

# Limited Lay Administration of Medications (LLAM)

## Policies and Procedures

These are medication policies and procedures to be adapted for use by facilities and entities authorized to use the LLAM program.



**Delaware Board of Nursing  
2020**

## Contents

LLAM Program Definitions .....	3
Medication Routes Policies and Procedures .....	5
Oral Medication .....	5
Rectal Medication.....	7
Vaginal Medication.....	9
Topical Medication .....	11
Inhalant Medication .....	13
Policies and Procedures .....	15
Medication Packaging and Labels .....	15
Medication Administration at Time of Admission .....	16
Medications that are Ordered As Needed (PRN) .....	17
Established Routine Medication Times.....	19
Leave of Absence Medication.....	20
Disposal of Unused Medications.....	21
Medication Records .....	22
Missed Medications.....	23
Drug Information .....	24
Medication Deviation (Error) Management .....	25
Medication Refills of Client Prescriptions.....	26
Change in Client Prescription .....	27
Emergency Injectable Epinephrine and Glucagon.....	28
Controlled Medication Policies and Procedures .....	29
Controlled Medications Count Sheet .....	30

## LLAM Program Definitions

*Abuse:* unauthorized misuse of medication with malicious intent. Certain medications are addictive or habit forming and are considered “controlled drugs” under federal law. The use of controlled substances is monitored by state and federal laws. Abuse of these medications is serious and can result in severe legal action against the offender.

*Allergy:* an adverse reaction to a medication that usually occurs after the first dose but can occur after multiple doses and may include itching, rashes, hives, or difficulty in breathing.

*Board* – Delaware Board of Nursing

*Controlled Substances:* medications are regulated by state and federal laws due to the potential for abuse. These medications must be prescribed by authorized practitioners, are stored under double lock and must be counted and accounted for in compliance with federal and state laws, as well as facility policy. For identification purposes, a controlled substance prescription must contain accessory label that reads as follows: “CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSONS OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.” Examples include – Xanax (Alprazolam), Ritalin (methylphenidate) etc.

**CONTROLLED SUBSTANCE RECORD** – written record of name and amount of each controlled substance (medication) that is updated at the beginning of each shift or no less than every 24 hours.

*Diversion:* theft of any medication, including over-the counter medications. Diversion is legally punishable.

*Limited Lay Administration of Medications (LLAM):* a process by which LLAM trained unlicensed assistive personnel (UAP) help clients take and/or receive medication as ordered for the client by a licensed healthcare practitioner authorized to prescribe.

*LLAM Trained UAP:* unlicensed assistive personnel (UAP) trained in a Board of Nursing approved Limited Lay Administration of Medications (LLAM) course.

*Medication:* a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of any illness, condition, or disease in humans.

*Medication:* any substance taken internally or applied topically to treat specific health problem. All medications must be prescribed by a practitioner authorized by law to prescribe drugs in the course of professional practice or research.

*Medication Administration:* the safe physical application of the medication into or onto the body, according to practitioner’s instructions, by licensed nursing personnel, LLAM trained unlicensed assistive personnel (UAP), or others as allowed by local and state laws and program regulations.

*Medication Container:* Refers to the container closure system and labeling, associated components (e.g., dosing cups, droppers), and external packaging (e.g., cartons or shrink wrap). Only the pharmacy container or manufacturer’s container for over-the-counter (OTC) medications with an original label and specific directions may be used.

*Medication Error:* Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the UAP.

*Medication Administration Record (MAR):* is the written record that lists the client’s name; date of birth; allergies; names of all current, ordered medications; reason the medication is given, as appropriate; prescribing or primary practitioner; special instructions; and the dosage, route(s) and time(s) of administration for all medications. The MAR is signed/initialed after each client has taken and/or received the appropriate medication.

*Over The Counter Medication (OTC):* medications or drugs which may be sold without a prescription and which are packaged for use by the consumer and labeled in accordance with the requirements of the

statutes and regulations of State and federal government.

*Unlicensed Assistive Personnel (UAP):* Individuals who help clients with physical disabilities, mental impairments, and other health care needs. They provide care for healthcare consumers in need of their services in a variety of approved settings. UAPs do not hold a license or other mandatory professional requirements for practice though many hold various certifications.

*Practitioner:* individual who is authorized by law to prescribe drugs in the course of professional practice or research.

*Prescription Medication:* medication that must be ordered by a practitioner authorized to prescribe, because the use of such should occur under supervision.

