

HEALTHWEST

Practice Guideline

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Prepared by:

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Subject: Staff Medication Assistance

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I. PURPOSE

To encourage independent, safe medication management of oral medications by those individuals receiving services.

II. APPLICATION

HealthWest contracted/employed physicians/PAs/NPs who prescribe oral medications to those we serve for the treatment of psychiatric disorders or the side effects of those medications, and employees or contract employees who provide medication management assistance.

III. DEFINITIONS

Medication Management:

The multiple step processes involved when securing and filling prescriptions, taking/administering medications according to a prescribed regimen and the reporting of useful information to a prescriber regarding mental illness symptoms and medication side effects.

Med Box:

A container into which oral medication is placed according to the prescribed regimen for self-administration at a later time and that provides the opportunity for tracking adherence with the prescribed regimen.

Med Box Assistance:

Any assistance provided by staff in the filling or monitoring of the filling of a med box by those we serve.

Medication Storage:

Storage at any HealthWest site of any oral medication belonging to those we serve.

Oral Medication Management Documentation:

- By the prescriber: (1) assessed need for assistance; (2) specific reason; (3) assessed need for medication storage; (4) specific reason medication storage is needed; (5) anticipated duration of time the service(s) will be needed and plan for monitoring and for ending the service(s); (6) on-going evaluation of the person's response and continued need for medication management assistance.
- By the primary worker: (1) person's willingness and ability to follow the prescribed medication regime; (2) progress notes describing the instruction and educational services provided as well as the individual's response for each time service is provided; (3) a treatment plan goal with safe, independent medication management as the clearly sought outcome; (4) communicating progress or continuing barriers to the prescriber in a physician briefing form; (5) revisions to treatment plan when lack of progress occurs.

IV. PROTOCOL

A. General Principles

The role of medication in the treatment and management of mental illness is important. The responsibility for independently self-administering medication belongs to the individual receiving services. Assistance provided by agency staff to individuals as they learn safe self-administration of oral medications is intended to be a time limited learning experience; the use of natural supports in this role must be pursued. The need for medication management assistance must be assessed and ordered by a prescriber.

B. Assessment

A prescriber must assess the need for staff medication management assistance and specify the reason(s) for it. The assessment will include input from staff on their observations of the person's ability and willingness to manage their medications.

A prescriber must assess the need for storing an individual's medication at a HealthWest site and specify the reason(s) for it. The assessment will include input from staff on their observations of the person's ability and willingness to manage their medications.

Considerations for staff medication management assistance:

1. Living environment theft or misuse of medications;
2. Cognitive impairment;
3. Complexity of medication regimen;
4. Impaired fine motor skills;
5. Limited literacy skills;

6. Severity of mental illness symptoms;
7. No natural supports available;

When medication management assistance is ordered by a prescriber, a specific plan for ending the assistance needs to be written by the primary worker including a schedule for re-evaluation of need.

Cognitive impairment, risk of suicide, and/or risk of overdose, must be assessed by a prescriber prior to being stated in a plan of service as the rationale for providing medication management assistance or medication storage at a HealthWest site.

General terms such as “non-compliance with medications” need to be replaced with specifics, such as, “refuses to take medications due to paranoid fears”, “forgot to take medications X number of times per X time period”, “currently too confused to set up med box independently”, or “no natural support yet located to assist filling med box”.

C. Treatment/Services

Staff must be trained by nursing staff how to most effectively teach individuals to manage their own medications, must be knowledgeable of and able to assess the skills and resources required, and must be able to effectively assist individuals in acquiring the necessary skills and resources. The curriculum for the training is available from the Senior Nurse.

Coaching individuals on how to schedule the ordering and picking up of medications/refills in a timely manner at a pharmacy is a needed skill for independent medication management services.

At each appointment when staff provides medication management assistance they will promote self-sufficiency with medication adherence, monitor symptoms and medication side effects, provide instruction on how to fill a med box to match the prescribed regime, explain the purpose of each medication and the type of symptom it is intended to alleviate, and evaluate the person's ability to independently manage their medications.

Addressing and creatively solving medication storage barriers in the home needs to be in the plan of service when assessed as a reason for storing a person's medications at a HealthWest site.

The plan of service must state the specific goal and medication management education/training/support/modeling services planned to assist the person to overcome identified barriers that interfere with effective self management of prescribed medication. The plan needs to clearly reflect an outcome expectation that will move the individual toward independent medication management.

