Medication

Administration

Part 1

**Medication Administration Part 1**

## Meridian Services Zenith Services Pinnacle Services

# **Introduction**

## The Medication Administration Curriculum (both on-site and off-site) has been developed by Registered Nurses and other Health Care professionals. This hand-out is to be used for the employee to follow along during the Medication Administration Part 1 training as well as a reference guide while the employee is working.

**Why is this class so important? What’s the worst that could happen?**

# **Treatment and Med Errors**

## **Identify:**

## A treatment error includes any treatment ordered by a physician that is not given or is given incorrectly.

## Medication errors may include, but are not limited to:

### Medication administered to wrong person

### Incorrect dosage given

### Incorrect date administered

### Incorrect medication given

### Incorrect route

* Medication administered at the wrong time

### Medication administered, but not properly charted

### Medication not given, missed

## Medication should be given in accordance with the times prescribed by the physician. It is considered a medication error when the medication is given more than 60 minutes early or more than 60 minutes late from scheduled time.

**Notify:**

## When a medication or treatment error is discovered, staff need to notify their supervisor or the weekend on-call manager, who will in return notify the company nurse. The nurse will give further instructions.

## The manager will also notify:

## Other providers,

## The guardian,

## Health care professional/physician

**Document:**

## A medication/treatment error report will be completed for all discrepancies.

## Medication Administration Sheets-- errors are to be noted on the medication sheets with a circle around the error. The back of the MAR will also be completed to describe the medication/treatment error.

* Medication Error Form.
* Medication Incident Form.
* Medication Error Tracking Form.
* Health Progress Notes.

**I received a medication/treatment error, what now**?

* The staff person making the error will need to immediately receive qualifying one-to-one retraining, as required on the lower portion of the medication administration error form, before they will be able to pass medications following the error.
* Following the initial medication error the program manager will meet with the staff person to review the error and assist the staff in completing part B of the medication error report. They will receive a retraining memo.
* Following the second medication administration error, the staff person will attend and successfully complete the Medication Administration class. The staff person will also receive a personnel note.
* Following the third medication error, the staff person may not pass medications until they have completed the medication administration class. The program manager will supervise the staff person directly when passing medication during their next scehuled shift. The staff person will receive a second personnel note.
* Any staff who within a 6 month period, has attended 2 medication administration retraining classes, and has 4 medication administration errors and 2 personnel notes which have resulted from medication/treatment errors will no longer be able to administer medications. Because correctly administering medications is a responsibility of direct care staff, employment with Meridian Services Inc. will be terminated.
* Exceptions to the process ablove will be :
* A: Medication errors which result or may have resulted in negative impact to a person’s health (ex. A missed dose of a seizure medcation corresponds to a seizure later that day, medications given to the wrong person, etc. )
* B: Medication not administered at a single prescribed time to one or more people on site will be regarded as a single medication error.
* C: Medications that can be administered within 24 hours of a prescribed time without ill effect on the person and as ordered by a physician will be regarded as a medication error but the staff responsible will receive a retraining memo rather than a personnel note.
* D: Program managers may also elect to have a staff person attend the medication administration class at any other time for retraining. The staff person will receive a retraining memo. (example: a staff person administering medications without looking at the medication sheets, etc.)

**\*Please also note, if you are the person who double checks medications you are also held accountable and will receive a medication error if an error occurs\***

**Meridian Services, Incorporated**

**Medication Error**

**A. This section to be Completed by Person Discovering Error**

 Individuals’s Name: **Todd Peters**

 Name of Program: **ABC House**

 Name of Medication(s) Involved: **Dilantin**

 Date of Error: **09-09-99**

 Time of Error: **4:00 PM**

 \*Type of Error: **Incorrect Time** **\**Charting Error*, *incorrect time, incorrect dosage, incorrect date, incorrect consumer, medication not given, incorrect route of administration, error made by consumer’s parent***

