Bedside Medication in the Nursing Home

CMS GUIDELINES INVOLVING STORAGE OF MEDICATION

SOM, Appendix PP, Guidance to Surveyors Page 330
During a medication pass, medications must be under the direct observation of the person administering the medications or locked in the medication storage area/cart. In addition, the facility should have procedures for the control and safe storage of medications for those residents who can self-administer medications.

Bedside Medications in the Nursing Home

1. Need a physician’s order to store at bedside
2. Only lifesaving prescription drugs may be kept at the bedside.
3. Examples of life saving medications include:
   Bronchodilators (inhaled)
   Nitroglycerin spray or Sublingual
   Isosorbide Sublingual
4. Non-medicated OTC products (including cosmetics) are not affected

Self Administration of Medication in the Nursing Home

F-176 - An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

Regulation Definition Interpretive Guideline

If a resident requests to self-administer drugs, it is the responsibility of the interdisciplinary team to determine that it is safe for the resident to self-administer drugs before the resident may exercise that right. The interdisciplinary team must also determine who will be responsible (the resident or the nursing staff) for storage and documentation of the administration of drugs, as well as the location of the drug administration (e.g., resident's room, nurses' station, or activities room). Appropriate notation of these determinations should be placed in the resident's care plan.

The decision that a resident has the ability to self-administer medication(s) is subject to periodic re-evaluation based on change in the resident's status. The facility may require that drugs be administered by the nurse or medication aide, if allowed by State law, until the care planning team has the opportunity to obtain information necessary to make
an assessment of the resident's ability to safely self-administer medications. If the resident chooses to self-administer drugs, this decision should be made at least by the time the care plan is completed within seven days after completion of the comprehensive assessment.

Medication errors occurring with residents who self-administer drugs should not be counted in the facility's medication error rate (see Guidelines for §483.25(m)), but should call into question the judgment made by the facility in allowing self-administration for those residents.

1. Need policies concerning:
   a. Type of resident capable
   b. Type of non-Rx that may be at bedside
   c. Method of storage
   d. The quantity allowed
   e. Must have physician approval and an order
   f. Monitoring
   g. Safety actions to be taken

2. Removal if the interdisciplinary team determines the resident is no longer capable of self-administering medication

3. Cosmetics
   a. No physician order required
   b. Defined as products sales tax is paid on
SAMPLE POLICY & METHODS

SUBJECT: STORAGE OF MEDICATIONS AT THE RESIDENT'S BEDSIDE

DATE REVIEWED: 11/1/99

SECTION: PHARMACY

PURPOSE:

THE PURPOSE OF THIS POLICY IS TO DEFINE THE TYPE OF MEDICATION AND NON-MEDICATED PRODUCTS THAT CAN BE STORED AT BEDSIDE WITHIN THE FACILITY.

POLICY:

IT IS THE POLICY OF THIS FACILITY TO ALLOW LIFE SAVING MEDICATIONS TO BE STORED AT BEDSIDE IF THE PHYSICIAN HAS WRITTEN "MAY KEEP AT BEDSIDE" ORDER AND THE INTERDISCIPLINARY COMMITTEE HAS AGREED THAT THE RESIDENT MEETS THE FACILITY'S QUALIFICATIONS FOR SELF MEDICATION. (SEE SELF ADMINISTRATION POLICY)

EXAMPLES OF LIFE SAVING MEDICATIONS APPROVED:
- BRONCHODILATORS (INHALED)
- NITROGLYCERIN SPRAY OR SUBLINGUAL
- ISOSORBIDE SUBLINGUAL

IT IS THE POLICY OF THIS FACILITY TO ALLOW COSMETIC ITEMS, INCLUDING NON-MEDICATED SKIN MOISURIZERS AND SKIN PROTECTANTS TO BE STORED AT BEDSIDE. THESE PRODUCTS MAY BE APPLIED BY EITHER THE RESIDENT OR FACILITY PERSONNEL AS PART OF THE SKIN INTEGRITY PROTOCOL.

EXAMPLES OF NON-MEDICATED PRODUCTS APPROVED:
- ARTIFICIAL TEARS
- LIP BALM
- ZINC OXIDE BARRIER CREAMS/OINTMENTS
- MOISTURIZING CREAMS OR LOTIONS
- VASELINE

STORAGE:

A SECURE AREA FOR STORAGE OF LIFE SAVING MEDICATION WILL BE AVAILABLE FOR BEDSIDE MEDICATION SO THAT OTHER RESIDENTS DO NOT HAVE ACCESS TO THE DRUG. CURRENTLY, THESE MEDICATIONS ARE TO BE STORED IN THE RESIDENT'S ROOM IN A LOCKED DRAWER OR BOX.

NON-MEDICATED PRODUCTS MAY BE STORED IN THE RESIDENT'S BEDSIDE DRAWER OR CABINET.
Federal Survey Manual

F192  (o)  Self-administration of drugs.

Each resident has a right to self-administer drugs unless the interdisciplinary team, as defined by 483.20(d)(2)(ii), has determined for each resident that this practice is unsafe.