Every effort is to be made by the primary worker to encourage the individual to recognize medication management as a needed service, but when this is not possible, the goal will be added as a Health & Safety goal in the treatment plan.

For individuals assessed as being at risk for suicide or overdose the treatment goal for medication management assistance needs to reflect a strategy for minimizing the risks and a measure for determining when the assistance is no longer required.

When medication containers are initially accepted for storage at a HealthWest site they must have a label containing the person's name, name of the medication, number of tablets/capsules in the container at that time, dosing instructions and the date the container was filled.

Medication stored at a HealthWest site must have the person's name on the bin with any known allergies posted on a red sticker.

All medication stored at a HealthWest site must be counted when first delivered to the site and must be kept in a locked medication cabinet. A Medication Container Log, M169, must be used for any person receiving med box assistance who has their medication stored at a HealthWest site. When taking medication out of the locked cabinet, the staff will record on the Medication Container Log the date, person's name, time taken out and the worker's initials, and when the medications are returned staff will record the time returned and their initials.

All Scheduled medications must be counted both before and after they are administered or placed in a med box, the tally recorded on a Scheduled Drugs Count Log, M170, along with the name/initials of the staff person and the name of the individual being served. The list of Scheduled II-V medications that must be counted, can be found on page 2 of M170. Any time the log does not reconcile with the number of Scheduled drugs present, staff must notify their immediate supervisor, complete an incident form and notify the police of potentially missing scheduled drugs.

Identification of an individual's natural supports that are willing and able to assist with medication management is expected to be part of the written plan for ending HealthWest medication management assistance.

D. Review/Monitoring

Staff providing assistance must document method(s) of assistance provided, the progress being made toward independence, the continued need for assistance, and communicates to the prescriber the person's ability and willingness to follow the prescribed medication regime on an on-going basis.

A prescriber must reassess the need for staff medication management assistance and/or the need for storing medication at a HealthWest site on an ongoing basis during medication reviews.

E. Documenting

A prescriber must document the results of an assessment or reassessment of the need for staff medication management assistance in the clinical chart on an on-going basis.

A prescriber must document the need for storing an individual's medication at a HealthWest site in the clinical chart, and reassess/document the need on an on-going basis.

“Cognitive impairment”, “risk of suicide”, and/or “risk of overdose” when assessed by a prescriber must be documented in the clinical chart prior to being stated in a plan of service as the rationale for providing medication management assistance or medication storage at a HealthWest site.

At each appointment staff providing medication management assistance will document services provided, the individual's response and progress towards meeting the goal. This information is reported to the prescriber and/or consultation occurs as needed but documented communication will take place at least once prior to each scheduled medication review.

F. Discontinuing Assistance

A prescriber who assessed the need for and prescribed staff medication management assistance will document in a reassessment note when the person no longer requires staff assistance.

The primary worker will develop a written plan with the person receiving services for discontinuing staff medication management assistance within 30 days of the prescriber's assessment that the assistance is no longer needed.