Medication Routes Policies and Procedures		
<b>Policy Name:</b> Oral Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Oral medications are tablets, capsules/caplets and liquids that are taken by mouth and swallowed.		
<p><b>Policy:</b> The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication. LLAM trained UAPs may not:</p> <ul style="list-style-type: none"> <li>• convert or calculate dosage.</li> <li>• assess a client for the need for or response to a medication.</li> <li>• use nursing judgment regarding the administration of PRN medication.</li> <li>• administer medications to a client who is unstable or has changing needs.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Prepare</b></p> <ol style="list-style-type: none"> <li>1. Review the MAR for medication(s) due.</li> <li>2. Wash hands before and after handling medications.</li> <li>3. Pre-fill water cups to avoid distractions.</li> </ol> <p><b>Identify the Right Client</b></p> <ol style="list-style-type: none"> <li>1. Administer to only one client at a time.</li> <li>2. Use the client's name and/or name band or validate with another employee.</li> <li>3. Give medication to the client as soon as it is prepared.</li> </ol> <p><b>Identify and Prepare the Right Medication</b></p> <ol style="list-style-type: none"> <li>1. Read the MAR and select the proper medication container.</li> <li>2. Read the prescription label and check against the information on the MAR.</li> <li>3. If the prescription label and the MAR do not agree STOP and notify supervisor or administrator. Do not give medication until the problem is resolved.</li> <li>4. Do NOT crush oral medications. Notify prescribing practitioner if client cannot swallow medication as ordered.</li> <li>5. Ensure that the dose that is taken is the exact amount ordered for the client.</li> <li>6. Measure liquids with appropriate measuring devices. Stop if unsure about the measurement and notify supervisor, administrator, pharmacist or prescribing practitioner.</li> </ol> <p><b>Observe the Client</b></p> <ol style="list-style-type: none"> <li>1. Always face and observe the client to ensure the client swallowed medication.</li> <li>2. Never leave the client unsupervised with oral medication.</li> <li>3. Listen to any comments the client has about the medication and record and report them to the supervisor, administrator or nurse consultant.             <ol style="list-style-type: none"> <li>a. Clients do have a right to refuse medication; however, explain that it is not always safe to suddenly stop a medication and ask why the client is refusing the medication.</li> <li>b. If the client refuses the medication as part of a behavioral issue, lock the medication away, wait 15 minutes and offer it again.</li> <li>c. Immediately notify supervisor/administrator or nurse consultant if the client continues to refuse the medication.</li> <li>d. Immediately notify the prescribing practitioner if the client refuses a medication that may result in a serious response such as seizures.</li> </ol> </li> </ol>		

e. Document all incidents related to medication administration.

**Document**

1. Document that the client received the medication on the client's MAR.
2. If medication is a controlled substance remember to enter the number used on the controlled medication count sheet.
3. Document and report any significant comments from the client or observations made in the administration of medication.

Medication Routes Policies and Procedures		
<b>Policy:</b> Rectal Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Rectal suppositories are medications placed in the rectum		
<p><b>Policy:</b> The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication. LLAM trained UAPs may not:</p> <ul style="list-style-type: none"> <li>• convert or calculate dosage.</li> <li>• assess a client for the need for or response to a medication.</li> <li>• use nursing judgment regarding the administration of PRN medication.</li> <li>• administer medications to a client who is unstable or has changing needs.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Prepare</b></p> <ol style="list-style-type: none"> <li>1. Review the MAR for medication(s) due.</li> <li>2. Wash your hands before and after handling medications and gloving.</li> <li>3. Read and follow directions on package insert.</li> <li>4. Provide privacy for client and have a second staff member present.</li> </ol> <p><b>Identify the Right Client</b></p> <ol style="list-style-type: none"> <li>1. Administer to only one client at a time.</li> <li>2. Use the client's name and/or name band or validate with another employee.</li> <li>3. Give medication to the client as soon as it is prepared.</li> <li>4. Inform the client about the medication and route of delivery.</li> </ol> <p><b>Identify the Right Medication</b></p> <ol style="list-style-type: none"> <li>1. Read the MAR and select the proper medication container.</li> <li>2. Read the prescription label and check against the information on the MAR.</li> <li>3. If the prescription label and the MAR do not agree, STOP and notify the supervisor or administrator. Do not give medication until the problem is resolved.</li> </ol> <p><b>Administration of the Medication</b></p> <ol style="list-style-type: none"> <li>1. Read and follow directions on package insert.</li> <li>2. Stop if unsure about the procedure or if the client refuses; notify your supervisor, administrator, pharmacist or prescribing practitioner.</li> <li>3. Remove medication from refrigerator and warm in room air ten minutes before use.</li> <li>4. Remove any wrapping from the suppository.</li> <li>5. Wash hands and wear gloves.</li> <li>6. Ask client to lie on the left side with the right knee drawn up.</li> <li>7. Use a water-soluble lubricant to lubricate the suppository if needed.</li> <li>8. Insert the pointed or rounded end of the suppository into the rectum.</li> <li>9. Push gently to ensure that the suppository is in the rectal area.</li> <li>10. Encourage the client to remain lying down to retain the suppository for the time specified in the directions.</li> </ol> <p><b>Observe the Client</b></p> <ol style="list-style-type: none"> <li>1. Always face and observe the client to ensure the client retained the medication.</li> <li>2. Never leave the client unsupervised with oral medication.</li> </ol>		

3. Listen to any comments the client has about the medication and record and report them to supervisor, administrator or nurse consultant.
  - a. Clients do have a right to refuse medication; however, explain that it is not always safe to suddenly stop a medication and ask why the client is refusing the medication.
  - b. If the client refuses the medication as part of a behavioral issue, lock the medication away, wait 15 minutes and offer again.
  - c. Immediately notify supervisor/administrator or nurse consultant if the client continues to refuse the medication.
  - d. Immediately notify the prescribing practitioner if the client refuses a medication that may result in a serious response such as seizures.
  - e. Document all incidents related to medication administration.

**Document**

1. Document that the client received the medication on the client's MAR.
2. If the medication is a controlled substance remember to enter the number used on the controlled medication count sheet.
3. Document and report any significant comments from the client or observations made in the administration of medication.