Interpretive Guideline: 483.10(o)
The interdisciplinary team must ask the resident during his/her assessment whether he/she wishes to self-administer drugs. If the response is in the negative, the resident has exercised this right and has deferred to the affirmative, the interdisciplinary team must assess the resident’s cognitive, physical, visual ability to carry out this responsibility, and if the interdisciplinary team determines that the resident is unable to carry out this responsibility (because this would be a danger to the resident or to others), then the interdisciplinary team may withdraw this right.

Drug storage is a responsibility of the nursing staff. Nursing staff must be responsible for recording self-administered doses in the resident’s medication administration record.

Survey Procedure and Probes: 483.10(o).
Medication errors occurring with residents who self-administer drugs should not be counted in the facility’s medication error rate (see interpretive guidelines for 483.25(m), but should call into question the judgment made by the facility in allowing self-administration for those residents.

For sampled residents:
*Does resident self administer drugs?
   Which ones?
   How much?
   How often?
Test resident’s capacity to self administer, if not, why?
SAMPLE POLICY & METHODS

SUBJECT: SELF ADMINISTRATION OF MEDICATION

DATE REVIEWED: 11/1/99

SECTION: PHARMACY

PURPOSE:
A resident may be allowed to self administer medications if the interdisciplinary team agrees he/she is capable of self administration and documentation of such is made. This policy is designed to establish procedures for this process.

DEFINITION
Self administration of medication is defined as the process of acquiring, identifying, and administering medication to one's self.

POLICY
It will be the policy of this facility to provide the opportunity to qualified residents to self administer medications. Those residents who seek to self administer medications will be presented to the inter-disciplinary committee and reviewed on a quarterly basis. At this time it will be determined whether the resident is qualified to safely self administer. All residents not seeking to self administer medications will defer this responsibility to the facility.

PROCEDURE:

1. Self administration will be allowed only for those residents who:
   A. Have expressed an interest to self medicate
   B. Have demonstrated minimal cognitive, visual, and physical abilities as determined by the inter-disciplinary team.
   C. Have a written physician's order allowing self medication
   D. Have a secure area for storage of medication so that other residents do not have access. Currently, these medications are to be stored in the resident's room in a locked drawer or box.
   E. It will be the responsibility of the resident to approach the medication nurse to obtain his/her medications.

2. The nurse is responsible for monitoring the use of said medications.

3. All floor personnel (cna, lpn etc) should alert the charge nurse when they see a resident self administer medication.

4. The resident should be instructed to notify nursing whenever he/she uses the self-administered medication.

5. The nurse will chart this notification in the mar as he/she would chart any order. A note should be made on the mar indicating self administration of that medication.
6. The nurse is responsible for reordering the medication.

7. The nurse should review the usage of medication by the resident to assess whether the resident is properly self-administering. This process should occur at least monthly with a comment in nursing notes.

8. The physician should be alerted (by nursing) of any resident who can no longer self-administer so that the "may self administer" order can be deleted.

1. The interdisciplinary care plan team will assess the resident's capabilities quarterly to determine if these self-administered medications can still be safely administered.
Hospital issues:
2. Determine where use is appropriate.
3. Staff confusion between “home medications”, “self-administered medications” and bedside medications”

Standard MM.06.01.03  Self-administered medications are safely and accurately administered.
- Defined in policy including training, supervision and documentation requirements, and describe any restrictions
- Physician must write order or define in medical staff approved protocols
- Training includes why the medication was ordered, how to administer the med including the frequency, route and dose, potential side effects and monitoring
- Determine that the person administering is competent before being allowed to administer medications.
- Document administration in the medical record – can be challenging to assure accuracy
- Address drug security (e.g., locked bedside table)
MEDICATION SELF ADMINISTRATION AND “AT BEDSIDE” MEDICATIONS POLICY

A. Patients, or patient designated non-staff member, may self administer medications, as defined in this policy, only upon a physician’s order. For patient safety reasons, self administration is discouraged, but is permissible according to the following procedure.

PROCEDURE

1. Patients may self administer a medication if there is a valid prescriber’s order in the medical record specifically authorizing the process. The physician’s order shall include the name of the medication to be self administered, dose, route and frequency for administration.

2. The nurse or other licensed caregiver shall ascertain the patient’s, or patient designated non-staff member’s, level of competency and skill prior to being allowed to administer the medication. The assessment must be documented in the medical record.
   a. Ongoing monitoring of competency will be documented.
   b. If it is determined that the patient, or the patient designated non-staff member, is not competent to administer medication, the nurse or other licensed caregiver shall contact the physician for an alternative plan.
   c. Patients, or patient designated non-staff members, will receive training and appropriate information about the medication which will include:
      i. Medication name, type and reason for use.
      ii. How to administer the medication, including process, time, frequency, route and dose.
      iii. Anticipated actions and potential side effects of the medication to be administered.
      iv. How to monitor the effects of the medication to the patient.

3. The following types of medications may not be self-administered:
   a. Injectable medications intended for intravenous or intramuscular administration
   b. Anti-neoplastic agents designated as hazardous, regardless of route of administration

4. All self administered medication doses must be documented on the eMAR or elsewhere in the medical record.

All medications shall be stored in the facilities’ designated medication storage area unless the prescriber specifically enters an order in the patient’s medical record that the medication may be kept at bedside. Medications stored at the patient’s bedside must be stored securely so that unauthorized individuals do not have access to them.