

Interpretation Manual for Residential Care Facilities and Homes Standards of Practice

Prepared by the Residential Care Advisory Committee
of the College of Pharmacists of British Columbia



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OF BRITISH COLUMBIA

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Section 3 — Supervision of Pharmacy Services

Section 3(1) – Pharmacy Provider

3(1) A registrant must not provide pharmacy services to a facility or home unless appointed to do so by the licensee of that facility or home.

Rationale:

The licensee of a facility (or the person in charge) must appoint a pharmacy to provide pharmacy services.

Residential Care Standards and Practice applies to the servicing of both Plan B and Plan C facilities and homes.

Only the designated pharmacy named by the licensee may provide services to facility residents, except in an emergency.

Recommendations:

There should be procedures in place at the facility to be followed when drugs are ordered after the pharmacy has closed. For example:

- ▶ Facility staff should inform the doctor that the pharmacy is closed until ----,
 - If in the doctor's opinion this is an emergency, the nurse should first inform the doctor of the drugs available from the Contingency Supply
 - If an order cannot wait until the pharmacy opens, the doctor may phone the order to another pharmacy. This would be only in strict emergencies, as the second pharmacy must be able to justify the extra cost to Pharmacare, and the drug would likely not be blister-packaged.
 - The facility must contact its own pharmacy at the first opportunity to let them know about the emergency order.
- ▶ Pharmacies should provide their facilities with a phone number where they can contact their pharmacist in an emergency. Criteria for such calls should be discussed at a Medication Safety and Advisory Committee meeting in order to prevent inappropriate calls.

Tools:

- ▶ In the case of a Plan B facility, a Participation Agreement between the facility and the pharmacy is signed prior to services being provided, and is forwarded to Pharmacare. The agreement form is obtained by contacting Pharmacare.
- ▶ The funding for drugs for a Plan C facility or group home is through the Ministry of Human Resources. There is no contract to be signed with that Ministry. However, it is recommended that an agreement be signed by the pharmacy and the facility naming that pharmacy as the designated pharmacy. This is also an opportunity to ensure that the services required under the Residential Care Standards of Practice Bylaws (RCSPB) are understood by both parties.

Section 3(3) – Medication System Audits

3(3) The full pharmacist appointed to provide services to the facility or home must do the following:

- (a) visit and audit the medication room at the facility at least every 3 months,
- (b) visit and audit the medication room or storage area at the home at least once annually,
- (c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and
- (d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

Rationale:

The pharmacist must visit each residential care facility at least 4 times a year at approximately 90-day intervals.

The pharmacist must visit each residential care home (3 to 6 beds) at least once a year.

These visits are used to ensure that both the pharmacy and the facility staff are complying with the requirements of the Bylaw and with current practice standards, and as an opportunity for informal discussion with staff people. The benefits of good communication and interaction with facility staff cannot be emphasized too much.

Recommendations:

- ▶ The pharmacist may delegate the medication room audit in a facility to a trained pharmacy technician two times a year
- ▶ It is often useful to carry out the Medication room or Medication cupboard inspections just prior to the Medication Safety and Advisory Committee meeting, either during the same visit or within a week or so prior to the meeting. Points noted at the time of the inspection and the corrective measures to be taken can then be discussed at the Medication Safety and Advisory Committee meeting.
- ▶ Deficiencies originating with the pharmacy need to be corrected by the pharmacy. Deficiencies originating with the facility need to be corrected by the facility, having been brought to the attention of the Administrator or the Director of Care.
- ▶ In summary, the approach would be:
 - Conduct the inspection
 - Document the results
 - Document the recommendations
 - Provide the report along with the recommendations to the Director of Care (or other designated facility person).

Tools:

- ▶ A list of inspection points should be used. This ensures that specific matters are always checked. Pharmacists may devise their own list or use the Medication Room Inspection form available on the College website). A record of these inspections is required to be kept by the pharmacy, and should be copied to the facility for its records. The facility staff is then aware of matters that they need to be on the alert for, and is being acknowledged when the review is a good one.