IV. ATTACHMENTS

- A. Medication Container Log, M169
- B. Scheduled Drugs Count Log, M170

**HEALTHWEST
SCHEDULE II – V DRUGS LIST**

SCHEDULE II	SCHEDULE III - V	
Adderall	Acetaminophen + Codeine	Norco
Adderall XR	Adipex-P	oxandrolone
Alfenta	Alprazolam	oxazepam
alfentanyl	alprazolam	pentazocine
amobarbital	Ambien	Pentothal
amph salts	Ambien	Phenaphen with codeine #2, #3, #4
amphetamine	Anabolin	phendimetrazine
amphetamine salts combo	Anavar	phenobarbital
Amytal	Androlone	phentermine
Biphetamine	Anexsia	Pondimin
cocaine	Ativan	prazepam
codeine	benzphetamine	Prelu-2
Concerta	Bontril	propoxphene
Demerol	butabarbital	Restoril
Desoxyn	butalbital	Sanorex
Dexadrine	Butisol	Serax
Dexedrine	Centrax	stanozolol
dextroamphetamine	chlorazepate	Talwin
Dextrostat	chlordiazepoxide	temazepam
Dilaudid	clonazepam	Tenuate
Dolophine	cough syrups containing codeine	Tepanil
Duragesic Patch	Dalmane	thiopental sodium
fentanyl	Darvon	Tranxene
Focalin	Deca-Durabolin	triazolam
hydromorphone	diazepam	Tussionex
Kadian	Didrex	Tylenol with codeine #2, #3, #4
meperidine	diethylproprion	Valium
Metadate CD	diphenoxylate	Vicodin
Metadate ER	Dronabinol	Winstrol
methadone	Durabolin	Xanax
methamphetamine	Fastin	zolpidem
methylphenedate	fenfluramine	Zydone
methylphenidate	Fiorinal	
morphine sulfate	Fiorinal with codeine	
MS Contin	flurazepam	
Nembutal	Halcion	
opium	Hybolin	
Oramorph SR	Hycodan	
Oxy IR	hydrocodone	
oxycodone	Hydrocodone B +APAP**	
Oxycontin	Hydrocodone/APAP** oral sol	
pentobarbital	Ionamin	
Percocet	Klonopin	
Percodan	Klonopin	
phenmetrazine	Librium	
Ritalin	Lomotil	
RMS suppository	Loperamide	
Roxanol	lorazepam	
secobarbital	Lorcet Plus	
Seconal	Lortab	
Sublimaze	Marinol	
Sufenta	mezindol	
sufentanil	Nandrobolic	
Tylox	nandrolone	

HEALTHWEST MEDICATION CONTAINER LOG

CLIENT NAME: _____

CASE NO.: _____

DATE	TIME OUT	STAFF NAME	TIME IN	STAFF NAME

HEALTHWEST SCHEDULED DRUGS COUNT LOG

NAME _____

CASE NO.: _____

DATE	NEW MED SUPPLY?	DRUG/MED NAME	STRENGTH, i.e. mg	START COUNT	END COUNT	STAFF INITIALS

Staff Signature: _____ Staff Initials: _____

Staff Signature: _____ Staff Initials: _____

Staff Signature: _____ Staff Initials: _____

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COMMON SCHEDULE II-V MEDICATIONS THAT REQUIRE MONITORING

SCHEDULE II DRUGS		SCHEDULE III – V DRUGS		
Adderall	Methadose	Acetaminophen + Codeine	Klonopin	Valium
Adzenys	Methylin	Alprazolam	Limbitrol	Valrelease
Amphetamine	Methylphenidate	Ambien	Lomotil	Vimpat
Concerta	Morphine	ASA/Cod Phosphate	Lorazepam	Xanax
Daytrana	MS Contin	Ativan	Lunesta	Zaleplon
Dexedrine	Norco	Buprenorphine Sublingual	Lyrica	Zolpidem
Dexmethylphenidate	Nucynta	Butalbital/ASA/Caffeine	Mebaral Oral	
Dextroamphetamine	Oramorph SR	Carisoprodol	Mephobarbital	
DextroStat	Oxy IR	Cheratussin AC Syrup	Mytussin DAC	
Dilaudid	Oxycodone	Chlordiazepoxide	Noctec	
Dolophine	OxyContin	Clonazepam	Nucofed	
Duragesic Patch	Percocet	Clorazepate	Oxazepam	
Duramorph	Percodan	Codeine/Guaifenesin/Pseudoephedrine	Pentazocine	
Endocet	Quillivant/Quillachew	Codeine/Pseudoephedrine	Phenobarbital	
Fentanyl Transdermal	Ritalin	Depo-Testosterone Vial	Pregabalin	
Focalin	RMS Suppository	Diastat Rectal Gel	Promethazine w/Codeine Syrup	
H-C Tussive Syrup	Roxanol	Diazepam	Restoril	
Hycet	Roxicet	Dihistine Elixir	Robitussin DAC	
Hydrocodone Products	Roxicodone	Dihydrocodeinone	Soma	
Hydromet	TussiCaps, Tussionex	Duradrin	Sonata	
Hydromorphone	Tylox	Epidrin	Suboxone	
Hydrostat	Vicodin	Eszopiclone	Talwin	
Kadian	Vyvanse	Fiorinal	Temazepam	
Lisdexamfetamine	Zohydro	Flurazepam	Tramadol	
Metadate		Gabapentin	Tranxene	
Methadone		Guaifenesin/Codeine - Oral	Tylenol w/Codeine, #2, #3, #4	