

# **NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL**

**CHAPTER:** Seven – Health Services  
**SECTION:** Two – Medications  
**PROCEDURE NAME:** CONTROLLED SUBSTANCES IN BOARD RESIDENTIAL PROGRAMS  
**EFFECTIVE DATE:** November 1, 2009

## **APPLICATION**

All NCCMH operated or contractual residential programs.

## **PURPOSE**

To ensure controlled substances are administered appropriately and accounted for accurately.

## **DEFINITIONS**

### **Controlled Substances Medication Administration:**

Consists of the following activities performed by employees of the North Country Community Mental Health Services Board:

1. Transcription of controlled substance medication orders onto appropriate documents utilized for recording the delivery of controlled substances to specific individuals
2. Obtaining the controlled substance for the individual following the receipt of a physician's order for the medication.
3. Counting of controlled substances will be counted by two different staff members.
4. Storage of controlled substances
5. Delivery of controlled substance to the individual as ordered by a physician
6. Documentation of controlled substances administered to individuals
7. Documentation of accurate accounting of all controlled substances stored at the program.
8. Disposal of discontinued, outdated or contaminated medications.
9. Observation and documentation of objective data related to controlled substance medication effects on target symptoms as well as the occurrence of side effects or adverse reactions.

### **Controlled Substance:**

Any medication designated by the Controlled Substances Act of the office of the Drug Enforcement Administration as a schedule II, III, or IV drug.

### **Medication Passer:**

The employee selected at the beginning of each shift to administer and account for all medications during that day's term of employment.

## **STANDARDS**

1. Personnel: Community Mental Health employees who have completed the health, medication and CPR training modules established by the Department of Community Health and have been observed by an R.N. will be eligible to administer controlled substances. Successful completion of the written and practical examinations is required. Staff who administer controlled substances are required to attend education programs related to medications as provided by Community Mental Health professional staff or their designees.
2. A written order is required for all controlled substances administered by Community Mental Health staff to consumers in residential programs.
3. Controlled substances must be labeled with a pharmacy label. They will then be stored in a double locked security cabinet, accessible only by the designated medication passer.
4. The designated medication passer of the off-going shift and the designated medication passer of the on-coming shift will account for controlled substances at the change of each shift.

5. Controlled substances that have undergone dosage changes will be administered only after labeling reflects the changes in dosage, unless authorized by physician/RN when it is not possible to obtain label change. The label will be changed by the pharmacy only and as soon as possible.
6. When situations arise that prohibit staff from safely administering a controlled substances to an individual, the CMH RN assigned to the residents shall be notified.
7. Controlled Substance medication will only be administered in accordance with the Department of Community Health protocol and North Country Community Mental Health Services Board procedures.
8. Controlled substance medication errors will be reported to the appropriate on call nurse at the time of the occurrence and an Incident Report will be completed. The physician will be notified by the nurse when indicated. A Risk Management form will be completed by the supervisor, if appropriate.

## PROCEDURE

### I. Transcription of Orders:

- A. All controlled substances administered will be documented on individual medication record sheets as well as the Controlled Substances Administration and Accountability Record. All entries will include the time the medication was administered and the amount of medication administered as well as the signature of the person administering the medications.
- B. Controlled substances will not be given until an order has been obtained. All orders will originate from a person licensed to write medication orders by the Michigan Department of Consumer and Industry Services.
- C. Entries onto the medication record and the Controlled Substance Administration and Accountability Record will be transcribed only from a physicians order or prescription.
- D. The following information will be transcribed onto the Controlled Substance Administration and Accountability Record as well as the individual's medication sheet.
  - 1) Individual's name – include middle initial if two (2) residents have the same name.
  - 2) Allergies – If there are no known drug allergies, this space will be marked in red ink only "NKDA" or "NKMA". This space will not be left blank nor will it contain only the word "none".
  - 3) Current month and year.
  - 4) Signatures and initial of all staff that make entries on the records.
  - 5) Individual's date of birth.
  - 6) Individual's sex.
- E. The following information will be used when transcribing controlled substance medication orders onto the appropriate records.
  - 1) The date that the controlled substance was ordered by the physician.
  - 2) The name of the controlled substance as it was ordered by the physician. If a pharmacist has substituted with a different brand name or generic name, this name will be written in parenthesis under the originally ordered name.
  - 3) The strength of the medication, the amount to be given per dose and the frequency the medication is to be administered will be written on the entries, as well as special instructions concerning its use (i.e., take on an empty stomach, take one hour after meals, give with eight ounces of fluids, etc.)
- F. All days of the month proceeding the date the medication starts will be marked out.
- G. If a controlled substance order is for a specific number of days or doses, any date following the last date the medication is to be marked out on the medication record.