Medication Routes Policies and Procedures		
<b>Policy:</b> Vaginal Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Vaginal suppositories are medications placed in the vagina.		
<p><b>Policy:</b> The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication. LLAM trained UAPs may not:</p> <ul style="list-style-type: none"> <li>• convert or calculate dosage.</li> <li>• assess a client for the need for or response to a medication.</li> <li>• use nursing judgment regarding the administration of PRN medication.</li> <li>• administer medications to a client who is unstable or has changing needs.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Prepare</b></p> <ol style="list-style-type: none"> <li>1. Review the MAR for medication(s) due.</li> <li>2. Wash your hands before and after handling medications and gloving.</li> <li>3. Read and follow directions on package insert.</li> <li>4. Provide privacy for client and only female staff should be present.</li> </ol> <p><b>Identify the Right Client</b></p> <ol style="list-style-type: none"> <li>1. Administer to only one client at a time.</li> <li>2. Use the client's name and/or name band or validate with another employee.</li> <li>3. Give medication to the client as soon as it is prepared.</li> <li>4. Inform the client about the medication and route of delivery.</li> </ol> <p><b>Identify the Right Medication</b></p> <ol style="list-style-type: none"> <li>1. Read the MAR and select the proper medication container.</li> <li>2. Read the prescription label and check against the information on the medication sheet.</li> <li>3. If the prescription label and the MAR do not agree STOP and notify supervisor or administrator. Do not give medication until the problem is resolved.</li> </ol> <p><b>Administration of the Medication</b></p> <ol style="list-style-type: none"> <li>1. Read and follow directions on package insert.</li> <li>2. Stop if unsure about the procedure or if the client refuses; notify your supervisor, administrator, pharmacist or prescribing practitioner.</li> <li>3. Remove medication from refrigerator and warm in room air ten minutes before use.</li> <li>4. Remove any wrapping from the suppository; for foams, gels, creams, fill the applicator.</li> <li>5. Wash hands and wear gloves.</li> <li>6. Ask client to lie on her back with her knees drawn up .</li> <li>7. Use a water-soluble lubricant to lubricate the suppository if needed.</li> <li>8. Insert the pointed or rounded end of the suppository into the vagina.</li> <li>9. Push gently to ensure that the suppository is in the vagina.</li> <li>10. Encourage the client to remain lying down to retain the medication for the time specified in the directions.</li> </ol> <p><b>Observe the Client</b></p> <ol style="list-style-type: none"> <li>1. Always face and observe the client to ensure client retained the medication.</li> <li>2. Never leave the client unsupervised with medication.</li> <li>3. Listen to any comments the client has about the medication and record and report them.</li> </ol>		

to supervisor, administrator or nurse consultant.

- a. Clients do have a right to refuse medication; however, explain that it is not always safe to suddenly stop a medication and ask why the client is refusing the medication.
- b. If the client refuses the medication as part of a behavioral issue, lock the medication away, wait 15 minutes and offer again.
- c. Immediately notify supervisor/administrator or nurse consultant if the client continues to refuse the medication.
- d. Immediately notify the prescribing practitioner if the client refuses a medication that may result in a serious response such as seizures.

Document all incidents related to medication administration.

**Document**

1. Document that the client received the medication on the client's MAR.
2. If the medication is a controlled substance remember to enter the number used on the controlled medication count sheet.
3. Document and report any significant comments from the client or observations made in the administration of medication.

Medication Routes Policies and Procedures		
<b>Policy:</b> Topical Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Topical medications are creams, liquids, powders, prescription soaps and shampoos, ointments and patches that are applied to the skin, hair, eyes, and ear canals		
<p><b>Policy:</b> The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication. LLAM trained UAPs may not:</p> <ul style="list-style-type: none"> <li>• convert or calculate dosage.</li> <li>• assess a client for the need for or response to a medication.</li> <li>• use nursing judgment regarding the administration of PRN medication.</li> <li>• administer medications to a client who is unstable or has changing needs.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Prepare</b></p> <ol style="list-style-type: none"> <li>1. Review MAR for medication(s) due.</li> <li>2. Wash your hands before and after handling medications and gloving.</li> <li>3. Read and follow directions on package insert.</li> <li>4. Provide privacy for client.</li> </ol> <p><b>Identify the Right Client</b></p> <ol style="list-style-type: none"> <li>1. Administer to only one client at a time.</li> <li>2. Use the client's name and/or name band or validate with another employee.</li> <li>3. Give medication to the client as soon as it is prepared.</li> <li>4. Inform the client about the medication and route of delivery.</li> </ol> <p><b>Identify the Right Medication</b></p> <ol style="list-style-type: none"> <li>1. Read the MAR and select the proper medication container.</li> <li>2. Read the prescription label and check against the information on the MAR.</li> <li>3. If the prescription label and the MAR do not agree STOP and notify supervisor or administrator. Do not give medication until the problem is resolved.</li> </ol> <p><b>Administration of the Medication</b></p> <ol style="list-style-type: none"> <li>1. Read and follow directions on package insert.</li> <li>2. Stop if unsure about the procedure or if the client refuses; notify your supervisor, administrator, pharmacist or prescribing practitioner.</li> <li>3. Eye medications: measure carefully and warm before use if refrigerated.             <ol style="list-style-type: none"> <li>a. Ask the client to sit.</li> <li>b. For ointment medication: gently pull the lower lid down and place a ribbon of medication on the lower eyelid starting with the inner eye moving to the outer eye.</li> <li>c. For eye drops: gently pull the lower lid down and place the prescribed amount on the inner eyelid. Do not drop directly onto eyeball.</li> </ol> </li> <li>4. Ear medications: measure carefully and warm before use if refrigerated.             <ol style="list-style-type: none"> <li>a. Ask the client to tip his/her head so that the treated ear is higher than the unaffected ear and instill the precise number of drops prescribed.</li> <li>b. Ask the client to maintain the position for one minute.</li> </ol> </li> <li>5. Medication patches             <ol style="list-style-type: none"> <li>a. Remove the old medication patch and discard per package directions.</li> <li>b. Rotate sites where patches are applied. Medication patches should not be</li> </ol> </li> </ol>		

applied to the same site as the old patch.

