TABLE OF CONTENTS

PHARMACEUTICAL SERVICES AGREEMENT 4
ORDER AND RECEIPT OF DRUGS FROM NON-CONTRACT SUPPLIERS 5
CONSULTANT PHARMACIST 6
PHARMACY HOURS AND DELIVERY SCHEDULE 8
EMERGENCY PHARMACY SERVICES 9
GENERIC DRUGS 10
DRUG INFORMATION 11
PHYSICIAN DRUG ORDERS 12
ORDERS FOR DRUGS 14
PHARMACY RE-ORDER/COMMUNICATION LOG 16
NON-PRESCRIPTION (OVER THE COUNTER) MEDICATIONS 17
DRUG LABELS 18
PRESCRIPTION LABEL CHANGES 20
DO NO CRUSH MEDICATION LIST 21
MEDICATION STORAGE IN THE ASSISTED LIVING FACILITY 22
DISCONTINUED MEDICATIONS 24
EXPIRED MEDICATIONS 26
DISPOSAL OF SYRINGES AND NEEDLES 27
RETURNING MEDICATIONS 28
DESTRUCTION OF MEDICATIONS 29
STORAGE AND STABILITY OF SELECTED MEDICATIONS 30
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICATION ADMINISTRATION RECORD</td>
<td>32</td>
</tr>
<tr>
<td>ORAL MEDICATION ADMINISTRATION- TABLETS, CAPSULES &amp; LIQUIDS</td>
<td>34</td>
</tr>
<tr>
<td>SUBLINGUAL MEDICATIONS</td>
<td>35</td>
</tr>
<tr>
<td>INHALATION</td>
<td>36</td>
</tr>
<tr>
<td>INHALATION- NASAL</td>
<td>37</td>
</tr>
<tr>
<td>OPHTHALMIC- EYE DROPS</td>
<td>38</td>
</tr>
<tr>
<td>OPHTHALMIC- EYE OINTMENT</td>
<td>40</td>
</tr>
<tr>
<td>NOSE DROPS</td>
<td>42</td>
</tr>
<tr>
<td>RECTAL SUPPOSITORYS</td>
<td>43</td>
</tr>
<tr>
<td>VAGINAL MEDICATIONS</td>
<td>45</td>
</tr>
<tr>
<td>VIALS AND AMPOULES OF INJECTABLE MEDICATION</td>
<td>46</td>
</tr>
<tr>
<td>INTRAMUSCULAR ADMINISTRATION</td>
<td>47</td>
</tr>
<tr>
<td>SUBCUTANEOUS ADMINISTRATION</td>
<td>49</td>
</tr>
<tr>
<td>INSULIN ADMINISTRATION</td>
<td>50</td>
</tr>
<tr>
<td>TRANSDERMAL MEDICATION DELIVERY</td>
<td>51</td>
</tr>
<tr>
<td>IRRIGATION SOLUTIONS</td>
<td>52</td>
</tr>
</tbody>
</table>
Pharmaceutical Services Agreement

Policy
Reliable pharmaceutical services will be available to provide residents with necessary prescription and non-prescription drugs. A written agreement with HomeTown Pharmacy, LTC will stipulate financial arrangements and the terms of the services provided.

Procedures
1. The Administrator will obtain a written agreement with HomeTown Pharmacy, LTC.

2. The agreement stipulates the pharmacy supplier is to render the required services in conformity with local, state and federal laws and regulations, facility policies and procedures, and community standards of practice.

3. The Administrator and an authorized representative of the pharmacy will sign the pharmaceutical service agreement. Once copy is maintained on file in the facility and one at the pharmacy.
Order and Receipt of Drugs from Non-contract Suppliers

Policy
A resident, or responsible party, may request purchase of drugs from a pharmacy other than HomeTown Pharmacy, LTC. Such non-contract pharmacies will adhere to all facility drug policies and procedures and assure delivery on a timely basis.

Procedures
1. The Administrator, admissions coordinator, or business office representative will provide the resident of responsible party and the non-contract pharmacy the requirements for drug receipt and storage in the facility.

2. The medical record will reflect the pharmacy of choice for the resident.

3. The nurse will mark the resident’s current medication administration record (MAR) and drug storage box or drawer with the name of the selected pharmacy. Drug orders are transmitted to this pharmacy.

4. In the event of an emergency or if a drug delivery is delayed or uncertain, the nurse may order from HomeTown Pharmacy, LTC provided that the responsible party agrees to pay HomeTown Pharmacy, LTC for the incurred drug charges.

5. The non-contract pharmacy is to provide 24 hour, 7 days per week service. The packaging and labeling of all medications must be in compliance with all state laws and regulations governing drug use in nursing homes.
**Consultant Pharmacist**

**Policy**
A licensed pharmacist will be retained as a consultant to the facility to coordinate, supervise, and review pharmaceutical services on a regularly scheduled, on-premises basis. A written agreement will stipulate the financial arrangement and services to be provided. The pharmacist will be responsible for spending a sufficient number of hours during regularly scheduled visits to carry out his/her functions and to meet federal and state rules and regulations.

**Procedures**
The Pharmacy Consultant duties include but are not limited to

1. Communicate with the director of nursing and/or administrator to determine issues that need to be addressed and discuss areas of concern, specific observations and recommendations.

2. Review the drug regimen of each resident quarterly, as delineated in Drug Review Policy and Procedure.

3. Periodically inspect medication storage areas to assure that proper security and proper conditions of light and temperature are maintained, dosage forms are separated, and medications are kept separate from cleaning supplies and poisons. That all medications are stored in their original labeled containers, and disposal of discontinued medications is appropriate and timely.

4. Periodically inspect medication to assure that all medications are properly labeled, within their expiration dates and do not show physical signs of deterioration.

5. Report irregularities in drug acquisition, storage, handling, administration and disposition in writing to the administrator and/or director of nursing.

6. Review quarterly the accounting, destruction, and reconciliation of unused controlled substances.

7. Submit a written report quarterly summarizing the status of the facility’s pharmaceutical services.

8. Serve on facility committees as required by law of regulation.

9. Assist in the resolution of drug distribution problems with the pharmacy supplier at the request of the administrator or director of nursing.

10. Provide in-service training for nursing staff on topics relating to the drug distribution system, administration and monitoring of medications and the actions and effects of drugs.

