

## State Operated Community Program SOCP Policy Memorandum

<b>Topic:</b>	<b>Procedure: Changes in Meds, Treatments and/or Nutritional supplements</b>	<b>Issue date:</b>	10/20/11
<b>Related policy:</b>	4.004 Medication Administration		
<p><b>Policy Memorandums</b> - should be considered high priority, and processed immediately. They are used to disseminate new federal, state, and program <b>policies/procedures</b> or <b>administrative rules, changes in existing policy or administrative rules, policy clarifications</b> and manual updates.</p>			

**Applies to:** (check all that apply)

<input type="checkbox"/> All employees includes:	<input type="checkbox"/> Prog. Managers	<input type="checkbox"/> Site Managers
<input checked="" type="checkbox"/> Nurses	<input type="checkbox"/> BVS1s & BVS2s	<input type="checkbox"/> HR
<input type="checkbox"/> Cent. Office staff	<input type="checkbox"/> Group home staff	<input type="checkbox"/> Trainers

**Implementation date: 10/20/2011**

**FROM:** Linda D. Fiegi, RN, MSN, Nurse Manager *LOARS, MA*

**SUBJECT:** Procedure attached: Flagging New or Changed client Medication(s), Treatment(s) or Nutritional supplements orders.

- Discontinuing or changing medication(s), treatment(s) or nutritional supplements happen frequently and without a flagging system there is an increased risk of a medication or treatment errors (including nutrition).
- Double-checking is a safety strategy to reduce medication and transcription errors due to new, changed or initiating of new monthly MAR/TARs.
- No medication, treatment or nutritional supplement order changes will be initiated until the client has been in home 60 days. (unless physician driven)

**Attachments:** 4.004.01 Procedures - Flagging/Changes in Medications, Treatments, Supplements.

**If you have questions about this information, contact:**

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<b>Procedure Title:</b>	Flagging NEW/CHANGED Medications, Treatments and/or Supplements		
<b>Procedure Number:</b>	4.004.01	<b>Version:</b>	1.0
<b>Effective Date:</b>	10/20/2011		

Discontinuing or changing medication(s), treatment(s) or nutritional supplements happen frequently and without a flagging system there is an increased risk of a medication or treatment errors (including nutrition).

Double-checking is a safety strategy to reduce medication and transcription errors due to new, changed or initiating of new monthly MAR/TARs.

No medication, treatment or nutritional supplement order changes will be initiated until the client has been in home 60 days. (unless physician driven)

## Procedure

Step	Responsible Party	Action
1.	Nurse(s)	<p>Will follow the procedure for discontinuing orders as follows:</p> <ol style="list-style-type: none"> <li>The nurse must <u>highlight in yellow</u> the old medication, treatment or nutritional supplement indicating the client is no longer receiving that medication.</li> <li>The nurse notes the date, time by signature and title, then writes D/C, for discontinued, in the margin or highlighted area; using <u>red ink</u>.</li> <li>The nurse transcribes the new or changed order(s) and follows the <b>"Double-Check Procedure"</b> (see #2 below) to reduce medication, treatment or nutritional supplement errors.</li> <li>The nurse uses a bright green Post-It flag to alert other nursing staff of a medication, treatment or nutritional supplement order change(s).</li> <li>The nurse discontinuing, changing or initiating new order will also alert the other nursing staff by writing a communication in the new <b>"Communication Log Book."</b> It will be the responsibility of all nursing staff to read the Communication Log Book at the beginning of their shift and to give a written report(s) of any changes or significant issues during the shift in the Communication Log Book.</li> <li>The Communication Log Book will be kept at each nursing station for the nurses and will only be written in by licensed staff.</li> <li>The nurse removes the discontinued medication, treatment or nutritional supplement from the client's medication bin, drawer or shelf.</li> <li>The nurse fills out either medication return form from pharmacy or fills out the Drug Disposal Sheet (4590) for pickup by outreach nurse or nurse manager.</li> <li>The nurse then requests another nurse on duty in the other Eliot house(s) or the on-coming nurse to initiate the "Double-Check Procedure.</li> </ol>