The list could include items such as the following:

- ▶ No expired drugs are present (routinely-administered drugs, prns, contingency supplies, and liquids and external preparations that are not routinely exchanged).
- ▶ All label directions, patient names, etc. are pharmacy-generated (no handwritten changes.)
- ▶ Over-the-counter drugs are all labelled by pharmacy.
- ▶ Drugs are in monitored dose packaging (e.g. there are no prescription vials which the resident was admitted with, no doctor's samples)
- ▶ In a monitored dose card system, the cards for a resident are evenly used except where accounted for by the charting.
- ▶ Discontinued drugs have been removed.
- ▶ Topical treatments, eye-ear drops, liquids, etc. are in current use.
- ▶ Drugs are in a locked area and the key is in the possession of a responsible staff person.
- ▶ Drugs of abuse are adequately safeguarded. (Extra security measures are not a legal requirement. The Medication Safety and Advisory Committee may develop procedures appropriate to the needs of the facility.)
- ▶ All drugs that are present appear on the Medication Administration Record.
- ▶ Prn drugs are kept separately and are not mixed in with the routinely administered drugs.
- ▶ Reminder cards and pouches, depending on the system being used, are in place to alert the nursing staff to liquids and other non-blistered drugs to be administered at that time. In the case of a card system, the cards are current and in a good condition.
- ▶ There is no evidence of pre-pouring being done.
- ▶ The list of Contingency drugs is readily available to the nursing staff.
- ▶ The Contingency drugs in stock correspond to the list.
- ▶ Doses administered from the Contingency Supply have been recorded.

Section 3(4) – Medication Safety and Advisory Committee

- 3(4) The full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the:
- (a) safe and effective distribution, administration and control of drugs,
 - (b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,
 - (c) reporting of drug incidents and discrepancies, and
 - (d) training and orientation programs for staff members who store, handle, or administer drugs to residents.

Rationale:

A residential care facility is required to have a Medication Safety and Advisory Committee, which meet every 6 months. The committee should be composed of the Administrator or Director of Care of the facility, the pharmacist, an RN or other person most directly responsible for the administration of the drug system, the facility's Medical Advisor (if there is one), and any other person designated either on a routine basis or as required for a particular meeting.

These more structured Medication Safety and Advisory Committee meetings held every 6 months are not required for facilities defined as "residential care homes" (i.e. those with 3 to 6 residents). The pharmacist is expected to maintain good contact with the administrator or manager of the home either in person or by phone. An on-site visit is required once a year.

Purpose:

- ▶ Committee meetings serve as a forum for discussing policy and procedural matters. Topics might include the ordering, dispensing, delivery, receipt and administration of drugs; general drug usage concerns; additions and deletions to the Standing Order (or Nurse Initiated Drugs) list; and additions and deletions to the Contingency (or Stat) list as prescribing practices and the type of resident change. People should feel free to bring up seemingly small points. It is important to ensure that those small points are resolved before they become big problems.
- ▶ Be sure that the minutes include enough information to produce a useful record of what was discussed. The originating problem, the solution agreed upon, and any follow-up required should be noted.
- ▶ Issues are discussed and decisions are made throughout the year, - not just every six months in time for a meeting. It may be useful to keep a simple log of the points that you have discussed with Directors of Care and facility staff and the solutions that were arrived at. Then at the Medication Safety and Advisory Committee meetings, some of those points can be brought forward to confirm whether or not the solution has proven to be satisfactory.

Recommendations:

Meeting dates

The meeting dates should be set well in advance to emphasize the importance of the meetings, and to facilitate input from pharmacy and staff. The pharmacist cannot be expected to single-handedly ensure that these meetings take place on the required schedule. However, it is clearly in the best interest of both the pharmacy and the facility to have a routine forum for reviewing the way things are running, to air any concerns or grievances and to discuss improvements to the system. The College expects the pharmacist, as a member of the committee, to ensure that every effort is made to have the meetings held at least every 6 months.