 Name of Person who Discovered Error: **Jane Anderson**

 Name of Person who Made Error: **John Doe**

 Date/Time of Error Discovered: **09-09-99** **6:00 PM**

 **Immediate Action Taken & Follow Up:**

 Contact Program Manager: **09-09-99** **6:00 PM**

 Date Time

 Nurse/Doctor Contacted: **09-09-99** **6:10 PM**

 Date Time

 Instructions received by the nurse or doctor (also log in “Health Progress Notes”)

 **Nurse contacted Pharmacy and they recommended giving Todd’s next dose as scheduled.**

 *Signature of Person Who Discovered Error*

**B. This Section to be Completed by Person Who Made Error**

 Description of error in detail (use back if necessary):

**Todd’s Dilantin is typically given at dinner time. On this day we were on a community activty and Todd ate dinner at 4:00 PM. I administered the Dilantin at that time.**

 How can this type of error be prevented in the future?

**I intend to write the specific time of administration on the envelope that meds. are packed in for community outings.**

 *Signature of Person Who Made Error*

**C. This section to be completed by Program Manager/Program Director**

 Refer to your Medication Tracking Error Form - Has there been previous errors made by this person? If so, please list*. 2nd medication error = personnel note for file and retraining by RN. 3rd Med. Error = medication retraining along with further disciplinary action up to and including termination.*

 **No**

 Staff Member Scheduled to be Retrained: **09-10-99** **1:30 PM**

 \*\*Attach a copy of the Training Record to this form Date Time

 signed by Medication Mentor/PM/PD/PA or RN once training has occurred.

 *Signature of Trainer*

 c: Program Director c: Program Administrator

**Coming on Your Shift**

* Discuss medical issues
* Read the communication book
* Read the med books-
	+ What meds are you passing,
	+ What times are meds at,
	+ Health Progress Notes since last shift
* Check Med Records
* Double count controls with staff before they leave if needed

# **Med Book Set Up**

## Check the person’s Medication Book. It should contain all of these forms:

## Blank Med Admin Record

## Medical Abbreviations

## Approved PRN List

## PRN Documentation Sheet

## Med Error Form

## Medication Incident Form

## Med Error Tracking

## Health Progress Notes

## Side effects of medications

* Consent forms
* PRN protocols

**\*\*Please alert the Program Manager of any missing forms.**

# **Staff requirements for medication administration**

## Only staff who have completed this class and on-site training from their supervisor can administer medications to people receiving services.

* 1. In order to complete this class, staff must be able to demonstrate competency in administering medications by mouth, ear drops, eye drops, eye ointments, and topical medications.
1. Staff will be trained on the following specific house/individual information by their supervisor:
	1. the person’s medical history
	2. medication administration procedures
	3. location of medications
	4. the use of the medication book
	5. Health Progress Notes
	6. medication identification
	7. purpose of and possible side effects of the medication.
2. The person administering the medications has the responsibility to know:
	1. the medication’s intended use
	2. any reactions or side effects which may occur
	3. any warnings or directions of a specific nature concerning the medication.
	4. This information will be obtained from
		* 1. the person’s file
			2. a consulting health professional
			3. a drug reference manual
			4. a physician or from the parents/guardians.

# **Security and Storage**

## All medications are kept locked in a cabinet or secure lock box at all times.

## Only the staff authorized to administer medications will have access to the medications.

## Medications requiring refrigeration will be kept in a locked box in the general use refrigerator.

## External and internal medicines will be stored in separate baskets.

## Where needles or lancets are used, staff must dispose of sharps in a proper, separate container.

## Staff are never to recap a needle or lancet before disposing.

## A copy of the prescriptions and treatment plans must be stored in the person’s medication book

# **Medication Set up**

## The Manager, Director, or Administrator will set up the medi-sets according to the label on the medication container, the prescription, and the medication administration sheet.

## The person setting up the medications will assure that the medication administration sheet is accurate.

## A second person, assigned by the manager, will double check the set up.

## Both people will initial after set up.

**Perform 3 checks of the 6 rights !**

Check ALL medications with the first five rights:

* the right person,
* the right medication,
* the right dose,
* the right time,
* and the right rought

Once the medication have been administered: ensure that you have completed the 6th right of documentation.

## **Right Individual**

You must also compare the **name of the individual** to the **name on the prescription label** to the **name on the MAR**. Make sure that they match.