11. Within ten (10) working days of the exit date, submit a written report that documents all procedural observations, recommendations, irregularities, drug regimen review comments, in-service activities and other communications.

12. Submit other written reports as requested

13. Furnish the administrator, or have available by request, a copy of the current registered pharmacist license and controlled substance license.
14. Maintain a file of consultant reports in the pharmacy for at least two (2) years.
Pharmacy Hours and Delivery Schedule

Policy
A schedule of pharmacy hours and delivery times will be established and posted

Procedures
1. The pharmacy will establish a routine daily delivery Monday thru Saturday.

2. The schedule lists the pharmacies regular and after business hours, telephone numbers, cut off and delivery times and other pertinent information.

3. The schedule should be posted in all nursing stations.
Emergency Pharmacy Services

Policy
Emergency pharmacy services are available on a 24 hour basis from the contract pharmacy provider. Resident’s, who obtain medications from a non-contract pharmacy, must provide emergency pharmacy services which is documented in the resident’s file.

Procedures
Telephone numbers for emergency pharmacy services are posted in the nursing stations and where appropriate, maintained in the resident’s file.

1. Medications are never borrowed from other residents.

2. The pharmacy provider is called if an emergency arises that requires immediate pharmacist or nurse consultation.
Generic Drugs

Policy
In accordance with the provisions of state law and the physician’s therapeutic objectives, the cost of drugs to residents will be reduced by using generic drugs whenever possible.

Procedures
1. The pharmacy supplier will review appropriate bio-pharmaceutical data for all substituted preparations provided by the manufacturers. The pharmacy supplier will use prudent buying concepts and professional judgment to assure bio-equivalence when selecting generic drug substitutes for brand name drugs.

2. All pharmacy suppliers are required to label generic drugs according to procedures outlined in the policy covering “Drug Labels”.

3. The Medicaid program in Michigan has developed the MAC (Maximum Allowable Cost) list which is followed for Medicaid beneficiaries. Other third party payors have a MAC list which is similar to Medicaid’s. The MAC list, in some cases, dictates that generic drugs be dispensed in place of brand name medications. The pharmacy provider will dispense such drugs under their generic names.

Federal {42 CFR 447.331(c)(1)} and state laws stipulate that the only way a physician may over-ride the automatic use of generic equivalent drugs under MAC is to write in his/her own hand writing "Dispense as written" or "DAW" adjacent to each individual drug ordered, on the original order and on each new compliance recap thereafter. Prior authorization must be obtained by the physician from the Medicaid program for reimbursement of such items also.
Drug Information

Policy
The licensed nursing staff will have access to reference material that includes current information on drug effects, cautions, available strengths, dosage forms, recommended doses and nomenclature.

Procedures
1. A current copy of an acceptable drug information reference, as determined by the Pharmacy Quality Assessment Committee, or access to an acceptable online reference site will be available at each nursing station.

2. When information about a drug to be administered is not available in the facility, the charge nurse should request it from the pharmacy supplier or pharmacist.

3. Nursing personnel should always consult a reference material of pharmacist before administering an unfamiliar medication.
Physician Drug Orders

Policy
Drugs will be administered only upon the clear and complete order of a person lawfully authorized to prescribe medications. Verbal (telephone) orders will be received only by authorized pharmacy personnel.

1. All medication orders must specify the following:
   2. Name of medication
   3. Strength of medication, where indicated
   4. Dosage to be administered
   5. Time or frequency of administration
   6. Route of administration
   7. Quantity or duration of therapy. If not specified by physician on a new order, the duration is limited by stop order policy.

   Any dose or order which appears inappropriate considering the resident's age, condition, or diagnosis must be verified with the attending physician.

   All PRN (as needed) orders must specify the specific condition for which they are to be administered, e.g., "as needed for pain", "as needed for sleep." A PRN order without an indication requires clarification.

   All medication orders must contain a clearly worded dosage and schedule for administration. If the order states “1-2 tablets q 4-6 hours prn pain”, the order, ideally should be clarified with the physician.

Procedures
New Medication orders

1. Each drug order is entered in the resident's clinical record on a physician order form with the date, time and physician signature or signature of the person receiving the verbal order.

2. The order is communicated to the pharmacy via fax (or phone).

3. The order is transcribed onto the MAR or treatment record. When a new order changes the dosage of a previously prescribed drug, the previous entry is discontinued by writing "DC'd" and the date.

Monthly renewals (recap)

1. The physician renews all the orders listed by signing the recap sheet. The physician should write a new order for any therapies that require different directions, dosage form, or strength than listed.

2. The pharmacy-provided "RECAP" is not valid as an order until signed by the attending physician. Once signed it is an official document and may not be altered. The physician should review the entire "RECAP" before signing. Once signed, all orders printed on the page are automatically renewed exactly as they appear.

3. Prescriptions can be written on the physician's blank or verbally called to the pharmacy if applicable.

Transfer orders from a hospital or other health care facility

1. Transfer orders may be implemented only if they are signed by the resident's current attending physician.

2. If signed by another physician, or the date is other than the date of admission, the receiving nurse should verify the orders with the current attending physician before any drugs are administered.
Orders for Drugs

Policy
Drugs will be ordered from HomeTown Pharmacy, LTC in a manner that allows delivery to the facility in a timely basis. The facility will maintain accurate records of drug orders and receipts.

Procedures
New medication orders

a. Medication orders should be transmitted via fax. In the event faxing is not available the orders may be telephones into the pharmacy by the physician or their office agent. Prescriptions require all the elements required by law, including the patients name, drug name, dose, quantity, administration directions, number of refills authorized and the physician’s signature or verbal authorization.

b. Medications in schedule II require the receipt of the original prescription by the pharmacy prior to dispensing. (see schedule II controlled substances)

Refills

1. The reorder procedure of routinely administered unit dose or punch card drugs is determined by the dispensing system used by the facility.

   • If the facility uses the “Auto Fill” or “Cycle Fill” process, the pharmacy will automatically send one month supply of each unit dose or punch card drug each month without nurse request.

   • If the facility does not utilize the “Auto Fill” or “Cycle Fill” process the nurse should request a refill of the drug four (4) days before the drug is completely used.

   • No reorder strip on label- The refill request should be written on the “Pharmacy Re-order/Communication Log” and faxed to the pharmacy. The information required is the residents name and the name and strength of the drug needed.

