

# Medication Management

## Cited Regulations

Curriculum developed  
February, 2020



**VCU** College of Health  
Professions  
Gerontology

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# Objectives



1.

Increase understanding of the medication management regulations;



2.

Have a better understanding of regulations that involve medication plans, physician and prescriber orders, and the administration of medications;



3.

Discuss methods to prevent violations in medication management.

Cited  
Regulations:

Medication  
Management

- 22 VAC 40-73-640A
- 22 VAC 40-73-650A
- 22 VAC 40-73-650C
- 22 VAC 40-73-680D
- 22 VAC 40-73-680I

# 22VAC40-73-640 Overview

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Medication management plan and reference material:

- The facility must have a written plan for medication management that addresses medication administration procedures.
- The medication management plan and changes must be approved and reviewed by the department.
- The facility must follow requirements for medication reference material.

## 22 VAC 40-73-640A

1. Methods to ensure an understanding of the responsibilities associated with medication management;
2. Standard operating procedures, including the facility's standard dosing schedule and any general restrictions specific to the facility;
3. Methods to prevent the use of outdated, damaged, or contaminated medications;
4. Methods to ensure that each resident's prescription medications and any over-the-counter drugs and supplements ordered for the resident are filled and refilled in a timely manner to avoid missed dosages;
5. Methods for verifying that medication orders have been accurately transcribed to medication administration records (MARs) within 24 hours of receipt of a new order or change in an order;
6. Methods for monitoring medication administration and the effective use of the MARs for documentation;
7. Methods to ensure that MARs are maintained as part of the resident's record;

# 22 VAC 40-73-640A

8. Methods to ensure accurate counts of all controlled substances whenever assigned medication administration staff changes;
9. Methods to ensure that staff who are responsible for administering medications meet the qualification requirements of 22 VAC 40-73-670;
10. Methods to ensure that staff who are responsible for administering medications are adequately supervised, including periodic direct observation of medication administration;
11. A plan for proper disposal of medication;
12. Methods to ensure that residents do not receive medications or dietary supplements to which they have known allergies;
13. Identification of the medication aide or the person licensed to administer drugs responsible for routinely communicating issues or observations related to medication administration to the prescribing physician or other prescriber;
14. Methods to ensure that staff who are responsible for administering medications are trained on the facility's medication management plan;
15. Procedures for internal monitoring of the facility's conformance to the medication management plan.

# Policy



**Understanding of  
medication  
management policies**



**Standard operating  
procedures**



**Internal monitoring for  
conformance**



# Time

- Avoid missing doses by ordering medications in a timely manner
- Medication Administration Records (MARs) are updated within 24 hours

# The Medication

- Outdated, damaged, or contaminated medications
- Counts of controlled substances
- Proper disposal
- Allergies

# MARs

- MARs are used effectively
- MARs are in the resident's record

# Staff Training

- Staff that administer medications meet the qualifications
- Medication administration is supervised
- Communication with physicians
- Staff responsible for administering medications know the medication management plan

# 22 VAC 40-73-640A Violation

On 4/20/18 the medication storage cart contained a Novolog Flexpen that was open and in use for Mr. Truman. The Flexpen was labeled with an open date of 3/14/2018. Manufacturer's instructions show Novolog Flexpen should be discarded 28 days after opening.