If they do not match, or if there is any doubt about whether you are giving the medication to the right individual **DO NOT GIVE MEDICATIONS!**

Stop can call the chain of command

Make sure that you are giving the medications to the right person by asking him his name or by comparing the picture that is on the med book.

**Right Medication**

In order to be sure that you are giving the right medication, you must:

Read the medication label carefully (remember that some medications have more than one name: a brand name and at least one generic name) and compare it to the name of the medication that is on the MAR. Check the spelling of the medication carefully. If there is any doubt about whether the medication name is correct, stop and call the nurse before you give the medication.

Look at the medication. If there is anything different about the size, shape or color of the medication, call before you give it. Often, a description and picture of the medication will be on the medication label. Make sure they match up with the medication that you see.

**Right Dose**

Dose = (Strength of the medication) X (amount you are giving)

**Look at the sample label below.**

The **strength** of each Valproic acid pill is **250 mg.**

Strength (250mg per pill) **X** Amount (2 tabs)= 500mg

The **dose** is **500mg** twice daily.

RX #:828291 Town Pharmacy

 100 Main Street

 Happyville, MN 55555

 (617) 555-5000

John Doe 09/29/00

Valproic Acid 250mg

(I.C. Depakote)

Take 2 tabs by mouth twice a day

Lot #: PS 56721 Exp. Date: 9/29/15 Refills: 4

**Make sure that you count the number of pills that you have in your med cup!**

**Right Time**

The time that the medication will typically not be on the med label, but you must follow the time that is on the MAR. Before setting up the medication, take a look at a clock or watch. Make sure that the times match. Medications must be given in a one hour window before or after the time that is stated for the medication to be given.

**Specific Procedures for Medication Routes**

**Always wash your hands and put on gloves if needed prior to administering any medication or treatment. \*all topical medications require gloves\***

1. **Procedure for Administration of Oral Medications**

**A. Tablets or Pills:**

* + 1. Pour the correct number of tablets into the cup from the medication box without touching the tablets.
		2. Give the person the medication with a glass of water (unless another liquid or food, i.e. applesauce, is specified).

**B. Lozenges:**

1. Lozenges should be placed on the tongue and kept in the mouth until completely dissolved.
2. Water should **not** be given with lozenges or immediately after.
3. Gloves should be worn if touching medication

**C. Sublingual Medications:**

1. Sublingual medications are placed under the tongue to dissolve.
2. They are not given with water.
3. Gloves should be worn if touching medication

**D. Liquid Medications**:

1. At eye level, carefully pour the liquid medication into a graduated plastic medication cup or medication spoon.
2. Water is not given after many liquid medications. Check directions on the bottle.

**2. Procedure for Administration of Topical Medications**

1. **Skin Medications:**
2. Explain to the person what is to be done.
3. When indicated, wash the area to which medication is to be applied with soap and water. Dry as indicated.
4. Position the person accordingly.
5. Never apply topical medications with your bare hands. Use a Q-tip, a tongue blade, a gauze square, whichever is most appropriate to administer the medication, as well as disposable gloves.
6. **Eye Drops:**
7. Explain to the person what is to be done.
8. Have the person sit or lie down.
9. Observe the affected eye(s) for any unusual condition which should be reported prior to medication installation.
10. Cleanse the eye with a clean tissue, wiping from inner corner outward once. If eye drops are to be installed into both eyes, a clean tissue is used for each eye.
11. Position the person with head back and looking upward. Separate lids by raising upper lid with forefinger and lower lid with the thumb. Approach the eye with the dropper from below the eye, outside of the person’s field of vision. Avoid contact with the eye.
12. Apply drop(s) gently near the center of the lower lid not allowing drop(s) to fall more than one inch before striking the eye.
13. Ask the person to keep their eyes closed for a few minutes.
14. Wipe off excess medication from the eye with a clean tissue, using a separate tissue for each eye if the medication is administered to both eyes.
15. **Eye Ointment:**
16. Explain to the person what is to be done.
17. Have the person sit or lie down.
18. Cleanse the eye with a clean tissue, wiping from inner corner outward once. If ointment is to be applied to both eyes a clean tissue is used for each eye.
19. Position the person with head back and looking upward. Retract the lower lid. Approach the eye from below, outside of the consumer’s field of vision.
20. Apply ointment in a thin layer along the inside of the lower lid. Use care to avoid contact of the medication container with the eye.
21. Position the person comfortably and ask them to keep their eyes closed gently for a few minutes.

