Division of Developmental Disabilities Services

Community Services
Health CareServices Protocol # 6

Medication Administration Devices

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I. **Objective:** To establish a systematic approach to assess and document the ability of a service recipient to self-administer medication.

II. **Policy:** The Division of Developmental Disabilities Services (DDDS) supports service recipients who want to self-administer their medications to be as independent as possible. Service recipients are assessed of their skills and abilities to self-administer medications, provided training to safely self-administer medications when indicated by the assessment, and supported in their independence.

III. **Application:**

- All service recipients receiving provider-managed Residential Habilitation from the Division of Developmental Disabilities Services (DDDS) in either a Neighborhood Group Home (NGH) or Community Living Arrangement (CLA).
- All service recipients receiving Day services who take medications while at program.
- Service recipients who receive both Supported Living and Nurse Consultation services
- Community Services staff and contracted Targeted Case Management staff.
- Authorized Residential Habilitation, Day Services, and Nurse Consultation Providers.

IV. **Definitions:**

A. <u>Medication Administration Device:</u> a device that stores doses of medication and dispenses one or more medication doses at pre-programmed intervals.

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B. Limited Lay Administration of Medication (LLAM): A process regulated by the Delaware Board of Nursing by which LLAM trained Unlicensed Assistive Personnel (UAP) helps service recipients take or receive medication as ordered for the service recipient by a licensed healthcare practitioner authorized to prescribe.

C. Self-administration: The process of a service recipient administering a pharmacological substance to themselves. For service recipients who wish to self-administer but do not want to use a medication administration device, please refer to the Self-Administration of Medication Healthcare Protocol #5.

V. Standards

A. Service recipients who wish to use a medication administration device to self-administer their medications must first be assessed for their current capacity to self-administer using the Self-Administration of Medication Using a Medication Administration Device Assessment Form. (Exhibit A)

B. Service recipients whose assessment determines they are capable of full independence in self-administration using a medication administration device will be supported to begin self-administering their medications immediately. The Self-Administration of Medication Using a Medication Administration Device Approval Form (Exhibit B)will be completed, signed by all relevant parties, and attached to the service recipient's Person Centered Plan (PCP) along with the Assessment.

C. Service recipients whose assessment determines the need for self-administration using a medication administration device training or LLAM trained Unlicensed Assistive Personal (UAP) assistance with administration will be provided with these supports and encouraged to participate in the medication administration activities they can complete. A Training Program will be developed by the support team under the direction of the nurse to support the service recipient in learning the full self-administration process when using a medication administration device. (See section VI of this protocol for information on the Self-Administration using a Medication Administration Device Training Program.)

D. All LLAM trained UAP assisting a service recipient in any part of their medication administration or participating in a Self-Administration of Medication Training Program must be a LLAM trained UAP in good standing and must follow all LLAM protocols as taught in the Delaware Board of Nursing (BON) approved curriculum. A LLAM trained UAP may not complete any tasks outside of the defined tasks approved by the BON, with the exception of assisting and training the service recipient to use a medication administration device per the staff's training and the written Training Program. During a service recipient's participation in training, UAPs will continue to monitor and record assistance of all medications as outlined in the LLAM curriculum.

E. All LLAM trained UAPs assisting and training service recipients in the use of a medication administration device must first be trained on how to use the specific device by either the vendor supplying the device or a nurse who has been trained on the use of that specific device. Providers must maintain the staff training record in the Division's contracted learning management system.

F. After 30 days of the Self-Administration of Medication Training Program (30 independent trial days), a support team meeting will be scheduled with the service recipient, his/her family/guardian/surrogate decision maker, consultative nurse (or DDDS nurse) and the service recipient's support team members to discuss the results of the self-medication training. At that time the team will determine if the service recipient has successfully completed the training or if the training needs to be extended.

G. When the majority of the team are in agreement that the service recipient is willing and capable to self-administer independently, the Self-Medication Using a Medication Administration Device Approval Form (Exhibit B) will be completed and signed by all relevant parties. The form will not be valid without the required signatures. This form must be attached to the service recipient's PCP along with the completed Assessment. The Significant Medical Conditions form and Electronic Comprehensive Assessment Tool (ECHAT) must also be updated to reflect that the service recipient is approved for self-administration using a medication administration device. These documents must be updated anytime there is a change in the level of independence in medication administration. If the service recipient does not receive Nurse Consultation then they will not have a Significant Medical Conditions form or an ECHAT so the team must ensure that the information documented in the PCP is thorough and addresses any supports the service recipient needs in using the medication administration device.