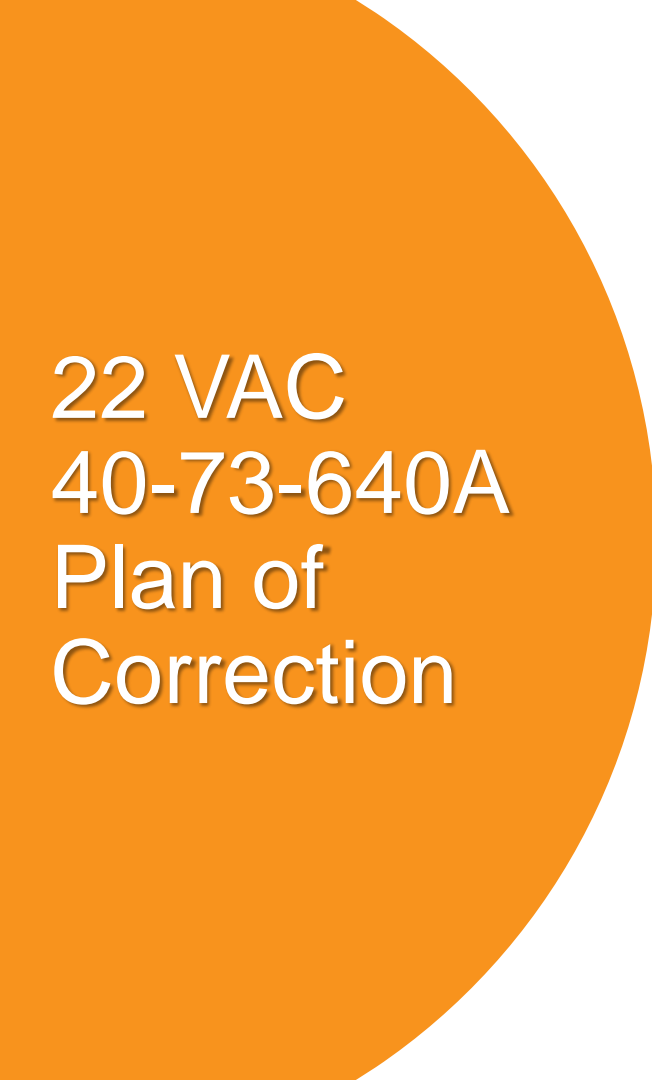


22 VAC 40-  
73-640A  
Violation

**Ensure residents are not receiving expired medication and ensure proper disposal of expired medication**


# 22 VAC 40- 73-640A Violation

The file contained a physician's order dated 1/12/18 stating "may crush medication and mix with food", but this was not listed on the current MAR and there was no documentation showing this was being done.



22 VAC  
40-73-640A  
Plan of  
Correction

**Ensure there was a valid order from the physician when treatments were started, changed or discontinued.**





# 22 VAC 40-73-650 Overview

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Physicians or other prescriber's orders:

- A physician order is necessary to start, change, or discontinue treatments;
- Physician orders must be complete;
- The requirements and process for oral orders;
- Orders must be in the resident's record;
- Process for new orders received upon return to facility after a hospital stay.

**22 VAC  
40-73-650A**

**A.** No medication, dietary supplement, diet, medical procedure, or treatment shall be started, changed, or discontinued by the facility without a valid order from a physician or other prescriber. Medications include prescription, over-the-counter, and sample medications.

Must have a  
valid  
physician's  
order

- prescription medications
- sample size medications
- over the counter medications
- dietary supplements
- special diets
- medical procedures
- therapy treatments

# 22 VAC 40- 73-650A Take-aways

- Understand what needs to have a physician's order.
- Be organized and file information in a timely manner.
- If there is trouble interpreting an order, ask for clarification.

## 22 VAC 40- 73-650A Violation

The inspector found a signed physician order dated 1-12-2019 documenting Boost, a dietary supplement, was not needed. However, on the MAR from 2-12-2019, it was recorded that Mr. Wong received Boost.

22 VAC  
40-73-650A  
Plan of  
Correction

**Ensure that any documentation regarding discontinued supplements or medications are available to all medication aides to review and are followed according to the physician orders.**



**22 VAC  
40-73-650C**

**C. Physician's or other prescriber's oral orders shall:**

1. Be charted by the individual who takes the order. That individual must be one of the following:
  - a. A licensed healthcare professional practicing within the scope of her/his profession; or
  - b. A medication aide.
  
2. Be reviewed and signed by a physician or other prescriber within 14 days.

Who?





