

PIEDMONT BEHAVIORAL HEALTHCARE
MEDICATION REVIEW

Location:	Review Date:
Facility Description/Service:	Reviewer:

Reference:	Review Item	Met	Not Met	NA	Comments
Medication Dispensing APSM 45-2 APSM 30-1 .0209	Medications are dispensed only on the written order of a doctor or other practitioner licensed to prescribe.				
	Meds are dispensed only by a registered pharmacist or doctor.				
	Methadone for take home supplied to client, must be in a properly labeled container by a RN of treatment facility.				
	Facility does not possess a stock of prescription legend drugs except for emergency use.				
Packaging & Labeling APSM 45-2 APSM 30-1 .0209	Non prescription drugs retain the manufacturer's label with expiration dates clearly visible and have not expired.				
	Prescription medications are dispensed in tamper resistant containers				
	Drug labels all include:				
	a. Client name				
	b. Prescriber's name				
	c. Current dispensing date				
	d. Clear directions for administration				
	e. Name, strength, quantity of drug				
f. Expiration date of drug					
g. Name/address/phone number of pharmacy and dispensing practitioner					
Medication Administration: APSM 45-2, ch.13 APSM 30-1 .0209	Prescriptions and non-prescription medications/drugs shall be administered to a client on the written order and signature of a person authorized by law to prescribe medications/drugs				
	All Orders for medications are signed or countersigned by the responsible physician				
	The Physician must countersign and date verbal medication orders				
	Medications shall be self-administered by clients only when authorized in writing by the physician				
	Client's medications are administered only by licensed persons or unlicensed trained personnel by a RN, pharmacist, other qualified privileged person.				

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Medication Administration: APISM 45-2, ch.13 APISM 30-1 .0209	MAR is for current month				
	*MAR includes:				
	a. Client name				
	b. Name of drug				
	c. Strength of drug				
	d. Quantity of drug				
	e. Instructions for administration of drug				
	f. Date drug is administered				
	g. Time drug is administered				
h. Name/initials of person administering the drug					
Medication Administration: APISM 45-2, ch.13 APISM 30-1 .0209	Staff initials are verified on the back of the MAR.				
	Client request for medication changes are documented in the record and kept with the MAR				
	Client request for medication changes are followed up with the client's physician				
Medication Disposal: APISM 30-1 .0209 APISM 45-2 APISM 30-1 .0209	Medications of d'chg clts. are disposed of promptly or within 30 days if clt. is expected to return to facility.				
	Medication disposals are done in a manner that guards against diversion or accidental ingestion				
	Non controlled substance are disposed by incineration, flushing or return to pharmacy for destruction.				
	Controlled substances are returned to pharmacy for disposal				
	Medication disposal documentation includes:				
	a. client's name				
	b. Medication name				
	c. Strength of drug				
	d. Quantity of drug				
	e. Disposal date				
	f. Method of disposal				
g. Signature of person disposing medications					
h. Signature of person witnessing disposal					
Facility shall maintain record of medication disposal.					

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Medication Storage: APISM 30-1 .0209 APISM 45-2 Ch.9	Medications are stored:				
	a. In locked, clean, well lit area between 59 & 86 degrees F				
	b. In a refrigerator between 36 and 46 degrees				
	c. If meds are kept in refrigerator and food is kept in it too then medications are kept in a separate locked container				
	d. Separately for each client				
	e. Separately for external and internal use				
	f. In secure manner for persons self administrating meds Facility registered to maintain stock of controlled substances.				
Medications Review: APISM 30-1 .0209 APISM 45-2 Ch.9	If a client is receiving medications that are known to present serious risk then procedures/safeguards are in place especially neuroleptic medications.				
	The client's receiving psychotropic drugs shall be reviewed at least every six months by a pharmacist or physician (except methadone, which shall be reviewed every 3 months). The on-site manager shall assure that that client's physician is informed of the results of the review when medical intervention is indicated.				
	The findings of the drug regimen shall be documented in the client record along with corrective action, if applicable.				
APISM 45-2 Ch.6	When the drug review is completed, physician is notified of findings when medical intervention is indicated				
Medication Education: APISM 45-2 APISM 30-1.0209	Each client receiving medications from a physician shall receive either oral or written education regarding medication prescribed.				
	In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client				
	The physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person)				

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Medication Education: APSM 45-2 APSM 30-1.0209	Medication education shall be provided sufficient to enable the client or other responsible person to make the informed consent to safely administer the medication and to encourage compliance with the prescribed regimen				
Medication Errors: APSM 45-2 ch.6 APSM 30-1.0209	Client refusals to take medication are recorded Drug administration errors and significant adverse drug reactions shall be properly recorded in the drug record along with documentation that physicians or pharmacist was immediately notified.				
Medication Facility Documentation Requirements	Medication keys only available to staff certified to administer				
	Medication for indigent clients are stored in an organized manner.				
	There is handwashing materials available to staff administering.				
	Labels on containers are not soiled, illegible , or obsolete.				
	No drugs are present for clients that have been discontinued by the physician.				
	Physician prescription pads are securely locked.				
	Sharps containers are available and not full.				
	Disposable gloves are available.				
	Safer needles are available if applicable.				
	Controlled drug count is accurate in a way to follow-up on discrepancies.				
	Drug allergies appropriately documented in the client record.				
	Agency has list of staff authorized to administer medications.				
	Medicine vials are dated when open (28 days for insulin)				
	Physician orders are transcribed correctly.				
	Standing orders are documented & approved by physician.				
	PRN effectiveness is documented within one hour after the administration time in the client's record.				
	"Pass" medications are counted upon leaving the program and return to the program and documented.				
Additional Medication Requirements for Foster Homes 10A NCAC 70G. 0208	Non-prescription medication can be administered to child with authorization from legal guardian.				
	Foster parents must return controlled substances to agency				
	Medication approved by a physician for child to self-administer is stored in a manner that is inaccessible to non-approved children.				
	Foster parent report findings of drug regimen review to agency				
	Document drug review in MAR along with corrective action, if applicable.				