H. A monthly MAR/EMAR will be maintained for any service recipient who self-administers using a medication administration device and who lives in a provider-managed setting unless the specific device is capable of generating an administration record report that the Division has approved to replace the MAR/EMAR record. If the service recipient is not capable of initialing the MAR/EMAR for each medication, then a LLAM trained UAP may initial (using their own initials) to indicate that they observed the service recipient take the prescribed medication. A service recipient must have an individual account in the electronic client data management system in order to initial their own EMAR. If the service recipient is not capable of initialing the MAR/EMAR on their own and need a LLAM trained UAP to initial, this must be indicated in the service recipient's PCP. If the service recipient will be using a report generated by the medication administration device in place of a MAR/EMAR, this must be indicated in the service recipient's PCP and the report must be run and printed on at least a monthly basis and kept in the service recipient's Medication Review module in the client data management system (CDMS).

I. UAP staff will review the MAR/EMAR or medication device administration report for accuracy weekly. Any discrepancies must be documented in a T-log in the service recipient's client data management system and reported to the consultative nurse or program manager if there is no consultative nurse. Any medication errors found must be reported in Wellsky and a General Event Report (GER) completed. Medication errors made by the service recipient do not need to be

reported on the LLAM Monthly Medication Error Report but must be reported in Wellsky and recorded in a GER. Medication errors made by a LLAM trained UAP must always be reported in Wellsky, on the LLAM Monthly Medication Error Report and recorded in a GER. The Consultative Nurse will check the MAR/EMAR review or medication device administration report for accuracy when they complete an onsite Medication and Health Review.

J. When the service recipient living in a provider-managed setting and using a medication administration device has any new medication orders, change in orders, or discontinue orders, the provider must make arrangements to have the device filled with the new medication and/or have medications removed by the entity that fills the device for the service recipient, within 72 hours of the order being received. Urgent medications (antibiotics or other meds as indicated by the prescriber) must be added to the device within 24 hours or LLAM trained UAPs may administer the urgent medication following LLAM process until the med can be loaded into the machine. The new medication or dosage must be reviewed with the service recipient to ensure his/her understanding of why and how their medications have changed. For service recipients using a MAR/EMAR, these records must also be updated to reflect the new medication order or discontinue order within 48 hours of the order being received.

K. Service recipients living in provider-managed settings may use medication administration devices approved by the Division for use. The minimum criteria for a medication administration device to be approved by the Division are:

   1. The device must lock the stored medications securely inside the device.

   2. It is preferred that the device hold medications in separate bins and not mix medications together prior to administration, however, in all instances, the device should be approved by the pharmacy that will be filling it, if it is being filled by a pharmacy.

   3. The device must not automatically dispense medications at scheduled times without a manual initiation such as pushing a button.

L. Other considerations the team must consider for the use medication administration devices and document in the PCP:

   1. Who will pre-load the medications in the device? The service recipient, nurse, or pharmacy are preferred. A family member or guardian may also be considered to pre-load the device if the person demonstrates competence and understanding of how to load the device. UAPs may NOT pre-load the device as it is a violation of LLAM requirements.

   2. Is the device capable of dispensing as needed (PRN) and over the counter (OTC) medications, and if not, what is the process for the service recipient to take PRN and OTC medications? These medications may be kept by the service recipient separately from the device but must be locked and/or double locked as required. Alternatively,

UAPs could administer PRN and OTC medications to the service recipient following LLAM requirements.

3. What is the process for medications that cannot be pre-loaded or administered by the device, such as lotions or ointments, ear/eye drops, etc? If the service recipient is self-administering these medications, they must be assessed and follow the protocol under the Self-Administration of Medication Healthcare Protocol #5 and a MAR/EMAR must be kept.

4. If the device is filled by the pharmacy or other person outside of the home, who is responsible to pick-up the loaded device and deliver it to the service recipient?

5. Who is responsible for ensuring the device is working properly and has any routine maintenance recommended by the vendor?

N. If at any time a service recipient is discovered to be unable to safely self-administer his/her medications using a medication administration device, self-administration of medications shall stop and the medications for only that dose shall be administered by a LLAM trained UAP. If three consecutive errors are made or two or more errors per week for a period of not less than 2 weeks, a support team meeting should be held to discuss the continuation or discontinuance of the self-administration of medications using a medication administration device for that service recipient.

- Examples (This is not an all-inclusive list) of situations that may warrant the discontinuation:

   1. Service recipient begins refusing to take their medications regularly. The Consultative Nurse must be notified immediately when staff are aware the service recipient is not taking their medications as prescribed. The Consultative Nurse will evaluate the type of medication and reason for the medication and determine how to proceed. If there is no Consultative Nurse assigned, the prescribing healthcare provider must be immediately notified.