# Tips for Taking Orders

- Write legibly
- Do not use shorthand
- Use standard abbreviations only
- Ask questions, if unclear
- Read the prescription back for accuracy

# Signing Orders

**14**

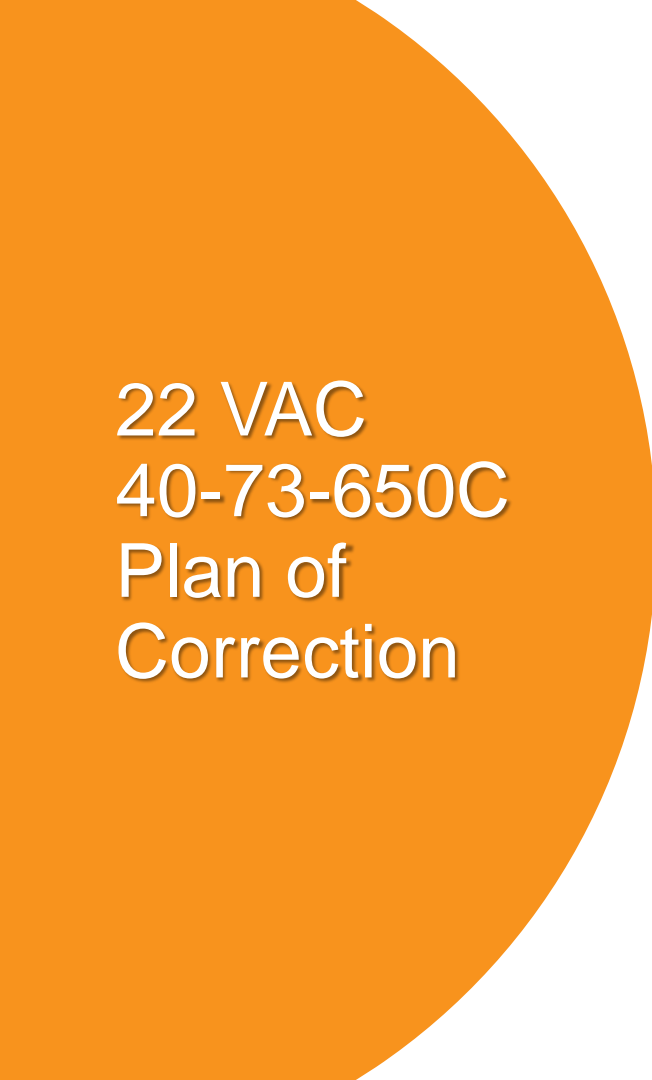
DAYS LEFT

Once an oral order has been given, the physician or other prescriber must review and sign it within **14 days**.

# 22 VAC 40-73-650C Violation


The inspector reviewed Mrs. Hawkins' orders and noticed that a physician's phone order dated 10-14-2019 requested that Omeprazole be changed to Pepcid, but the order was not reviewed and signed by the physician within 14 days.





22 VAC  
40-73-650C  
Plan of  
Correction

**Ensure that any oral order from a physician or other prescriber is reviewed and signed by the physician within 14 days.**