   • Re-order strip on label- The reorder strip is removed and is placed on the “Pharmacy Re-order/Communication Log” and faxed to the pharmacy.

2. Refills for PRN medications, liquids, inhalers, injectables, ophthalmics, otics, and schedule III-V controlled substances must be requested by nursing when needed. Follow the instructions outlines for Re-order strip or No re-order strip as outlined above for reordering.

Schedule II controlled substances

The dispensing of Schedule II controlled substances is strictly regulated by State and Federal Law. (See controlled substance policy and procedure.)
Delivery

Only an authorized employee may receive drugs delivered to the facility. The receiving employee is responsible for verifying the accuracy of all drugs received.

a. The Drug dispensed and the directions for use should be cross-checked with the initial physician’s drug order.

b. Discrepancies and omissions must be reported promptly to the pharmacy and the charge nurse/supervisor.

c. A delivery sheet for checking and documentation by nursing staff will accompany all drug deliveries to the facility.

d. The facility should retain the delivery manifest records for a minimum of two months.
Pharmacy Re-order/Communication Log

Remove this page and insert a

Pharmacy Re-order/Communication Log
Non-prescription (Over the Counter) Medications

Policy
Non-prescription (over-the-counter) medications will be delivered by the pharmacy upon the request of the resident or family/responsible party in accordance with the agreement with the ALF and/or ALF policies and procedures. Non-prescription medications must be clearly labeled with the resident's name and apartment/room number.

Procedures
Physician/prescriber orders are required for all non-prescription medications for residents who receive medication assistance from the ALF staff.

1. The resident or family/responsible party notifies the ALF if the resident is taking non-prescription (over-the-counter) medications.

2. Non-prescription medications must be in the manufacturer's original container or pharmacy packaging and clearly labeled with the resident's name and apartment/room number.

3. For residents receiving medication monitoring/assistance, administration of non-prescription medications is monitored.

4. Physician/prescriber orders are required for all non-prescription medications for residents who receive medication assistance from ALF staff, or whose medications are administered by ALF or home health agency staff.

5. Use of non-prescription medications is documented in the resident’s Medication Information Record or Medication Administration Record.

DEFINITIONS
Non-prescription (over-the-counter) medication include, but are not limited to analgesics, vitamins, nutritional supplements, herbal medicines, cough and cold preparations, laxatives, allergy medications, antacids, and topical medications.
Drug Labels

Policy
Drugs will be labeled in compliance with federal and state laws and standards of pharmacy practice. Only the dispensing pharmacist will affix, modify or change information on prescription labels.

Procedures
1. All prescription drug labels must include:
   a. Brand or generic name of drug. A generic medication dispensed in place of a brand name product is labeled with the generic name and the brand name.
   b. Strength of drug.
   c. Quantity.
   d. Expiration date.
   e. Resident's name.
   f. Specific directions for use.
   g. Physician's name.
   h. Date drug is dispensed.
   i. Name, address and telephone number of dispensing pharmacy.
   j. Prescription number.
   k. Precautionary labels indicating storage requirements and special procedures. Examples: “Shake Well, Take with Food, Refrigerate”
   l. Total number of containers (e.g., 1 of 3, 2 of 3, 3 of 3) when multiple containers pre prescription are dispensed.

2. Injectable preparations must have concentration of drug per ml (cc) and milliliter equivalent dose on the label. Example: When morphine 5 mg is ordered and the pharmacy supplies it in an ampoule containing 10mg/ml, the directions should read “inject 5mg (0.5 ml).”

3. Liquid medications must have concentration of drug per milliliter; e.g., 250 mg/ml. Directions for use should be expressed in milliliters, e.g., Give 5 ml.

4. Nurses are to return improperly labeled drugs to the dispensing pharmacy.

5. Non-prescription floor stock supplies such as hydrogen peroxide, sterile water, rubbing alcohol, non-medicated skin preparations and emollients are to be kept in the original manufacturer's container with the manufacturer's labeling intact and are exempt from other labeling requirements.
6. Therapeutic concentrates, nutritional supplements, and alcoholic beverages are to be labeled in conformity with state and federal food and drug laws. These items are to be packaged in the original manufacturer's container and with original manufacturer's labeling intact and legible. Vitamins, minerals, etc. (therapeutic concentrates) which are patient specific shall be identified with the resident's name and room number as a minimum requirement.

7. Containers with soiled, damaged, incomplete, or illegible labels must be destroyed in accordance with drug destruction procedures and reordered from the pharmacy supplier.

8. Nursing may not alter, modify or make a drug label in any way that would change the original label as dispensed by the pharmacy.

a. If the pharmacy types an error on the label or physician's directions for use change, place a “Check Med Sheet” label on the container indicating there is a change in directions for use.

b. When such a label appears on the container, the medication nurse must check the resident's current medication administration record (MAR) or the physician's order for current directions.

c. Do not cover up other important information when placing a "Check Med Sheet" label on a medication container.

9. If directions for use change, the physician order must be communicated to the pharmacy immediately.

10. Do not request or accept unattached labels from the pharmacy. Only the pharmacist may place a drug label on the medication container.

11. Do not transfer drug contents from one container to another.

12. Drugs dispensed by physicians must conform to all of the above labeling requirements.
Prescription Label Changes

Policy
Nursing personnel shall not alter a prescription label in any way; this includes covering changing or removing any information. By law, only a pharmacist may alter a label.

When a new medication order changes the directions for administration but not the drug, dose, or route of administration, the following procedure is followed.

Procedures
1. The nurse receiving the change order will record the change in the clinical record and the medication administration record (MAR) and will pull all the prescription containers and affix a “Check Med Sheet” label.

2. The new order should be communicated to the pharmacy in the same manner as outlined in “Orders for Drugs” policy.

3. The “Check Med Sheet” label will remain on the current packaging until the pharmacy sends a new supply of the drug. Unit dose medications are to be returned to the pharmacy when the new supply is delivered.

4. Non-unit dose drugs will not be sent until a refill is requested by the facility. The refilled prescription container delivered by the pharmacy will then contain the updated instructions.
Do No Crush Medication List

REMOVE THIS PAGE AND INSERT DO NOT CRUSH MEDICATION LIST
Medication Storage in the Assisted Living Facility

Policy
Medications are stored safely, securely and properly following manufacturers’ recommendations or those of the supplier and in accordance with Federal and State laws and regulations. The medication supply is accessible only to authorized personnel.

