEN. (N/I NO IRREGULARITIES NOTED)

EMERGENCY DRUG TRAY FORM

NAME AND STRENGTH OF DRUG	DATE AND TIME USED	PATIENT'S NAME	ORDERING PRACTITIONER	NAME OF NURSE ADMINISTERING AND INITIALS	NATURE OF EMERGENCY	DATE AND TIME THE DRUG IS REPLACED BY PHARMACIST	PHARMACIST'S SIGNATURE

EMERGENCY DRUG TRAY CONTENTS

DRUG NAME/ STRENGTH/ DOSAGE FORM	QUANTITY APPROVED FOR TRAY	DRUG NAME/ STRENGTH / DOSAGE FORM	QUANTITY APPROVE FOR TRAY