# 22 VAC 40-73-680 Overview

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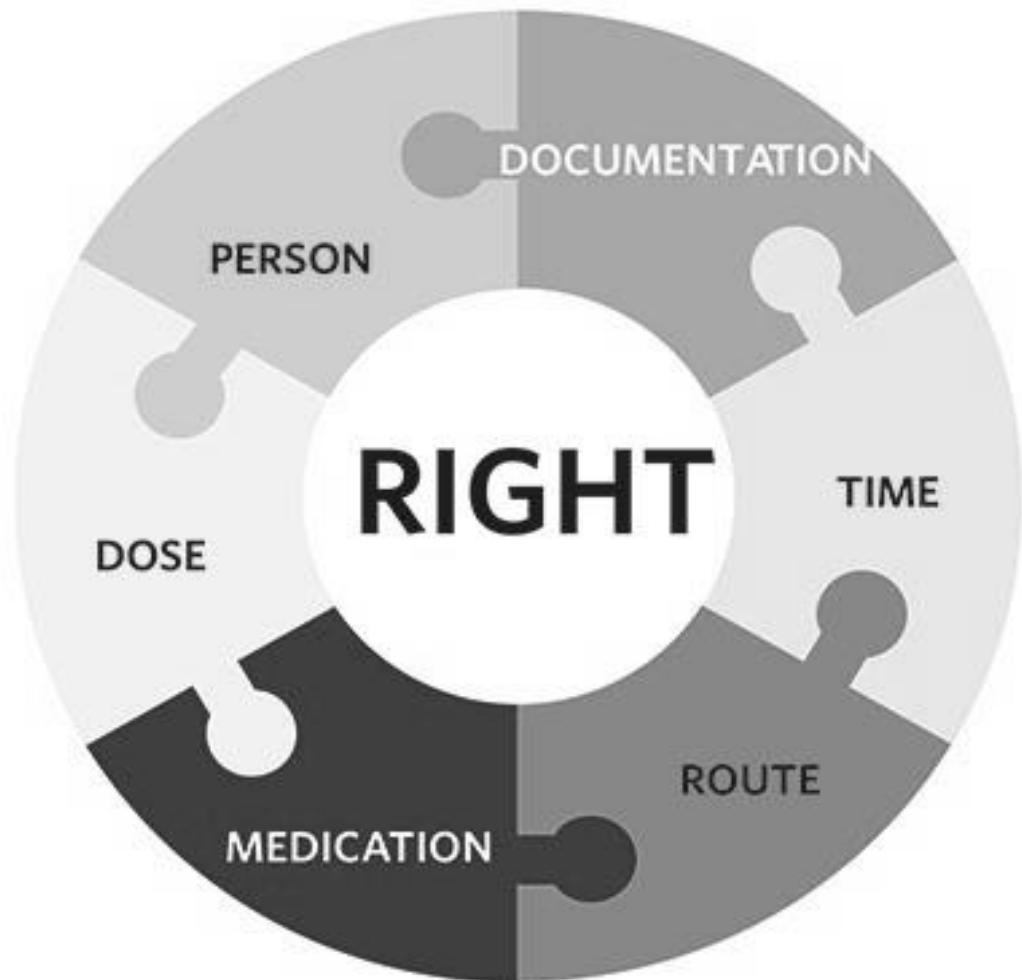
Administration of medications and related provisions:

- Requirements of those who can give medication;
- Guidelines and physician orders for medication;
- Requirements for medications packaging and labeling;
- MAR documentation;
- Requirements for PRN medications, hospice comfort kits and for stat boxes.

# Medication errors

Medication errors can occur in several areas:

- Doctor office
- Drug Manufacturer
- Pharmacy
- Where the medication is given (home, hospital, facility)



# Medication Administration Tips

- Ensure medication is being administered to correct patient
- Verify order
- Check for allergies
- Prepare medications for one resident at a time
- Minimize distractions
- Gather supplies
- Know your limits
- Correct medication name



**22 VAC  
40-73-680D**

Medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the standards of practice outlined in the current registered medication aide curriculum approved by the Virginia Board of Nursing.

# 22 VAC 40-73-680D Take-Aways

- Administering the medication correctly.
- Ensure that the orders from the doctor are followed.
- Ensure medication administration is consistent with designated schedule from physician order.

22 VAC  
40-73-680D  
Violation

The inspector noticed that Mrs. Phipps had a blood sugar reading greater than 400; however, there was no indication that the physician was contacted even though her medication was written on a sliding scale.

22 VAC  
40-73-680D  
Plan of  
Correction

**Ensure that the amount and  
administration of the medication is  
consistent with the prescription**



22VAC  
40-73-680D  
Violation

While observing Mrs. Patel's 9:30am medication administration, the licensing inspector noticed the physician had ordered Refresh Tears at 7am.

This prescription was written on 8/8/2019. There was no documentation that the Refresh Tears had been given and there was no note to indicate the reason for the missed dosage.

The daytime nurse did not administer the medication and stated that the previous night shift gives medications scheduled at 7:00 a.m.