**D. Ear Drops:**

1. Position the person:

--If lying in bed, put bed flat and turn head to opposite side.

--If sitting in a chair, tilt head sideways until ear is a horizontal as possible.

1. Clean entry to ear canal with a clean tissue or cotton ball (never use a Q-tip unless specifically directed by a physician).
2. Observe the affected ear for any unusual conditions prior to ear drop installation.
3. Draw up the ordered amount of medication into the dropper, if applicable.
4. Administer the ear drops by pulling the ear gently backwards and upward and installing the number of drops ordered into the ear canal. Do not contaminate the dropper by touching any part of the ear.
5. Have the person remain in the required position for 5 minutes.
6. If drops are ordered in both ears, wait at least 5 minutes before putting drops into the second ear, repeating the procedure.

# **Documentation on the Medication Administration Record**

## A Medication Administration Record is maintained for each person in residential sites. A Med Monitoring Record is required for IHS, SILS, ILS and Respite.

## They should include the person’s name, the month, and the year. Each sheet should contain a chart for one week’s time. Each sheet will list the medication, including dose, frequency, strength, time of administration, purpose, and mode of administration.

## The first person will initial after they are sure the meds have been swallowed.

## The second staff will also initial (when applicable). If no second staff, first staff will initial in both spaces.

## On the lower portion, there are specifics to follow for charting in case the person is not at home at the time of the scheduled medication.

## All persons administering are to sign their name, initials and title to the bottom of the Med Admin Record.

* Staff will report and document any concerns about the medication or treatment, including side effects, effectiveness, or refusal by the person to take the medication/treatment as prescribed.

**Documentation Tips and Rules**

* Sign your name the same way each time, using your legal name
* Include your title and the date with your full signature
* Never use White-out or scribble words out. When you make a mistake, draw a single line through the mistake and initial, then continue with corrections.
* Only use blue or black ink
* Write legibly
* Report objectively—only write the facts you know. No feelings or opinions.
* Put information in chronological order
* Protect confidentiality—only use the name of the person you are documenting about in the documentation. Never use the name of their housemate or peer.
* Use proper names

**Medications Not Swallowed or Vomited**

* If a medication is not swallowed or is spit out, call your supervisor for instructions.
* If vomiting occurs after administration of oral medications, call your supervisor for instructions.

|  |  |
| --- | --- |
| **Medi-Sets** |  |
|  Wash your hands well! |  |
|  Assemble Everything—Go through the MAR and determine all of the medications that you will be giving at that time. Take each card out |  |
|  **1** Right person, medication, dose, route, and time |  |
|  Expiration Date? |  |
|  Allergies?—at the bottom of the MAR you will see any allergies |  |
|  **2** Right person, medication, dose, route, and time |  |
|  Make sure that the unused medications are locked up the med cabinet. |  |
|  Give meds—ask his name or verify with a picture |  |
|   Wash your hands again |  |
|  Document  |  |
|  **3** Are all of the medications given? Is everything documented? |  |

# **Bubble Packs**

|  |  |
| --- | --- |
|  Wash your hands well! |  |
|  Assemble Everything—Go through the MAR and determine all of the medications that you will be giving at that time. Take each out |  |
| Were previous meds given? |  |
|  **1** Right person, medication, dose, route, and time |  |
|  Expiration Date? |  |
|  Allergies?—at the bottom of the MAR you will see any allergies |  |
|  Purpose and side effects? |  |
|  **2** Right person, medication, dose, route, and time |  |
|  Pop the meds into cup—the number on the bubble pack should correspond with the date. |  |
|  Initial, Date, Time-- on back of the bubble pack |  |
| **3** Is the correct number and size of the right medication in the cup? |  |
|  Make sure that the unused medications are locked up the med cabinet. |  |
|  Give meds—ask his name or verify with a picture |  |
|   Wash your hands again |  |
|  Document  |  |