Procedures
Medications (prescription and non-prescription) shall be stored in a designated area of the resident’s apartment/room.

Medications requiring refrigeration will be stored in a designated area in the resident’s refrigerator.

1. The pharmacy provider dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices where applicable. Medications are kept and stored in these containers.

2. Medications may not be transferred from one container to another except by the pharmacy or family/responsible party for use in ALF-approved medication reminder/compliance devices.

3. Medications must remain in the designated storage area at all times.

4. If there is no medication storage area provided in the resident’s apartment/room, an area should be designated for medication storage.

5. The location of medication storage is documented in the resident’s file.

6. Medications should not be stored in the bathroom, kitchen, or other areas where heat or moisture may compromise the integrity of the medication.

7. The resident’s Medication Information Record will be stored with the medications.

8. If a locked storage area is provided, the medication supply is accessible only to authorized persons.

9. If a locked storage area is provided in the resident’s apartment/room, the medication storage area and key are available to the family/responsible party for storage of medications and preparation of medication reminder/compliance devices.

10. The medication storage area is kept clean and free of clutter.

11. Orally administered medications are kept separate from externally used medications. Items for external use only must be clearly labeled as such.

12. Potentially harmful substances (e.g., urine test reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in an area separate from medications.

13. Medications requiring storage at “room temperature” are kept at temperatures ranging from 15 °C (59°F) to 30 °C (86°F).
14. Medications requiring “refrigeration” or storage at “temperatures between 2°C (36°F) and 8°C (46°F)” shall be stored in closed containers in the resident’s refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage “in a cool place” are refrigerated unless otherwise directed on the label.

15. Medications that are discontinued, expired, contaminated, or deteriorated, and those that are in containers that are cracked, soiled, or without secure closures are disposed of by the resident or removed from the resident’s apartment/room by the family/responsible party. Removal of medications must be reported to the ALF.

16. Medications needing replacement are reordered from the pharmacy provider.

17. Medication storage areas must be checked periodically to ensure resident safety and compliance with state laws and regulations.
Discontinued Medications

Policy
When medications are discontinued by the physician/prescriber, the medications must be removed from the resident’s apartment/room and/or disposed of by the resident or family/responsible party.

Procedures
1. When medications are discontinued by the physician/prescriber, the medications must be removed from the medication storage area and returned to the family/responsible party.

2. If residents or families have questions about proper disposal of discontinued medications, they should be referred to their pharmacy provider.

3. In the event that discontinued medications cannot be returned to the family/responsible party, they will be disposed of by the ALF in accordance with facility policies and procedures.

4. The resident or family/responsible party will notify the ALF of any medications discontinued by the physician/prescriber.

5. The resident, family/responsible party, or ALF will notify the pharmacy provider of all discontinued medication orders.

6. Discontinued medications shall be “flagged” and labeled as such, including the date of discontinuation.

7. Discontinued medications are removed from the resident’s apartment/room and/or disposed of by the resident or family/responsible party. The ALF must be notified of the removal/disposal of medications and document that information in the resident’s Medication Information record.

8. When a medication is discontinued for a resident using an ALF-approved compliance device, the ALF shall discontinue the use of the compliance device until the family/responsible party or pharmacy provider has refilled the compliance device according to the change ordered.

9. Discontinued medications not disposed of by the resident or family/responsible party, or returned to the family/responsible party, are disposed of by the ALF in accordance with the policies and procedures for disposal of medications.

10. Discontinued Medications awaiting return to the family/responsible party or disposal are stored in a locked, secure area designated for that purpose until returned to the family/responsible party or disposed of.
11. Discontinued medications that are in the original sealed, unopened container may be returned to the pharmacy provider in accordance with the pharmacy’s medication return policy and applicable federal and state laws and regulations. Federal law prohibits the return of controlled substances to the pharmacy provider.
Expired Medications

Policy
When medications are expired, the medications must be removed from the resident’s apartment/room and/or disposed of by the resident or family/responsible party.

Procedures
When medications are expired, the medications must be removed from the medication storage area and returned to the family/responsible party.

If residents or families have questions about proper disposal of expired medications, they should be referred to their pharmacy provider.

In the event that expired medications cannot be returned to the family/responsible party, they will be disposed of by the ALF in accordance with facility policies and procedures.

1. The expiration date of all medications must be checked before administering medications to residents or providing medication assistance.

2. Medications scheduled to expire are reordered at least five days prior to expiration to allow for timely refill of the prescriptions.

3. Expired medications shall be “flagged” and labeled as such.

4. Expired medications are removed from the resident’s apartment/room and/or disposed of by the resident or family/responsible party. The ALF must be notified of the removal of medications and document that information in the resident’s record.

5. Expired medications not disposed of by the resident or family/responsible party, or returned to the family/responsible party, are disposed of by the ALF in accordance with the policies and procedures for disposal of medications.

6. Expired medications awaiting return to the family/responsible party or disposal are stored in a locked, secure area designated for that purpose until returned to the family/responsible party or disposed of.
Disposal of Syringes and Needles

Policy
Used syringes and needles are disposed of safely in accordance with applicable laws and safety regulations.

Procedures
For residents who self-administer injectable medications or for whom home healthcare agency staff administers injectable medications, proper disposal of syringes and needles is the responsibility of the resident and/or family/responsible party or home healthcare staff.

1. To avoid risk of needle sticks, needles are not recapped after use. Needles and syringes should not be deliberately bend or broken.

2. Immediately after use, syringes and needles are placed into puncture resistant, one-way (Sharps) containers specifically designed for that purpose. The “Sharps” containers are fitted with a lid that prohibits reaching into the container. Residents who self-administer injectable medications, or for whom home healthcare agency staff administer injectable medications, should have a “Sharps” container in their apartment/room.