# 680D Plan of Correction

**Ensure that the drugs are being administered at the right time according to the prescription**



# 22 VAC 40-73-680I

**The  
MAR  
shall  
include:**

- 1.Name of the resident;
- 2.Date prescribed;
- 3.Drug product name;
- 4.Strength of the drug;
- 5.Dosage;
- 6.Diagnosis, condition, or specific indications for administering the drug or supplement;
- 7.Route (e.g., by mouth);
- 8.How often medication is to be taken;
- 9.Date and time given and initials of direct care staff administering the medication;
- 10.Dates the medication is discontinued or changed;
- 11.Any medication errors or omissions;
- 12.Description of significant adverse effects suffered by the resident;
- 13.For "as needed" (PRN) medications:
  - a) Symptoms for which medication was given;
  - b) Exact dosage given;
  - c) Effectiveness;
- 14.The name, signature, and initials of all staff administering medications. A master list may be used in lieu of this documentation on individual MARs





# Basic Rules of MARs

- Filled out by a knowledgeable and authorized person.
- Initialed immediately after the medication is distributed.
- No ditto marks. “ “
- No erasing, white out, or blacking out.
- If a medication is not given, circle your initials and document the reasoning.

HZD

## Medication column of the MAR

- Medication prescribed
- Strength
- Dose
- Route
- How often

# Additional Information on the MAR

NPI #1780631176  
 Heartland Homecare Services (Lawrence)  
 1025 N 3rd St Ste 110  
 Lawrence KS 66044-1445  
 Fax: 785-331-0878

## Medication Administration Record Sheet

Patient: **SAMPLE, JOE\*SKITTLE\***  
 HOLIDAY LIVING 123 GREAT CARE AVE.  
 HOMETOWN KS 55555  
 Primary Physician: FEELGOOD, WILL

Date: 10/10/2011  
 2675 Heartland  
 P:()- F:()-

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<b>BENZTROPINE 0.5MG TAB*</b> TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY FOR EPS (EQ: COGENTIN) FEELGOOD, WILL CUSTOM		<table border="1"> <tr> <td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>8 A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>12 P</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>8 P</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	8 A																														12 P																														8 P																													
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Patient Name: **SAMPLE, JOE\*SKITTLE\***  
 Allergies: **SULFA**  
 Diagnosis: SEIZURE D/O, EPS, ARTHRITIS, SEASONAL ALLERGIES, MOOD D/O, CONSTIPATION, INSOMNIA, SCHIZOPHRENIA, ASTHMA

2675 Guardian: No



11/05/2011

12/04/2011  
 Page 1 of 4

# Electronic MARs

**LGHTEST, PHARM2**      Age: 59 years      Gender: MALE      DOB: 10/10/1948      Allergies: morphine, penicillin  
 Loc: LGH DMH      MRN: LGH-30312348      FWR: 434      Patient Type: Emergency      Admit D/T: -/No - Admit date:      Disch D/T: -/No - Discharge date:

Menu      MAR      Print      0 minutes ago

05 August 2008 12:51 - 07 August 2008 12:51 (Clinical Range)

Time View

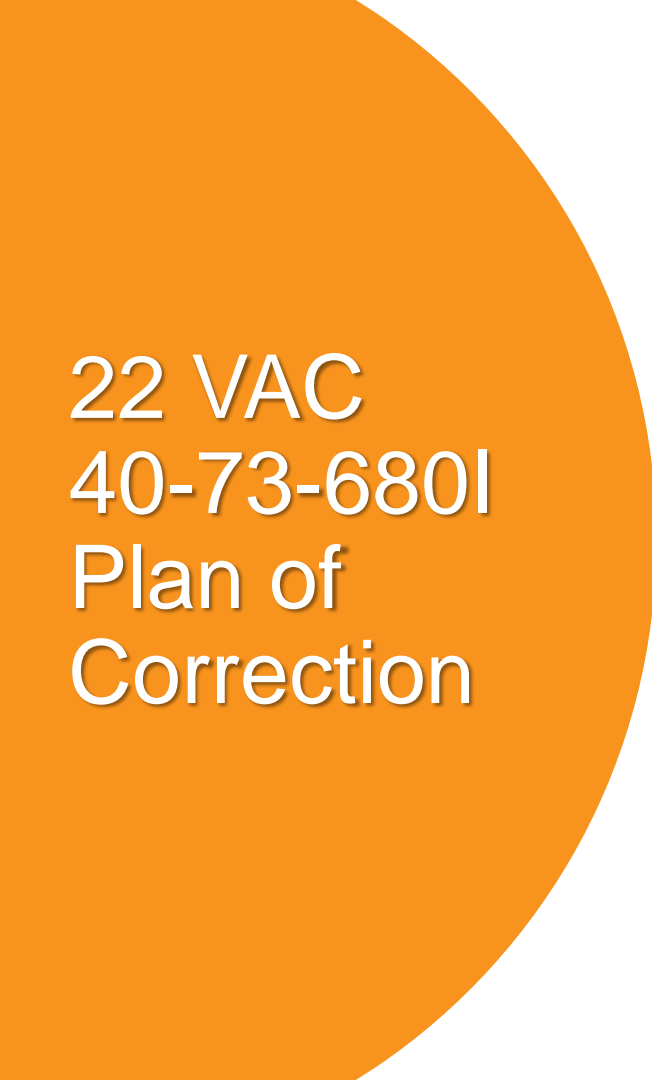
- Scheduled
- Unscheduled
- PRN**
- Continuous Infusions