- H. All controlled substance orders that are discontinued by the doctor are to be highlighted in pink and also written will be the words "DISCONTINUED" with the date of the discontinuation.
  - I. All controlled substance medication orders transcribed will be cross checked by another staff member and documented as such on the back of the medication record. The staff member who transcribed the orders will note the date transcribed and initial on the back of the medication record.
  - J. Individuals, who are discharged from hospitals or other institutions where controlled substance medication therapy was prescribed, will require legibly written medication orders signed by the prescribing physician or a registered nurse designee. These written orders will be available at the time an individual is admitted to the residential facility to ensure continuity of medical treatment. The nurse will verify these orders with the psychiatrist on call and write verbal orders (V.O.) for those controlled substances on the Physician's Orders for Medication and Labwork sheet.
2. Obtaining Medication:
- A. All controlled substances obtained for individual use must be labeled for one individual only. Medication bottles will be labeled with a pharmacy label with the individual's name and specific instructions for administration.
  - B. Controlled substance medication will be picked up at the pharmacy by staff.
  - C. All controlled substances will be counted by two different staff members immediately upon entering the residential home. Verification of the count will be documented on the Controlled Substance Sheet.
3. Storage of Controlled Substances:
- A. Storage of all controlled substances will be in the double locked security cabinet designated for controlled substances. The keys for this cabinet will be retained by the designated medication passer at all times.
  - B. Discontinued, outdated, or contaminated controlled substance medications will be disposed of according to Medication Disposal Procedure.
  - C. The controlled substance medication of discharged residents will be distributed according to the orders of the physician.
  - D. The Controlled Substance double locked security cabinet is not to be utilized for storage of anything other than controlled substances.
4. Administration of Controlled Substances to Individuals:
- A. Controlled substances will be administered using the 5-check system
    - 1) right medication
    - 2) right person
    - 3) right dose
    - 4) right route
    - 5) right time
  - B. The staff member administering the controlled substance will dispense one resident's medications at a time, administer the medications, record the event, record the new Controlled substance count number, and proceed to the next resident's medications.

- C. A controlled substance needing to be cut in half to meet the required dose will be cut by the medication passer.
  - D. If due to contamination, a controlled substance needs to be disposed of, two employees will witness the disposal, one of which is a RN, and both will sign the Controlled Substances Administration and Inventory Record.
  - E. The double locked security cabinet will not be left unlocked without being attended by the designated medication passer.
  - F. Controlled substances to be given at school, clubhouse, or any place other than the residential home, require a nurse or trained staff to package the medications with the resident's name, medication name, time, and dosage listed on the outside of the medication bag. The person packaging the medication will then log on both the medication sheet and the Controlled Substances Administration and Inventory Record that these medications were sent with the resident. The resident will then self-administer these medications from the package.
  - G. Controlled substances will be administered on time (one hour before or after scheduled time is considered on time). If a controlled substance is not administered within this time frame, the circumstances surrounding the incident will be described in the individual's daily notes and a CQI will be completed in accordance with the Board procedures for Medication Errors. A nurse will be notified.
  - H. Staff will not administer a controlled substance when:
    - 1. A physician's order is missing.
    - 2. The pharmacy label is illegible.
    - 3. The pharmacy label is not compatible with the most recent physician's order.
    - 4. A discrepancy between the physician's order, the pharmacy label or the medication record exists.
    - 5. The controlled substance is unlabeled or is not in the container that it was dispensed in/ purchased in.
    - 6. The individual refuses the medication.
    - 7. The individual exhibits a dramatic change in mental or physical state.
    - 8. The individual is visibly intoxicated or the staff member had reason to suspect that the individual has been drinking alcohol or using illicit drugs.
    - 9. Staff will not administer medications that have been "set-up" by another staff member.
  - I. If a controlled substance is not administered to an individual, staff will report the situation to the on-call RN at the time of the incident. The RN will then notify the physician as needed and a CQI will be completed as needed.
5. Accounting for Controlled Substances:
- A. At the time of shift change, the designated medication passer from the off-going shift and the designated medication passer from the on-coming shift will count all controlled substance medication stored in the double locked security cabinet and ensure accuracy of that count.
  - B. Each of these employees will sign the Controlled Substance Administration and Inventory Record verifying the accuracy of the counts.
  - C. If there is a discrepancy in the controlled substance count, both designated medication passers will review the Medication Administration Record and the Controlled Substance Administration and Inventory Record for accuracy in an attempt to locate the cause of the discrepancy and to correct it.

- D. If the discrepancy is a result of a medication error, the nurse shall be notified and a Client Incident Report will be completed. A CQI/RM form will be completed by the supervisor, if appropriate.
  - E. If the cause of the discrepancy cannot be located, both the designated medication passer from the off-going shift and the designated medication passer from the on-coming shift will remain at the residential facility until released by the house supervisor. The on-call house supervisor will be notified and a CQI/RM form will be completed by the supervisor.
6. Documentation:
- A. Controlled substance medication given will be documented on the individual medication record as well as the Controlled Substance Administration and Inventory Record.
  - B. Documentation will include time, date, and signature of designated medication passer administering the medication.
  - C. Documentation will include a running total number of controlled substance medication count as well as an end-of-shift count at the end of each shift.
  - D. All controlled substance medication documentation will be in ink.
  - E. Controlled substance medication documentation will not be altered through use of correction fluid or erasure.

**DISTRIBUTION:** All NCCMH Programs

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**APPROVED BY SIGNATURE:**

Luis F. Oxholm, DO

Medical Director

11/2/2009

Date

Alexis Kaczynski

Director

10/27/2009

Date