3. When a “Sharps” container is two-thirds (2/3) full it is sealed and disposed of with other hazardous waste by the resident or family/responsible party, home healthcare agency or the Assisted Living Facility.
Returning Medications

Policy
Discontinued or unused medications may be returned to the Pharmacy for possible credit provided that:

1. The medication was originally dispensed by HomeTown Pharmacy, LTC.
2. The medication is not within 90 days of its labeled expiration date.
3. The medication is returned in the original, unopened, sealed container.
4. The medication is not a controlled substance.
5. The medication container has not been written on or defaced in any way.
6. The medication was stored under proper conditions.
7. The medication did not require special storage conditions, e.g., refrigeration.
8. The medication was dispensed no longer than 90 days ago.
9. The medication is not a compounded or special order item.

Procedures
1. Complete return medication log for each medication being returned to the pharmacy.
2. Place the medication container and one copy of the returned medication log in the pharmacy tote/bin for return.
3. Retain one copy of the returned medication log at the facility.
Destruction of Medications

Policy
Any medication for which there is no active order and is not returnable to the pharmacy for possible credit will be destroyed at the nursing facility as soon as possible.

Such medications include:

1. Discontinued drugs
2. Expired drugs
3. Drugs for patients who are deceased or discharged

Procedures
Federal prescription drug disposal guidelines recommend mixing most unused or expired medications with undesirable substance such as coffee grounds or kitty litter and disposing in the trash in nondescript containers. Medications should be removed from original or pharmacy packaging. Federal prescription drug disposal guidelines state specifically that certain drugs should be flushed down the toilet.

These medications include:

1. Actiq (Fentanyl Citrate)
2. Avinza (Morohine extended release oral)
3. Demerol (Meperidine)
4. Diastat (diazepam rectal gel)
5. Dilaudid (Hydromorphone)
6. Dolophine (methadone)
7. Duragesic Patch (Fentanyl patch)
8. Fentora (Fentanyl Buccal)
9. Opana (Oxymorphone)
10. OxyContín (Oxycodone)
11. Percocet (Oxycodone/APAP)

This list is not all inclusive. For questions on a specific medication contact the pharmacy or visit www.whitehousedrugpolicy.gov
## Storage and Stability of Selected Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Storage</th>
<th>Expiration</th>
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<tbody>
<tr>
<td><strong>Insulin</strong></td>
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<tr>
<td>Unopened Insulin Vials</td>
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<td><strong>Test Strips</strong></td>
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<td></td>
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<td>Glucometer Test Strips</td>
<td>Room Temp</td>
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<td><strong>Irrigating Solutions</strong></td>
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<td>Sterile Water for Irrigation</td>
<td>Room Temp</td>
<td>24 hours after opening</td>
</tr>
<tr>
<td>Sodium Chloride for Irrigation</td>
<td>Room Temp</td>
<td>24 hours after opening</td>
</tr>
<tr>
<td><strong>Nitroglycerin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrostat SL tablets (Parker Davis)</td>
<td>Room Temp</td>
<td>Manufacture Date</td>
</tr>
<tr>
<td><strong>Eye Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics/Steroids</td>
<td>Room Temp</td>
<td>STOP DATE</td>
</tr>
<tr>
<td>Phospholine Lodide eye drops</td>
<td>Room Temp</td>
<td>30 Days</td>
</tr>
<tr>
<td>Xalatan- opened</td>
<td>Refrigerator</td>
<td>6 months</td>
</tr>
<tr>
<td>All other eye medications</td>
<td>Room Temp</td>
<td>90 Days</td>
</tr>
<tr>
<td><strong>Nasal/Oral Sprays/Inhalers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miacalcin- opened</td>
<td>Room Temp</td>
<td>30 Days</td>
</tr>
<tr>
<td>All other inhalers/sprays</td>
<td>Room Temp</td>
<td>90 Days</td>
</tr>
<tr>
<td><strong>Oral Liquid Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Augmentin</td>
<td>Refrigerator</td>
<td>10 Days</td>
</tr>
<tr>
<td>Biaxin</td>
<td>ROOM TEMP</td>
<td>10 Days</td>
</tr>
<tr>
<td>Ceclor (Cefaclor)</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Cefzil</td>
<td>Refrigerator</td>
<td>14 Days</td>
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## Oral Liquid Medications Continued

<table>
<thead>
<tr>
<th>Medication</th>
<th>Storage</th>
<th>Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cipro</td>
<td>ROOM TEMP</td>
<td>14 Days</td>
</tr>
<tr>
<td></td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Dicloxacillin</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Duricef</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>Refrigerator</td>
<td>30 Days</td>
</tr>
<tr>
<td>Keflex (Cephalexin)</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Penicillin VK</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Vantin Suspension</td>
<td>Refrigerator</td>
<td>14 Days</td>
</tr>
<tr>
<td>Ativan</td>
<td>Refrigerator</td>
<td>90 Days (after open)</td>
</tr>
<tr>
<td>Lasix (Furosemide)</td>
<td>Room Temp</td>
<td>90 Days</td>
</tr>
<tr>
<td>Pepcid Suspension</td>
<td>Room Temp</td>
<td>30 Days</td>
</tr>
<tr>
<td>Roxanol</td>
<td>Room Temp</td>
<td>90 Days</td>
</tr>
<tr>
<td>Promod</td>
<td>Room Temp</td>
<td>30 Days</td>
</tr>
</tbody>
</table>

*Place scoop in a separate bag outside the can*

## General

January 1, 1994 a Michigan Law was enacted that specified a length of time (expiration) be placed on all prescriptions. The law states that the Rx “must be discarded one year from the date of dispense unless otherwise indicated”. Pharmacy will place an expiration date on all medications that expire in less than 365 days. In the long term care setting, we often use original manufacturer packaging in which case the expiration date is determined according to stability data. In these cases the manufacturer expiration date supersedes the one year expiration date for unopened containers. Please note certain vitamins and herbal remedies may not have an expiration date on the bottle – this is a federal statute that allows some vitamin and herbal products to be classified as nutritional supplements, and exempt from expiration date requirements.
Medication Administration Record

Policy
The ALF will maintain a current Medication Administration Record (MAR) for each resident for whom medications are administered by ALF or home health agency staff. The MAR lists all prescription and non-prescription (over-the-counter) medications prescribed for the resident, includes directions for monitoring medications, and provides space for documenting medication administration.

Procedures
1. When a new resident enters the ALF, all current prescription and non-prescription (over-the-counter) medications are entered on the resident’s MAR.