Therapeutic Class View

Medications	05/08/2008 14:00	06/08/2008 22:00	06/08/2008 0:00	06/08/2008 8:00	06/08/2008 16:00	06/08/2008 24:00
<b>Scheduled</b> 1 d/24 <b>gabapentin (gabapentin oral 0.25 mg tablet)</b> 0.25 mg Oral, QPR, 03/18/08 16:00:00, Routine, Tab	0.25 mg	0.25 mg	0.25 mg			0.25 mg
<b>gabapentin</b> 1 d/24 <b>gabapentin (gabapentin oral 10 mg tablet)</b> 10 mg Oral, Daily, 03/18/08 12:12:00, Routine, Tab				10 mg		
<b>gabapentin</b> 24 h/24 <b>gabapentin (gabapentin oral 10 mg tablet)</b> <b>(Gabapentin 10 mg tab)</b> 10 mg 24 hr Oral, QPR, 03/12/08 11:30:00, Routine, Stop: 03/12/08 11:00:00, Tab						
<b>gabapentin</b> 24 h/24 <b>gabapentin (gabapentin injection)</b> 4 mg IV, QPR, 03/12/08 11:00:00, Routine, Stop: 03/12/08 11:00:00						
<b>gabapentin</b> 24 h/24 <b>gabapentin (gabapentin oral 300 mg capsule)</b> 300 mg Oral, Daily, 03/12/08 10:25:00, Routine, Cap			300 mg			
<b>gabapentin</b> Unscheduled <b>gabapentin</b> 1 d/24 <b>gabapentin (gabapentin oral 600 mg tablet)</b> 600 mg Oral, QPR, PRN abdominal pain, 03/10/08 12:06:00, Routine, Tab						600 mg No. previously given
<b>gabapentin</b> 24 h/24 <b>gabapentin (gabapentin oral 600 mg tablet)</b> 600 mg Oral, QPR, PRN nausea or vomiting, 03/12/08 10:23:00, Routine, Injection Dose to 1 mg/kg, with NS. Do NOT exceed 1 g <b>gabapentin</b>						10 mg No. previously given
<b>gabapentin</b> 24 h/24 <b>gabapentin (gabapentin injection)</b> 10 mg, Slow IV Push, QPR, PRN Nausea or Vomiting, 03/12/08 10:23:00, Routine, Injection Dose to 1 mg/kg, with NS. Do NOT exceed 1 g <b>gabapentin</b>						10 mg No. previously given

22 VAC  
40-73-6801  
Violation

Mr. Faulkner is on Carbidopa/Levodopa and requires a 25MG dosage every 6 hours. On the MAR, there was a blank box with no staff initials for his 12 PM dosage, resulting in a possible violation.



22 VAC  
40-73-680I  
Plan of  
Correction

**According to violation 680I, there needs to be initials for every date and time a medication is distributed.**





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Website: <https://gerontology.chp.vcu.edu/>

Email: [agingstudies@vcu.edu](mailto:agingstudies@vcu.edu)

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<https://www.facebook.com/vcugerontology>