- c. Report and document an skin irritation where the old patch was applied.

**Observe the Client**

1. Listen to any comments the client has about the medication and record and report them to supervisor, administrator or nurse consultant.
2. Clients do have a right to refuse medication; however, explain that it is not always safe to suddenly stop a medication and ask why the client is refusing the medication.
  - a. If the client refuses the medication as part of a behavioral issue, lock the medication away, wait 15 minutes and offer again.
  - b. Immediately notify supervisor/administrator or nurse consultant if the client continues to refuse the medication.
  - c. Immediately notify the prescribing practitioner if the client refuses a medication that may result in a serious response such as seizures.
  - d. Document all incidents related to medication administration.

**Document**

1. Document that the client received the medication on the client's MAR.
2. If the medication is a controlled substance remember to enter the number used on the controlled medication count sheet.
3. Document and report any significant comments from the client or observations made in the administration of medication.

Medication Routes Policies and Procedures		
<b>Policy:</b> Inhalant Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<p><b>Definition:</b> Inhalant medications are medications inhaled through the nose (nasal inhalants) or inhaled through the mouth (oral inhalants), and are commonly used for asthma and allergies. Nebulizer units are machines that produce a strong flow of inhaled medication.</p>		
<p><b>Policy:</b> The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication. LLAM trained UAPs may not:</p> <ul style="list-style-type: none"> <li>• convert or calculate dosage.</li> <li>• assess a client for the need for or response to a medication.</li> <li>• use nursing judgment regarding the administration of PRN medication.</li> <li>• administer medications to a client who is unstable or has changing needs.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Prepare</b></p> <ol style="list-style-type: none"> <li>1. Review MAR for medication(s) due. As needed (PRN) inhalants should be used according to practitioner's orders and not offered routinely to client.</li> <li>2. Wash your hands before and after handling medications and gloving.</li> <li>3. Evaluate inhalant canisters per package instructions to determine that there is sufficient medication remaining.</li> <li>4. Read and follow directions on package insert.</li> </ol> <p><b>Identify the Right Client</b></p> <ol style="list-style-type: none"> <li>1. Administer to only one client at a time.</li> <li>2. Use the client's name and/or name band or validate with another employee.</li> <li>3. Give medication to the client as soon as it is prepared.</li> <li>4. Inform the client about the medication and route of delivery.</li> </ol> <p><b>Identify the Right Medication</b></p> <ol style="list-style-type: none"> <li>1. Read the MAR and select the proper medication container.</li> <li>2. Read the prescription label and check against the information on the MAR.</li> <li>3. If the prescription label and the MAR do not agree STOP and notify supervisor or administrator. Do not give medication until the problem is resolved .</li> </ol> <p><b>Administration of the Medication</b></p> <ol style="list-style-type: none"> <li>1. Many inhalant medications are given to stop or prevent an asthma attack.             <ol style="list-style-type: none"> <li>a. Believe a client who asks to use an `emergency inhaler' or nebulizer unit and allow the client access to the inhaler or nebulizer and meds.</li> <li>b. DO NOT leave a client in crises! If unsure about the procedure or if the client refuses immediately contact supervisor, administrator, pharmacist or prescribing practitioner.</li> <li>c. If medication is an emergency ASTHMA medication and is not bringing relief within 5 minutes as ordered (occasionally 2 treatments 5 minutes apart are ordered.) Call 911.</li> </ol> </li> </ol>		

**Observe the Client**

1. Listen to any comments the client has about the medication and record and report them to supervisor, administrator or nurse consultant.
2. Clients do have a right to refuse medication; however, explain that it is not always safe to suddenly stop a medication and ask why the client is refusing the medication.
  - a. If the client refuses the medication as part of a behavioral issue, lock the medication away, wait 15 minutes and offer again.
  - b. Immediately notify supervisor/administrator or nurse consultant if the client continues to refuse the medication.
  - c. Immediately notify the prescribing practitioner if the client refuses a medication that may result in a serious response such as seizures.
  - d. Document all incidents related to medication administration.

**Document**

1. Document that the client received the medication on the client's MAR.
2. If the medication is a controlled substance remember to enter the number used on the controlled medication count sheet.
3. Document and report any significant comments from the client or observations made in the administration of medication.