2. The information on the MAR includes
   a. Resident name
   b. Apartment/room number
   c. Diagnoses/conditions
   d. Allergies
   e. Prescription number
   f. Physician/prescriber
   g. Medication name, strength, dosage form, dose, route of administration
   h. Frequency of administration and administration times
   i. Administration parameters (e.g., pulse, blood pressure, blood sugar)
   j. Duration of therapy or stop date
   k. Date ordered, date changed, date discontinued
   l. Indication for use for as-needed (PRN) medications
   m. Directions for assessing effectiveness of medications
   n. Date and time of medication administration
   o. Name and initials of person administering medication

3. Transcribe new prescription and non-prescription (over-the-counter) medications on the MAR.

4. When a medication is discontinued, write “DC’d” and the date, and using a yellow highlighter, make a line through the discontinued entry.
5. When a new prescription changes the dosage or frequency of administration of a previously prescribed medication, discontinue the previous entry by writing “DC’d” and the date, and using a yellow highlighter, make a line through the discontinued entry. Enter the new prescription as a new medication order.

6. Medication administration is documented on the resident’s MAR at the time the medication is given by the person administering the medication, including an explanation if the medication was not taken.

7. The resident’s MAR is initialed by the person administering the medication in the space provided under the date and on the line for that specific medication. Initials on the MAR are verified with a full signature in the space provided.

8. If a dose of a regularly scheduled medication is refused by the resident, circle the time in the correct space on the MAR, write “Ref,” and initial. If more than two (2) doses in a row are refused, report this to the nursing director for follow-up with the physician/prescriber and/or family/responsible party.

9. If a dose of a regularly scheduled medication is held because the administration parameters are not met (e.g., order for “Digoxin 0.125 mg po daily. Hold if pulse rate <60”), circle the time in the correct space on the MAR, write “Held,” and initial. Indicate the reason the medication was held. If more than two (2) doses in a row are held, report this the nursing director for follow up with the physician/prescriber and/or family/responsible party.

10. When medications are given PRN (“as needed”), the following documentation is provided.
   a. Date, time dose, and route of administration
   b. Complaints or symptoms for which the medication was given
   c. Results achieved from giving the medication are recorded along with the time
   d. Signature and initials of the person recording medication administration and effects

11. When a new MAR needs to be generated, only the current and active orders are transcribed. The accuracy of the transcription should be double checked by qualified ALF staff.

12. The completed Medication Administration Records are retained in the resident’s file.
Oral Medication Administration- Tablets, Capsules & Liquids

- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record.
- Maintain security of medications.
- Wash hands.

**Tablets & Capsules**

- Pour the correct number of tablets or capsules into the medication cup.
- Never touch the medication with fingers.
- Crush medications if indicated for the resident only after checking the “Do Not Crush List.” Crush in tablet crusher and clean immediately after use with warm water and dish washing liquid; rinse thoroughly. For tablets that appear on the “Do Not Crush List,” check with pharmacy provider regarding a suitable alternative; request that pharmacy provider obtain a new order from physician if appropriate.

**Liquids**

- Shake well if needed prior to pouring.
- Pour correct amount directly into a graduated medication cup or measuring device provided with liquid.
- Pour at eye level.
- Wipe rim and sides of bottle with tissue or towelette and replace cap after pouring.
- Liquid medications may be diluted in any fluid indicated by the physician’s order. Liquid potassium supplements, bulk laxatives, and liquid stool softeners may be diluted in juice.
- If resident is in bed, the head of the bed should be elevated to >45° prior to administration of medication and for at least two minutes after.
- Administer medication and remain with resident while medication is swallowed.
- Follow all medications with 4-8 ounces of water.
- Wash hands.
Sublingual Medications

Administration Guidelines

• Provide for resident privacy.

• Maintain confidentiality of Medication Administration Record.

• Maintain security of medications.

• Wash hands.

• Offer water or other fluids if the resident’s mouth is dry.

• Place medication under resident’s tongue (allow resident to do this if capable), and instruct resident to leave medication there until dissolved.

• Sublingual medications are generally not properly absorbed if swallowed. If resident is unable to comply with instructions, contact physician for alternative dosage form or medication.

• Wash hands.
Inhalation

Administration Guidelines
Spacing and proper sequence of administration of the different medications given by oral inhalation is important for maximal drug effectiveness. If more than one medication inhaler is used, the sequence of administration listed below provides the most benefit to the patient.

1. Bronchodilators/Beta Agonists—Ventolin, Proventil (albuterol); Alupent (metaproterenol); Maxair (pirbuterol); Tornalate (bitolterol).

2. Anticholinergic Agents—Atrovent (ipratropium).

3. Miscellaneous Agents—Intal (cromolyn); Tilade (nedocromil).

4. Corticosteroids—Beclovent, Vanceril (becomethasone); Azmacort (triamcinolone); AeroBid (flunisolide); Decadron (dexamethasone).

If more than inhalation of the same administration is to be used, wait at least one minute between inhalations.

Wait five minutes between administration of different medications by oral inhalation.
Inhalation- Nasal

Administration Guidelines

- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record.
- Maintain security of medications.
- Wash hands.
- Shake inhaler well.
- Remove the cap.
- Have resident tilt the head back slightly and breathe out fully to expel air from lungs.
- Hold the inhaler in upright position between second and index fingers, with thumb on bottom of canister.
- Position the inhaler in one of the following ways:
  - Open mouth with inhaler one to two inches away
  - Use spacer with inhaler; place spacer in mouth, closing lips around it.
  - Place inhaler mouthpiece in mouth, closing lips around it.
- While resident breathes in deeply, depress medication canister between thumb and fingers to release medication. Have resident breathe in slowly over three to five seconds.
- Instruct resident to hold breath for 10 seconds to maintain medication contact with lung tissue.
- When resident begins to breathe out, remove inhaler from resident’s mouth.
- If more than one inhalation is ordered, wait one minute, then repeat the administration steps above for each inhalation ordered.
- Wipe nozzle with clean tissue to remove any residue.
- Replace cap.
- If more than one medication inhaler is used, wait five minutes between administration of different medications by oral inhalation.
- Wash hands.
Ophthalmic- Eye Drops

Administration Guidelines

• Medication and dropper

• Sterile gauze pad

• Examination gloves (optional)

• Provide for resident privacy.

• Maintain confidentiality of Medication Administration Record.

• Maintain security of medications.