2.	<p>Nurses (2)  <i>Double-check is needed as a safety strategy to reduce medication and transcription errors due to new, changed or initiating a new monthly MAR/TAR.</i></p>	<p><b>Before administering to the patient:</b> Two (2) nurses <b>must</b> check (can be done alone and apart from each other, then compare results) each component of <u>prescribing, dispensing, and verifying the medication, treatment or nutritional supplement before administering it to the patient.</u>  The following information must be verified during the double-check process:</p> <p><b>a. Comparison to prescriber's order:</b></p> <ol style="list-style-type: none"> <li>1) Is this the prescribed medication, treatment or nutritional supplement?</li> <li>2) Is this the prescribed dose/strength/rate and route of administration?</li> <li>3) Is this the right client?</li> <li>4) Is this the prescribed frequency/time for medication, treatment or nutritional supplement administration?</li> </ol> <p><b>b. Additional cognitive checks:</b></p> <ol style="list-style-type: none"> <li>1) Does the medication, treatment or nutritional supplement indication correspond to the client's diagnoses?</li> <li>2) Is this the right medication's, treatment's or nutritional supplement formulation?</li> <li>3) Are dose calculations correct?</li> <li>4) Is the dosing formula (e.g., mg/kg) used to derive the final dose correct?</li> <li>5) Is the prescribed dose/frequency/timing appropriate for this client?</li> <li>6) Is the route of administration safe and proper for this client?</li> <li>7) Are pump settings correct, including the concentration?</li> <li>8) Is the infusion line attached to the correct port (if applicable)?</li> <li>9) Has appropriate monitoring been prescribed and guidelines followed?</li> <li>10) Is the correct amount of H<sub>2</sub>O added in?</li> </ol>
3.	Nurse(s)	<p><b>NEW monthly MAR/TAR:</b> The nurse(s)s will perform double-checks on the new monthly MAR/TAR to assure that any orders that are transcribed by pharmacy or handwritten by the nurse(s) is correct.</p> <ol style="list-style-type: none"> <li>1. All MAR/TAR are to be completed prior to the new cycle date and the responsibility falls on all the nurses as a team not as individual "Primary" nurses.</li> <li>2. Co-signatures will be placed in signature boxes with a number 1 designating first double-check and a number 2 designating second double check.</li> <li>3. If a nurse as the double-checker has a concern regarding an order the nurse will research the origin of the order and request clarification from nurse who wrote order. If unable to clarify with nurse who wrote order the nurse may ask another nurse to look at order to determine if there is a questionable issue or a clarification needed.</li> <li>4. If an order is questionable the nurse needs to clarify with the physician who wrote the order.</li> <li>5. If the order is correct nurse may leave a communication in the Communication Log Book to explain concern or rationale.</li> </ol>

		<p>6. If the order is incorrect due to physician error the nurse will request a correction to order and will then follow the procedure for discontinuing, changing or initiating a new order. An MIR is to be written with explanation and clarification of error.</p> <p>7. If the order is incorrect due to nurse error the nurse is to follow the steps in number 6 and then initiate the MIR process.</p>
4.	Nurse(s)	<p><b><u>No medication, treatment or nutritional supplement order changes will be initiated until client has been in home 60 days.</u></b></p> <p>1. This is important and allows the nursing staff to assess and evaluate the client's routine such as feeding, bowel patterns, sleeping patterns and day-to-day needs which include known medical condition(s), prescription regimen, and nutritional intake (A change in medication, treatment or nutritional supplement is frequently unnecessary unless physician-driven).</p> <p>2. Any needed changes in the first 60 days are to be only "physician driven." This means if the client sees his/her PCP or other physician in the first 60 days the physician may initiate, change or discontinue a medication, treatment or nutritional supplement; <b><u>this is not to be at the request of the group home nursing staff.</u></b></p> <p>3. When there is a nursing or team concern to change medication, treatment or nutritional supplement orders prior to the 60 days only the primary nurse or lead worker nurse will initiate changes.</p> <p>4. Appropriate and concise documentation using nursing rationale will be charted concerning the nursing or team concern to change medication, treatment or nutritional supplement orders.</p> <p>5. The Nurse Manager is to be notified of the nursing or team concern regarding the need to make changes prior to the 60 day period.</p> <p>6. An Acute Care Plan will be initiated during this time to assess and evaluate the needed change in medication, treatment or nutritional supplement orders.</p> <p>7. The Acute Care Plan will be in place and re-evaluated every 7 days to either extend or discontinue the need for the change in medication, treatment or nutritional supplement orders.</p>

### **Policy that applies:**

4.002 Food Nutrition, 4.006 Controlled Medications, 4.007 Individual Health Care, 4.010 Medication Disposal, 4.011 Pharmacy, 4.012 Self-Medication

### **Form(s) that apply:**

DHS 4573 Medication Administration Record (MAR)  
DHS 4576 Physician Visit Orders  
DHS 4590 Drug Disposal Sheet  
DHS 4621 Addendum to Physician Orders Medication / Admin. Irregularities Physician's Directions  
DHS 4663 Medication Administration Accountability Sign-Off Sheet  
DHS 4664 Telephone Orders

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### Procedure History:

- **Version 1.0:** 10/20/2011

### Keywords:

Flagging medication/treatments/supplement orders / changes