Policies and Procedures		
Policy: <b>Medication Packaging and Labels</b>	Date Approved:	Review Date:
<p><b>Definition:</b> By federal and state laws and regulation all medications must be in federally approved packaging with labels containing all necessary information.</p>		
<p><b>Policy:</b> LLAM trained UAPs may only administer medication that is prescribed and dispensed by person(s) licensed to dispense medication in Delaware. All medication must be in the original container.</p> <ul style="list-style-type: none"> <li>• If dispensed by the pharmacy, the pharmacy container must have a prescription label.</li> <li>• If an over- the-counter medication, the medication must be in the original manufacture’s packaging with the manufacturers label attached.</li> </ul>		
<p><b>Procedure:</b></p> <p><b>Label Not Legible</b></p> <p>Medications received in packaging that has a label which is not legible or appears to have been altered by someone (writing on the label) will not be given to the client until legible instructions are obtained. If the label is not legibly or not valid:</p> <ol style="list-style-type: none"> <li>1. Contact the healthcare provider/prescriber ore pharmacy for a new prescription or to have the container relabeled.</li> </ol> <p><b>Multiple Medications in One Container</b></p> <ol style="list-style-type: none"> <li>1. Medication bottles should NOT contain more than one kind of medication.</li> <li>2. Notify the supervisor or administrator immediately.</li> <li>3. DO NOT use any medication from the container.</li> </ol> <p>Never remove medication from an original pharmacy container and place in another container. This is considered dispensing and requires appropriate licensure.</p> <p><b>Liquids</b></p> <p>Pour liquids out of the bottle on the side away from the label to preserve the label.</p> <p><b>Oral Medications</b></p> <p>Never mix the contents of an old pill bottle with the contents of a new pill bottle. There may be a change in the brand or dose which will create confusion and error.</p>		

Policies and Procedures		
<b>Policy:</b> Medication Administration at Time of Admission	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Clients with medication needs may be admitted to the facility at any time during a 24-hour period.		
<b>Policy:</b> All clients regardless of admission time must have all medications documented at the time of admission.		
<b>Procedure:</b> <ol style="list-style-type: none"> <li>1. Documentation of medication at time of admission:               <ol style="list-style-type: none"> <li>a. Medications will be entered into a medication administration record (MAR) using one record sheet for each medication.</li> <li>b. Staff will complete the appropriate MAR when a client is admitted with medications in the evening or weekend.</li> <li>c. Staff will count in all medications received and document on the appropriate sheet using the date, the time and the count.</li> </ol> </li> <li>2. Select the correct MAR:               <ol style="list-style-type: none"> <li>a. Regular monthly MAR and/or</li> <li>b. As Needed Medication Sheet (PRN)</li> <li>c. Controlled Medication Count Sheet if either the regular medication or the as needed medication is a controlled substance. Contact pharmacist to identify controlled drugs.</li> </ol> </li> <li>3. Print clearly all required medication information and instructions:               <ol style="list-style-type: none"> <li>a. Client's name, date of birth, admission date</li> <li>b. Pharmacy name and phone number as found on the prescription label (Inhalers have labeled boxes)</li> <li>c. List any known allergies, if none known print: NKA for no known allergies</li> <li>d. Identify the date and time the first dose of medicine will be given in facility</li> <li>e. Use a yellow high-lighter to block out all days prior to admission date.</li> </ol> </li> <li>4. No physician instructions may be written in the medication log without proper documentation.               <ol style="list-style-type: none"> <li>a. A faxed copy of the prescription is acceptable documentation.</li> <li>b. Notify nurse if needing assistance in obtaining documentation of practitioner orders.</li> <li>c. Photograph of client with client's name on it should be kept in the medication log.</li> <li>d. MARs are to be filed in alphabetical order.</li> </ol> </li> </ol>		



Policies and Procedures		
<b>Policy:</b> Medications that are Ordered As Needed (PRN)	Date Approved:	Review Date:
<b>Definition:</b> As needed medication is medication given under physician order for a specific client when than client request the medication for the appropriate reason.		
<b>Policy:</b> A prescription is required for all as needed for all medications, both over the counter and by prescription. The prescription will outline the exact amount to be administered. Range orders, such as 1-2 tablets, are discouraged.		
<p><b>Procedure:</b></p> <p><b>By Request</b></p> <ol style="list-style-type: none"> <li>1. Client must request medication; medication will not be offered.</li> <li>2. Client must request the medication for the appropriate reason.</li> <li>3. The need expressed by the client must be listed as a reason to give the medication.</li> </ol> <p><b>Review the As Needed MAR</b></p> <ol style="list-style-type: none"> <li>1. Review the maximum recommended dosage per day on over the counter packaging and review the As Needed MAR.</li> <li>2. DO NOT give more medication than is recommended in 24 hours.</li> <li>3. DO NOT give medication closer than recommended on the package or on the MAR.</li> <li>4. Contact supervisor, administrator, nurse consultant or physician if client requests frequent repeat medication.</li> </ol> <p><b>Asthma</b></p> <ol style="list-style-type: none"> <li>1. If as needed medication is an emergency asthma inhaler or medication for a nebulizer unit and is not bringing relief within 5 minutes as ordered (occasionally 2 treatments 5 minutes apart are ordered). Call 911.</li> <li>2. Frequent use of an as needed medication such as an emergency asthma inhaler must be reported to the prescribing practitioner.</li> </ol> <p><b>Containers</b></p> <p>As needed medications will be:</p> <ol style="list-style-type: none"> <li>1. Labeled prescription containers issued by the pharmacy, or</li> <li>2. Over the counter medications in their original package.</li> </ol> <p><b>Documentation</b></p> <ol style="list-style-type: none"> <li>1. As needed medications will be documented on a an "As Needed" MAR separate from the daily medication administration sheet.</li> <li>2. The client response to the medication will be documented within two hours of receiving the medication.</li> <li>3. If the client is not relieved by the medication and is not in crises contact the nurse consultant or prescribing physician.</li> <li>4. If the client is not relieved by medication and appears or state he/she is in crisis. Call 911.</li> </ol>		