• Good lighting is necessary for proper administration.

• Wash hands. Examination gloves may be worn.

• Position resident with head tilted back.

• Shake medication bottle well if appropriate.

• Remove cap from bottle and place on a clean, dry surface.

• If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.

• Use gauze pad to pull down lower eyelid gently to form a “pouch.” Instruct resident to look up.

• Instill ordered number of drops inside lower lid close to the outer corner of eye.

• Do not touch eye with medication dropper.

• Instruct the resident to close eye slowly to allow for even distribution over surface of the eye. The resident should refrain from blinking. Keep eye closed for 1-2 minutes. The eyelid should not be squeezed shut since this will force the medication out of the eye.

• Wipe off excess solution with sterile gauze.

• Recap bottle.

• When more than one drop of the same medication is to be administered, wait 3 minutes between drops.

• When two or more different eye drops must be administered at the same time, allow a five-minute period between each medication unless instructed to allow more time.
• Wash hands.
Ophthalmic- Eye Ointment

Administration Guidelines

• Medication

• Sterile gauze pad

• Examination gloves (optional)

• Provide for resident privacy.

• Maintain confidentiality of Medication Administration Record.

• Maintain security of medications.

• Good lighting is necessary for proper administration.

• Wash hands. Examination gloves may be worn.

• Position resident with head tilted back.

• Remove cap from medication tube and place it on a clean, dry surface.

• Use gauze pad to pull down lower eyelid to form a “pouch.” Instruct resident to look up.

• Apply a thin line of ointment into the pouch.

• Do not touch eye with medication container.

• Instruct the resident to close eyes and rotate eyeball to allow for even distribution of medication over surface of the eye. The resident should refrain from blinking. Keep eye closed for 1-2 minutes. The eyelid should not be squeezed shut since this will force the medication out of the eye.

• Wipe off excess ointment with sterile gauze.

• Replace cap on tube.

• Wash hands.

• When two or more different eye ointments must be administered at the same time, allow a five-minute period between each medication.
**Otic- Ear Drops Administration Guidelines**

- Medication
- Cotton balls
- Examination gloves (optional)
- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record.
- Maintain security of medications.
- Wash hands. Examination gloves may be worn.
- If medication was refrigerated, allow to warm to room temperature or hold between hands to warm.
- Instruct resident to lie down and to turn head so that the affected ear is facing up.
- Shake medication bottle well if appropriate.
- Remove cap from bottle and place on a clean, dry surface.
  - If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.
  - Straighten the ear canal by gently pulling earlobe up and backward.
  - Instill prescribed number of drops into the ear canal.
  - Do not touch the medication dropper to any surface, including the ear.
  - Wipe bottle nozzle with sterile gauze to remove excess liquid.
- Recap bottle.
  - Instruct the resident to remain in position approximately 5 minutes with affected ear upward. Use sterile cotton ball to prevent excessive leakage of the medication if necessary.
- Wash hands.
Nose Drops

- Medication
- Tissues or sterile gauze pad
- Examination gloves (optional)
- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record.
- Maintain security of medications.
- Wash hands. Examination gloves may be worn.
- Have resident gently blow nose to ensure that nasal passages are not blocked by mucus.
- Position resident properly.
- If resident is seated in chair, instruct resident to hold head well back.
- If administering medications, stand behind resident’s head.
- If resident is in bed, place pillow under shoulders to allow head to drop back so forehead will be lower than chin.
- Shake medication bottle well if appropriate.
- Remove cap from bottle and place on a clean, dry surface.
- If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.
- Instill prescribed number of drops into nostril(s), directing flow toward floor of nasal cavity. Insert dropper tip not more than 1/4 inch into nostril.
- Instruct resident to maintain position for about two minutes to allow sufficient contact of medication with nasal tissue and to permit flow of medication into sinuses.
- Wipe any excess drainage.
- Rinse the outside of dropper/container with hot water and dry with clean tissue, keeping dropper/container pointed down to prevent water from entering dropper/container.
- Replace cap.
- Wash hands.
**Rectal Suppositories**

*Administration Guidelines*  
- Medication  
- Disposable glove  
- Lubricant  
- Tissues  
- Paper towel  
- Provide for resident privacy.  
- Maintain confidentiality of Medication Administration Record.  
- Maintain security of medications.  
- Wash hands.  
- Put on disposable gloves.  
- Assist resident in turning to left lateral position.  
- Remove wrapper from suppository.  
- Lubricate index finger and suppository.  
- Separate buttocks.  
- Ask the resident to take a deep breath, and to relax the anal sphincter.  
- Insert suppository gently into rectum about three inches beyond sphincter.  
- Apply pressure with tissue over anus briefly until desire to expel suppository has passed.  
- Instruct resident to retain suppository for 10-15 minutes if possible.  
- Place tissue and gloves in paper towel and dispose of in accordance with ALF policy for contaminated waste.  
- If suppository was for bowel evacuation, assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.  
- Wash hands.
• If suppository was a PRN (as needed) order for bowel evacuation, note results, including color, amount, and consistency, on the Medication Administration Record.
Vaginal Medications

Administration Guidelines

- Medication
- Sterile gloves
- Water-soluble gel, if appropriate
- Applicator, if appropriate
- Tissues
- Paper towel
- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record.
- Maintain security of medications.
- Wash hands.
- Put on disposable gloves.
- Place tablet/suppository in applicator or draw cream/gel into applicator.
- Have resident lie on back with knees flexed and legs spread apart, or in the Sims position.
- Wearing sterile gloves, examine perineum. Clean area if discharge is noted.
- Lubricate tablet, suppository, or applicator prior to administration, if required.
- With one hand, spread the labia apart.
- Place applicator into vagina and advance the plunger to instill gel or cream or to release tablet or suppository. If without applicator, insert lubricated tablet or suppository approximately 3-4 inches into vaginal area.
- Wipe lubricant from vaginal area with tissue.
- Advise resident to remain lying down for 30 minutes.
- Place tissue and glove in paper towel and dispose of per ALF policy.
- Clean applicator if reusable with warm water and dish washing liquid; rinse thoroughly and dry.
- Wash hands.
Vials and Ampoules of Injectable Medication

Administration Guidelines

Injectable medications are administered as prescribed only by persons legally authorized to do so. Personnel authorized to administer injectable medications do so only after they are adequately trained in the techniques of injectable medication administration and are familiar with the medication to be administered.