   2. The service recipient is found initialing and dating the MAR/EMAR in advance of the actual medication time.

   3. Multiple medication errors are found.

   4. General decline in ability to self-medicate using a medication administration device.

   5. Service recipient communicates they no longer wish to self-administer using a medication administration device.

O. A Self-Administration of Medication Using a Medication Administration Device Assessment (Exhibit A) will be completed by the nurse at least annually and whenever there is a decline in skill level, for service recipients who self-administer medication. This document

shall be attached to the service recipient's PCP.

VI. Training Program

a. General Instructions

1. The support team must develop a person-centered Training Program, under the direction of the nurse. The Training Program must be added to the PCP.

2. An Individual Service Plan (ISP) must be created by the residential provider in the CDMS to track the implementation and success of the Training Program. A LLAM trained UAP must document on the ISP each time the service recipient participates in the Training Program. The ISP entries must document the service recipient's level of independence in self-administration and any assistance provided by the UAP, per the Training Program in the PCP.

3. Training is to take place at the prescribed times of medication assistance.

4. For each step, the trainer supports the service recipient to perform the task. If the service recipient does not perform the task correctly, the trainer will provide verbal instruction and assistance as needed.

5. For each step that is unfamiliar to the service recipient, the trainer will first demonstrate the correct way of performing the step.

6. As a service recipient increases his/her independence in the skills necessary to self-administer his/her medications, the trainer will decrease or fade the level of assistance.

7. During the training process, staff will continue to document the assistance of medication on the MAR/EMAR, demonstrating this skill to the service recipient and assisting them in double-signing unless the service recipient is not keeping a MAR/EMAR and is instead using a device-generated administration report.

8. For medications that a service recipient self-administers and that are not in a medication device, but a LLAM trained UAP is not allowed to assist with (ex: insulin injections), the consultative nurse shall write out clear instructions on how the service recipient should administer the medication. The LLAM trained UAPs shall observe the service recipient administer the medications using the instructions to ensure compliance and will call the nurse for guidance and transport the service recipient to the Emergency Room for evaluation if the medication was administered improperly.

b. Steps

The service recipient will:

1. Take medication at the appropriate time.

2. Complete hand hygiene.

3. Obtain food or beverage of choice, as needed.

4. Following the instructions for the specific medication administration device the service recipient is approved to use, take prescribed medication.

5. For topical treatments: apply medication to prescribed area.

6. Initial MAR/EMAR for each medication taken if keeping a MAR/EMAR rather than a device-generated report. (For MAR: initial under the UAP initials, for EMAR: initial in "Detail Mode" in the "Comments" box.)

VI. Exhibits

A. Self-Administration of Medication Using a Medication Administration Device Assessment Form

B. Self-Administration of Medication Using a Medication Administration Device Approval Form

Exhibit A

Division of Developmental Disabilities Services
Community Services

Self -Administration of Medication Using a Medication Administration Device

Approval Form

This verifies that _____ (name) has successfully demonstrated the ability to use a medication administration device per the DDDS Medication Administration Device Healthcare Protocol #6 on_____(date).

The undersigned are in agreement that_____(name) continues to exhibit the interest, ability, and skills necessary to self-medicate using a medication administration device.

Print Name	Signature	Date
Service Recipient		
Registered Nurse		
Case Manager		
Agency Program Manager		
Behavior Analyst (optional)		
Parent/Guardian/Family Member (if applicable)		

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Division of Developmental Disabilities Services

Community Services

Self -Administration of Medication Using a Medication Administration Device Assessment Form

Individual: _____   MCI Number: _____

Date of Birth: _____   Date of Assessment: _____

Able to:	Code	Comments
Follow verbal or gestural directions and instructions		
Request to take medication(s) at the appropriate time		
Complete hand hygiene		
Gather medication supplies needed		
Obtain food or beverage of choice		
Locate medication device and take to the designated medication area		
Activate medication administration device to dispense prescribed medications (reference the manufacturer's guidelines for the specific device used)		
Remove medication from the medication administration device		
Take prescribed medication(s)		
For routes other than oral: apply or instill medication as directed by the HCP		
Initial MAR/eMAR (if used) for the medication time (to indicate all medications that were dispensed by the machine were taken)		
Return device to designated medication storage area		
Complete hand hygiene		

Code:
I – Independent
V- Verbal
G- Gestural
P- Physical Assistance
S- Self Direct
O- Unable to Complete

Signature of Nurse: _____   Date: _____

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