As Needed MAR				
Medication Name Dose				
To be given for complaint of:				
Date	Time Given	Reason Given	Results	Staff Signature

Policies and Procedures		
<b>Policy:</b> Established Routine Medication Times	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Routine medications are taken at regular times to prevent too much or too little medication.		
<b>Policy:</b> Routine medications will be given at or within 60 minutes before or after the assigned medication times. The facility will determine the assigned times based on the prescription information of the clients and the facility program needs.		
<p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Medication administration will occur at the indicated time or within 60 minutes before or within 60 minutes after the indicated time.</li> <li>2. Medications not received in the above assigned time window are considered either too early or too late and are to be reported to the supervisor or administrator or consulting nurse.               <ol style="list-style-type: none"> <li>a. When a medication has been missed and the incident discovered over the 60 minute window, the prescribing practitioner may be contacted for guidance.</li> <li>b. A nurse consultant may receiving orders for assisting staff regarding early or late or totally missed medications.</li> </ol> </li> <li>3. The assigned numerical times will appear on the MAR. AM and PM are not considered assigned times.</li> <li>4. Unusual times outside of the established routine times may occur when a medication is ordered every six, eight or twelve hours, before meals or after meals.               <ol style="list-style-type: none"> <li>a. Special times will be assigned but at least one of the special times will fall on a routine assigned time.</li> <li>b. Example – Give medication every 12 hours. The AM time will be the same as the AM routine medication time to help staff remember medication needs to be administered.</li> <li>c. Staff will pass verbal and or written reminders to the next shift when medications are due at other than routine times.</li> </ol> </li> </ol> <p><b>Medication Error</b></p> <ul style="list-style-type: none"> <li>• Medications not administered at assigned times or are missed during a 24 hour period are considered to be an error.</li> <li>• Report error to supervisor or administrator.</li> <li>• Consult prescribing practitioner for guidance.</li> <li>• Complete Error Report.</li> </ul>		

Policy and Procedures		
<b>Policy:</b> Leave of Absence Medication	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Leave of Absence Medication is medication issued when a client is away from the facility during the time medication is routinely given.		
<b>Policy:</b> Leave of absence medications will only be prepared by a pharmacy or a practitioner authorized to dispense a medication from its original container and in the absence of such preparation the original pharmacy container of medication will be sent with the client.		
<b>Procedure:</b> <ol style="list-style-type: none"> <li>1. Medication will be counted and documented whenever it is received by staff and whenever it leaves the building upon:               <ol style="list-style-type: none"> <li>a. Admission</li> <li>b. Discharge</li> <li>c. New prescription from pharmacy</li> <li>d. Leave of Absence</li> </ol> </li> <li>2. Medication for a temporary Leave of Absence will be provided in:               <ol style="list-style-type: none"> <li>a. The original container, or</li> <li>b. A separate container prepared by the pharmacy that has a sufficient supply of medication during the anticipated leave.</li> </ol> </li> <li>3. Medication at discharge will be provided in the original container.</li> </ol>		

Policy and Procedure		
<b>Policy:</b> Disposal of Unused Medications	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Unused personal prescription medication cannot be retained for another client.		
<b>Policy:</b> It is the policy to dispose of unused or discontinued medication in accordance with current federal and state requirements.		
<p><b>Procedure:</b></p> <p>Whenever possible, return discontinued/unused medication to the pharmacy for disposal with the appropriate documentation.</p> <p>If not possible to return medications, dispose of unused medications by having the process:</p> <ol style="list-style-type: none"> <li>1. Supervised and documented by two people within the facility.               <ol style="list-style-type: none"> <li>a. Place dry medications or pour liquid medications into kitty litter or used coffee grounds, mix well and put in regular trash.</li> <li>b. Wrap in newspaper and discard creams, suppositories and ointments in the original containers directly into a trash receptacle that is not accessible to clients.</li> </ol> </li> <li>2. Document the date, time, medication amount, and disposal method on the MAR and have both supervising people sign the sheet.</li> <li>3. <b>Controlled medications disposal must be also documented on the controlled substance record. Follow the procedures above except for some of the controlled substances listed on FDA list that can be disposed by flushing. The FDA</b> continually evaluates medicines for safety risks and will update the <b>safe disposal of each</b>, as needed. Please visit “Disposal of <b>Unused Medicines: What You Should Know</b>” page at: <a href="http://www.fda.gov">www.fda.gov</a> for <b>the most current</b> information.</li> </ol>		

Policy and Procedures		
Policy:	Date Approved:	Review Date:
Medication Records		
<p>Definition: Medication Administration Record (MAR) is a written or electronic record that lists the client name, date of birth, allergies, reason the medication is given, prescribing practitioner and phone number, special instructions, and the dosage, route(s) and time(s) of administration.</p> <p>Each time a routine medication is due and each time an As Needed medication is requested by and given to the client, the LLAM trained UAP must initial that each client has received the appropriate medication.</p>		
<p>Policy: It is the policy of to create and maintain medication records for each client including but not limited to the Prescription and/or written Practitioner's Order, the routine and As Needed MARs, the Controlled Substance Record, and a Medication Error Reporting form.</p>		
<p>Procedure:</p> <p>The LLAM trained UAP will Identify the right client and use the Medication Record to:</p> <ol style="list-style-type: none"> <li>1. Administer medication at the right time or within a window of either 60 minutes before and 60 minutes after the assigned time.</li> <li>2. Select the right medication by reading the MAR and the medication label.</li> <li>3. Measure or count the right dosage of medication.</li> <li>4. Ensure medication is taken by the right route.</li> <li>5. Initial or sign the routine or as needed MAR after observing each client take medication.</li> <li>6. Use black or dark blue pen and write legibly.</li> <li>7. Ensure that his/her signature is on the MAR if using initials.</li> <li>8. Document and report all missed dosages of medications.                         <ol style="list-style-type: none"> <li>a. Count and record type and number of controlled substances at the beginning of each scheduled shift or change of personnel in a licensed facility.</li> <li>b. Resolve discrepancies in count at the time of the shift or count.</li> <li>c. Notify administration who will contact the Office of Narcotics and Dangerous Drugs (ONDD) if there is a shortage due to an unexplained loss of a controlled substance.</li> </ol> </li> <li>9. Complete medication error form for each error according to facility instructions.</li> <li>10. Complete medication entries at admission, discharge and transfer or for a change in prescription following the applicable facility policy.</li> </ol>		