Vials or ampoules sent from the pharmacy provider in a box or container with a resident-specific label on the outside are kept in the box or container.

For multi-dose vials, date and initial the vial when first opened.

Ampoules and single-dose vials (containing no preservatives) are discarded immediately after use.

The solution in multi-dose vials is inspected prior to each use for unusual cloudiness, precipitation, or foreign bodies. The rubber stopper is inspected for deterioration.

If a multi-dose vial shows visible evidence of precipitation or contamination, its use is discontinued immediately and the pharmacy provider is notified. The pharmacy provider determines the need for reporting a defective solution to the manufacturer and/or filing a Drug Product Problem Report.
Intramuscular Administration

Administration Guidelines

• Medication

• Syringe capable of holding volume of medication ordered

• Sterile needle and syringe (size depends on the size of the resident, viscosity of drug)

• Alcohol wipes

• Provide for resident privacy.

• Maintain confidentiality of Medication Administration Record (MAR).

• Maintain security of medications.

• Wash hands thoroughly.

• If medication is a suspension, mix well before withdrawing. Check with pharmacy provider if there is any question about appearance of drug.

• Read MAR and compare with label on medication.

• Calculate correct amount (volume) of medication to administer.

• Prepare syringe and needle.

• For medication vials

  • Swab vial stopper with alcohol wipe.

  • Pull back syringe plunger to draw a volume of air into the syringe equal to volume of medication to be given.

  • Insert needle into medication vial, inject air into medication vial, and withdraw correct amount (volume) of medication.

• For medication ampoules

  • Using an alcohol wipe, break off top of ampoule.

  • Insert needle into medication ampoule and withdraw correct amount (volume) of medication.

  • Carefully recap needle.

• Check medication label with MAR again.
• Obtain alcohol wipe for skin preparation.

• Provide for resident privacy.

• Select an appropriate site for intramuscular injection.

• Adjust resident’s position.

• Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.

• Uncap needle and expel air from syringe.

• Using one hand, stretch the skin so that it is taut.

• Insert needle at a 90-degree angle using a quick, dart-like thrust.

• Confirm correct placement. Pull back on plunger to see if needle is in a blood vessel. If blood appears in syringe, withdraw needle, secure new equipment and medication, and repeat procedure.

• If placement correct, inject medication at a slow, even rate.

• Withdraw needle quickly. Do not recap needle.

• Wipe area with alcohol wipe and apply pressure over the injection site for two minutes.

• Dispose of needle and syringe in sharps container in accordance with facility policies and procedures.

• Wash hands.

• Document the administration and injection site (to ensure rotation of injection sites) on the MAR using the appropriate injection site code.
Subcutaneous Administration

Administration Guidelines

• Select an appropriate site for subcutaneous injection.

• Adjust resident’s position.

• Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.

• Uncap needle and expel air from syringe.

• Gently tap injection site to stimulate nerve endings and minimize pain.

• Grasp and pinch a cushion of flesh.

• Hold syringe with needle bevel side up and insert at a 45-degree angle.

• Insert needle quickly.

• Confirm correct placement. Pull back on plunger to see if needle is in a blood vessel. If blood appears in syringe, withdraw needle, secure new equipment and medication, and repeat procedure.

• If placement correct, inject medication slowly.

• Withdraw needle quickly. Do not recap needle.

• Wipe area with alcohol wipe and apply pressure over the injection site for two minutes.

• Dispose of needle and syringe in sharps container in accordance with facility policies and procedures.

• Wash hands.

• Document the administration and injection site.
Insulin Administration

Administration Guidelines

- Medication
- Sterile syringe
- No. 35 or No. 23 gauge 1-inch needle
- Alcohol wipes
- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record (MAR).
- Maintain security of medications.
- Wash hands thoroughly.
- If medication is a suspension, mix well before withdrawing. Check with pharmacy provider if there is any question about appearance of drug.
- Read MAR and compare with label on medication.
- Calculate correct amount (volume) of medication to administer.
- Prepare syringe and needle.
- For medication vials
  - Swab vial stopper with alcohol wipe.
  - Pull back syringe plunger to draw a volume of air into the syringe equal to volume of medication to be given.
  - Insert needle into medication vial, inject air into medication vial, and withdraw correct amount (volume) of medication.
- For medication ampoules
  - Using an alcohol wipe, break off top of ampoule.
  - Insert needle into medication ampoule and withdraw correct amount (volume) of medication.
  - Carefully recap needle.
  - Check medication label with MAR again.
Transdermal Medication Delivery

Administration Guidelines

- Medication
- Alcohol wipes
- Provide for resident privacy.
- Maintain confidentiality of Medication Administration Record (MAR).
- Maintain security of medications.
- Wash hands.
- Remove patch from package and envelope.
- Provide for resident privacy.
- Select an appropriate site for application. Observe site of previous application. If patch remains from previous administration, remove prior to administering new patch; dispose of per ALF policy. Rotate sites of patch application.
- Consult package information for acceptable placement sites. Generally, extremities and hairy areas of the body should be avoided.
- Adjust resident’s position/clothing and swab area for patch application with alcohol wipe. Allow to dry.
- Remove adhesive backing from patch and apply patch.
- Date and initial patch.
- Wash hands.
- Document administration and site of patch placement on MAR (to ensure rotation of administration sites).
Irrigation Solutions

Administration Guidelines

Irrigation solutions are used in accordance with the labeled directions for storage, use, and disposal. Aseptic technique is used in the handling and application of irrigation solutions.

- Irrigation solutions are labeled with the date, time, and initials of the first person to use immediately upon opening.
- Solutions prepared by the pharmacy provider, if unopened, are kept until the expiration date. Solutions without an expiration date are not accepted from the pharmacy.
- Solutions prepared by the pharmacy provider are discarded within 72 hours after opening.
- Solutions prepared in the ALF are limited to single doses and are discarded within 24 hours of preparation.
- Solutions without preservatives, in the original manufacturer’s container, are discarded within 24 hours of opening.
- If an irrigation solution shows visible evidence of precipitation or contamination, its use is discontinued immediately and the pharmacy provider is notified.
- When expired, unused irrigation solutions are poured down the drain.
- It is not necessary to record disposal of partial containers.