**PRN Medication Administration**

## PRN means that it has been ordered by a physician to be given as needed or upon request

## PRN could be **over-the-counter** or a **prescription**.

## **Steps to take when someone may need a PRN medication…**

## **Staff will need to assess the need for a PRN and will only administer based on the specific criteria.**

## A PRN should be given as soon as the need arises!

1. Staff will check the medication book to see which medications can be given.

## A list of approved over-the-counter PRN medications is included in the person’s med book. The list must be signed by a physician.

* + The PRN’s that are prescribed will be written in the Medication Administration Sheet.

## **\*\*\*\*Note:** PRN’s cannot be given unless it is included on the signed PRN list, or separately written as a doctor’s order.

## Check the PRN Admin Record to determine if the medication was given earlier in the day and if the correct time period has elapsed since the last dose was given.

## Check the expiration dates on the package to assure that the medication is not expired.

## PRNs can be given in a variety of routes. Double-check to assure that you are using the correct route.

1. Notify your manager or nurse for any questions or concerns.
2. Administer the medication to the individual.
3. Document
* In the Health Progress Notes
* In the PRN Administration Record
* In the Medication Administration Form (or Medication Monitoring Form)
* In the staff communication book—if necessary.

##  \*\*\*\*\*\*\* Notify supervisor if the family has requested PRNs so we can get a doctor’s order

##

##

## **Observations to Report to Supervising Nurse**

Observe Closely, Accurately and Report Promptly

**All Symptoms**: complained of by the consumer (this includes symptoms observed by not complained of)

**Change in Vital Signs**: temperature, pulse and respirations

**Change in Skin Color**: as sudden pallor, flushing, cyanosis or blotching

**Change in Respirations**: as difficult breathing (dyspnea), rapid respiration, gasping, inability to breathe except when sitting or standing erect, painful breathing

**Breath**: peculiar odor as unpleasant, foul, sweet, fruity, or smell of alcohol

**Cough**: as exhausting, harsh, tight, dry, hacking, painful or wheezing. If productive, report quantity, color (rusty, green, bloody), thick or mucoid

**Dizziness**: any loss of balance, complaint of dizziness or faintness

**Nausea or Vomiting**: report as self-induced by consumer, projectile (with force projection) describe color (bloody, coffee ground color, greenish), consistency (liquid or undigested food)

**Convulsions**: as to time, duration, whether intermittent or continuous, mild or violent

**Mental Disturbance**: anxiety, tension, stress – may be revealed in a combination of symptoms such as rapid breathing with occasional deep sigh and restlessness. Trembling, increased perspiration, itching. “White as a sheet” “Hot under the collar” “Covered with goose flesh” Failure to answer questions. Rambling conversation, shaky voice.

**Delirium**: as continuous or intermittent. Observe is there a rambling of ideas or one persistent idea. Coma or unconscious, failure to respond.

**Chills**: as to time and duration, severity of chill (violent or shivering) temperature at time chill is completed. Temperature 30 minutes after chill is completed.

**Crying**: describe fretful, sharp, whining or moaning. Reason is known.

**Discharge**: report any unusual body discharge. Describe location and type as bloody, pus, or clear.

**Swelling**: (Edema) as to location generalized or local as legs and feet. Also color change accompanying swelling.

**Skin Condition**: as dryness, scales, rashes, hives, blotching, boils, itching, reddened areas, bruises, abrasions, bedsores, or open raw areas.

**Abdomen**: as distended, hard, rapid, painful or tender.

**Eyes**: unusual observations as blood shot, dull, yellowish color, anxious, inflammation, watery and tearing. Sensitive to light, twitching, pupils contracted, dilated or unequal. Constant involuntary movement of eyeballs or fixed look

**Appetite**: as loss of appetite, failure to eat a meal (may be diabetic). Eating of additional foods while on restricted diet. Report any difficulty the consumer may have swallowing, chewing or feeding himself.

**Accidents or Incidents**: as to time, witness, observation of injury (bruises & abrasions) cause or suspected cause of.