Policy and Procedure		
<b>Policy Name:</b> Missed Medications	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> A routine medication that is not given OR is given outside the 60 minute before and 60 minute after the assigned time window is said to be “missed”.		
<b>Policy:</b> It is the policy of to address missed medications by identifying the reason for the missed medication, notifying the appropriate practitioner and taking remedial action.		
<p><b>Procedure:</b></p> <p>When a medication is not signed for in the routine medication record or has fallen outside the approved window of time and is believed to be “missed” the individual identifying the “miss” will:</p> <ol style="list-style-type: none"> <li>1. Notify supervisor and/or nurse if a routine dose of medication was missed and/or not signed for (blank space).</li> <li>2. Not give medication without nurse or prescribing practitioner’s guidance when a medication is not given on time. Time allotted is 60 minutes before and 60 minutes after the assigned time.</li> <li>3. Circle, initial and document reason medication was missed.</li> <li>4. Complete medication error report.</li> <li>5. If a medication is missed due to a recurring commitment consult with nurse or practitioner about changing the medication time.</li> </ol>		

Policy and Procedure		
<b>Policy:</b> Drug Information	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Drug information is information that is meaningful to the lay reader and has basic dosing and side effect information.		
<b>Policy:</b> Information on side effects for each medication is available and that mechanisms are in place that support verbal and written reporting of observations of clients.		
<b>Procedure:</b> <ol style="list-style-type: none"> <li>1. Drug information will be available on each medication currently present in the facility. Patient Counseling Sheets available from the Pharmacy are sufficient.</li> <li>2. LLAM trained UAPs are responsible for reviewing the drug information and for reporting physical, mental, behavioral or social changes.</li> <li>3. The Poison Control Center is a valid resource for emergency information provided the client is not having difficulty breathing or other acute crises.</li> <li>4. 911 should be called for clients having difficulty breathing or other acute distress.</li> </ol>		



Policy and Procedure		
<b>Policy:</b> Medication Deviation (Error) Management	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, client or LLAM trained UAP.		
<b>Policy:</b> Document and respond appropriately to any deviations in medication management, more specifically to a failure of the right client to receive the right dose of the right medication at the right time by the right route, or and incident of diversion of medication (theft).		
<b>Procedure:</b> <ol style="list-style-type: none"> <li>1. Medication deviations will be reported to administration, documented and the documentation retained by the facility.</li> <li>2. Errors made by LLAM trained UAPs will be tracked and appropriate corrective action taken, including counseling, to prevent future errors.</li> <li>3. Counseling can include discussion with an action plan for improvement, retake of course/testing, or retesting.</li> <li>4. Prohibit medication administration for LLAM trained UAPs who have two errors within a six month timeframe. The UAP must repeat the entire core curriculum and module.</li> <li>5. Diversion (theft) of Medication, including diversion of controlled substances, will be promptly reported to the Office of Narcotics and Dangerous Drugs. In addition, theft or diversion of controlled substances or other medications will be handled according to facility policy.</li> </ol>		

Policy and Procedure		
<b>Policy:</b> Medication Refills of Client Prescriptions	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Client prescriptions are issued in a certain quantity which needs to be reordered or “refilled” before the client is out of the medication.		
<b>Policy:</b> Client prescriptions will be reordered or “refilled” before the client is out of the medication. Over the Counter medications can be purchased without a prescription but CANNOT be given without a practitioners order.		
<b>Procedure:</b> The LLAM trained UAP will: <ol style="list-style-type: none"> <li>1. Notify administration when client is down to no less than 7 days of medication so refill medication may be ordered.</li> <li>2. Use facility pharmacy for all refills and new prescriptions.</li> <li>3. Refills of medication must be counted and are entered in a new 30 day section on the current month log sheet or per the employer’s procedures.</li> <li>4. Follow the admission procedure for highlighting the days until the refill is started.</li> <li>5. Count the medication in and enter the count, date, time and initials on the med sheet.</li> </ol>		

Policy and Procedure		
<b>Policy:</b> Change in Client Prescription	<b>Date Approved:</b>	<b>Review Date:</b>
<b>Definition:</b> Client prescriptions are changed when a practitioner decides an adjustment in the medication is needed.		
<b>Policy:</b> All changes to a client's prescriptions must be in writing and delivered to the appropriate pharmacy.		
<b>Procedure:</b> <ol style="list-style-type: none"><li>1. Prescription can only be changed by a licensed practitioner.</li><li>2. Do NOT write the changed orders on the old prescription label.</li><li>3. All changes in prescription must be written and delivered to the dispensing pharmacy.</li><li>4. If the change involves a medication recently filled, administration may request the prior medication be returned to the pharmacy for a change in the prescription label.</li><li>5. Follow new medication procedure for entering in the MAR if the dose or any other instructions are changed.</li><li>6. Turn old MAR sheet into the office to avoid confusion.</li></ol>		

## Policies and Procedures for

**Policy**

**Date Approved:    Review Date:**

### Injectable Epinephrine and Glucagon

**Definition:** Epinephrine is prescribed as an emergency injection for a client with life threatening allergic reactions. Glucagon is prescribed for a diabetic client in an emergency situation.

**Policy:** A LLAM trained UAP may administer epinephrine to a client in an allergic crisis by administering an emergency epinephrine (epi) injection.

A LLAM trained UAP may administer glucagon to a client in a hypoglycemic crisis by administering an emergency glucagon injection.

**Procedure:**

1. LLAM trained UAP should periodically read the package insert regarding administration of the emergency epinephrine injection or glucagon injection and practice with a trainer pen.
2. The emergency injection must be prescribed specifically for the client to whom it is being administered.
3. The order must state what circumstances would warrant the use of the injection.
4. If the client meets the criteria for administration as indicated by the healthcare provider, administer the emergency injection.
  1. Identify the right client, and proceed only if you know the client.
  5. Dial 911.
  6. Proceed with delivering resuscitation or CPR measures, if required.
  7. Notify the facility or employer administration as soon as possible.
  2. Document the medication in the MAR or per the employer's policy.

Controlled Medication Policies and Procedures		
<b>Policy:</b>	<b>Date Approved:</b>	<b>Review Date:</b>
Controlled Medications		
<p><i>USE (6 Rights):</i> at the right TIME, the right CLIENT receives the right MEDICATION in the right DOSE by the right ROUTE and the right DOCUMENTATION</p> <p><b>Definition:</b> Controlled substances are medications that are regulated by state and federal laws due to the potential for abuse. These medications must be prescribed by authorized practitioners, are stored under double lock and must be counted and accounted for in compliance with federal and state laws, as well as facility policy.</p>		
<p><b>Policy:</b> Identify and account for client controlled medication in accordance with facility protocol, state and federal regulation.</p> <p><b>Procedure:</b></p> <p><b><u>Identification of Controlled Medication:</u></b></p> <ol style="list-style-type: none"> <li>1. Controlled substance prescription must contain accessory label that reads as follows: "CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSONS OTHER THAN THE PATIENT FOR WHOM PRESCRIBED." Examples include – Xanax (Alprazolam), Ritalin (methylphenidate) etc.</li> <li>2. Pharmacist dispensing controlled medication may provide information and necessary Controlled Medication Count Sheet to help with the accountability and documentation.</li> </ol> <p><b><u>Storage and Security of Controlled Medication:</u></b></p> <ol style="list-style-type: none"> <li>1. Controlled drugs must be stored under a double lock system. Note: It should include a substantially build cabinet/cart with an additional compartment (securely attached) with a separate lock for the storage of controlled substances. All medications must be locked and accessible only to authorized personnel.</li> <li>2. One key must NOT operate both locks; each lock requires different keys.</li> <li>3. Keys are to be kept in the custody of the individual assigned the responsibility to administer medications on a shift. Keys are not to be handed randomly to other staff.</li> <li>4. Store medications according to manufacturer's guidelines related to temperature, light etc. If controlled substance requires refrigeration, a locked box must be used in the refrigerator or the refrigerator must have a lock in place on the outside.</li> </ol> <p><b><u>Documentation Procedure:</u></b></p> <ol style="list-style-type: none"> <li>1. The client's MAR indicates when a medication is a controlled substance and must be counted. The client medication administration record (MAR) is to be completed and signed each time the medication is administered.</li> </ol> <p><b><u>Shift Change Procedure:</u></b></p> <ol style="list-style-type: none"> <li>1. Controlled substances require a second documentation to be completed at every change of shift.</li> <li>2. Off going staff must count controlled medication in the presence of the oncoming staff at each shift change.</li> <li>3. The amount of medication (if any) administered during the shift can be found on the client's MAR.</li> <li>4. Errors should be reported to the supervisor or administrator and off going shift personnel are to remain until the error is resolved or staff is excused by the supervisor or administrator.</li> </ol>		

Controlled Medication Policies and Procedures					
<b>Policy:</b> Controlled Medication Count Sheet		<b>Date Approved:</b>		<b>Review Date:</b>	
<b>Definition:</b> Controlled substances are medications that are regulated by state and federal laws due to the potential for abuse. These medications must be prescribed by authorized practitioners, are stored under double lock and must be counted and accounted for in compliance with federal and state laws, as well as facility policy.					
<b>Policy:</b> Identify and account for client controlled medications in accordance with facility protocol, state and federal regulation.					
Controlled Medication (Substance) Count Sheet					
<b>Procedure:</b> Use one sheet per medication. Count medication at the beginning and end of each shift. Oncoming and outgoing staff members must count the medication together.					
<b>Name of Client:</b>					
<b>Medication Name and Dose:</b>					
<b>Amount of Medication Received:</b>			<b>Date:</b>		
			<b>Initials:</b>		
Medication Received From: <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other					
Date	Time of Count	Amt Med Used this Shift	Amount of Med left at this Count	Signature of Staff Coming On Duty	Signature of Staff Going Off Duty