**Sleep**: as moaning, restless, inability to sleep or sleeps at short intervals.

**Oral hygiene**: report lost or broken dentures or bridgework, mouth sores, tenderness, bleeding gums.

**Physical Activities**: report to failure ambulatory consumer to get out of bed. Refusal to walk and exercise.

**Bowl**: as diarrhea, stool of unusual color as (clay, black with blood), hard formed stool. Failure to defecate or variation from normal established bowl habits.

**Urine**: as unusual odor, color, cloudy or bloody. Change in output, failure to void. Catheter drainage system not open or draining an adequate amount of urine.

**Bath**: failure to give bath. Refusal of consumer to receive bath or other routine nursing service for which you are responsible.

## **Other Important Issues**

## **Medication Destruction**

## Medication will not be destroyed by staff.

## All medications that have been dropped on the floor or contaminated or discontinued will be placed in an envelope and labeled as shown below:

**No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_***1/02/07***\_\_\_\_\_\_**

**For***\_\_\_\_\_Jane Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Directions*\_\_\_\_\_****Destroy 1 tab of 150 mg Dilantin.\_\_*

*Med fell on floor.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_J. Meixell, P.D.\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dr. \_\_***John Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# **\*There will be a designated place to put medications that need to be destroyed. Medications destruction is only done by Meridians nurses**

# **Sending/Packaging Medications**

## Medications may be sent to the consumer’s place of work, school, or family home.

## The Program Manager will make and document arrangements in the consumer’s Health Progress Notes prior to the transfer.

## Documentation will include the date, name of the medication, number or pills/amount sent and to whom the medication is released to.

## Medications should not be carried by a consumer; rather direct care employees should release the medications to the identified responsible party.

* Below is an example of how a prepackaged envelope should look:

**No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_***1/02/07***\_\_**

**For***\_\_\_\_\_Jane Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Directions*\_\_\_\_\_****Administer 8:00 AM\_\_\_\_\_\_\_\_\_\_*

*\_\_Dilantin 150 mg tab by mouth\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_Crush and give with water\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dr. \_\_** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Frequently Asked Questions**

**1. Do all medications need to be locked up? Does this apply to First Aid kits and supplies?**

Yes. Regardless of the type of medication (prescription, PRNs, OTC, and first aid kits), all medication must be locked up. Medications that need to be refrigerated must be kept in a locked container in the refrigerator. Internal and external medications will be stored separately.

If a consumer is responsible for self administering of medication, the consumer must request that a staff person unlock the medications for administration. The staff person will supervise the set up and administration of the medication as well as relock medications upon completion of administration.

**2. Can I write in changes on the prescription labels on my consumer’s medication bottles?**

No. All prescription medication must have a pharmacy label. Prescription medications must have been prescribed by a medical professional and must be administered as directed on the pharmacy label.

If there is an immediate medication dose change ordered, The Program Manager will affix a green sticker (green stickers can be obtained by the pharmacy) to indicate the change until a pharmacy label can be acquired. **The corrected pharmacy label must be affixed to the medication bottle within 48 hours of the ordered change.**

**3. Can I hand write medication changes on the Medication Administration Record?**

No. Whenever there is a medication change ordered, the Medication Administration Record must be revised to reflect the order and reprinted.

**4. Is it required that the staff complete the bottom of the medication administration record? (sign and initial)**

Yes, this is required per Meridian medication administration procedure and policy. It is important that each staff administering medication complete the bottom of the medication administration record. Licensor’s, auditors, management and co-workers must be able to reliably identify who administered the medications.

**5. How should a Medication Error be handled?**

Any Medication Administration or Documentation Error should be handled per the Meridian Services Medication Administration and Medication Errors policy located in the Meridian Services, Incorporated Program Services Policies and Procedures Manual.

It is the employee’s responsibility to contact the nurse as well as the Program Manager of the site to immediately report errors. It is not acceptable for an employee to only solely contact and receive direction from the nurse, without also contacting the Program Manager.

Whenever a medication error occurs a Medication Error Form must be completed and submitted to the Program Manager of the site.