Policy and Procedure Manual

The policies and procedures developed by the committee are then incorporated into the Policy and Procedure Manual. The Policy and Procedure Manual should be reviewed routinely to ensure that it is applicable and current. The review date should be added to the document.

Chairing the Meeting

The pharmacist may or may not be the chair of the meeting.

Minutes

The pharmacist may or may not be the person designated to take the minutes. It is important, though, for the pharmacist to have a record of the discussion and decisions in order to carry out his part of the service to the facility. The best way to ensure that this information is immediately- received and is readily accessible for reference may be for the pharmacist to be the recorder of the minutes.

If a drug review is scheduled during the same visit, separate minutes must be kept.

Tools:

- ▶ A pre-set format for documenting the minutes can save time and make the points easier to find later.

Section 3(5) (6) – Development of Policies and Procedures

- 3(5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.
- 3(6) Except where a person in care self administers drugs in accordance with the *Community Care and Assisted Living Act* and applicable regulations, the pharmacist must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.

Recommendations:

- ▶ Although the facility’s general Policy and Procedure Manual is often provided by the facility’s parent company, the College expects the pharmacist to be closely involved with the preparation of the drug section. The following points should be kept in mind when drafting a Policy and Procedure manual:
 - The manual serves as both a teaching tool for new staff members and as a quick reference for staff on a day-to-day basis. It needs to be set out in a manner which makes it easy to find specific points. Generally those manuals which have one topic per page are the easiest to use.
 - The language used should be geared to the staff that will be using it. Remember that facilities have staff with various levels of training and that there are often part-time staff members who may be less familiar with procedures than regular staff members are. It may be useful to have the manual reviewed by some members of the staff, first, to ensure that it is set out in a way, which will be useful to them.
 - It is important that the manual applies to the facility in which it is to be used. Do not include extraneous items. For example, if the facility does not have a Contingency Supply, do not include an explanation in the manual of how Contingency Supplies are used.
 - In order for the manual to be useful, staff members need to be aware of its existence, and need to have the binder clearly identified and easily accessible.

Tools:

- ▶ A sample Table of Contents is available from the College office, or from the College website.

Section 3(7) – Facility’s Copy of Residential Care Standards of Practice

3(7) The registrant must ensure that a copy of this *Standards of Practice* is available in the facility or home.

Rationale:

The Administration must know what service they should be receiving from their pharmacy. The points in the Standards of Practice are legally required of the pharmacy.

(An extra copy of the Standards of Practice may be obtained from the College office for photocopying for distribution to your facilities).

Section 4 – Quality Management

Section 4 – Quality Management

- 4(4) A pharmacy providing services to a facility or home must have a documented ongoing quality management program that:
- (a) monitors the pharmacy services provided, and
 - (b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Rationale:

A Quality Management Program will be an on-going process of development and up-dating of policies and procedures to comply with the legislation and with current pharmacy practice standards.

In the case of the servicing of care facilities and group homes, it is important to have policies and procedures in place that ensure consistency in the provision of services, and provide the means to do so when the regular Long Term Care pharmacist is not available.

It would be expected that:

- ▶ policies and procedures are documented.
- ▶ there is a process whereby the policies and procedures can be monitored for compliance.
- ▶ there is a process to monitor the outcomes of the policies and procedures for appropriateness and accuracy.
- ▶ there is a process whereby problems and errors initiate discussion, followed by revisions to the current procedures when appropriate.

Recommendations:

- ▶ Job descriptions should be formalized, specifying those matters that are the responsibility of the pharmacists and clarifying what the limits are for technicians and clerks.
- ▶ The quality management procedures to detect errors are not meant to be punitive. The approach should be: “This is what happened. What can we do to prevent it happening again?”
 - Develop a reporting form for pharmacy incidents:
 - > discovered at the pharmacy
 - > discovered at the facility
 - When appropriate, share information prior to a meeting or discussion about the matter with the facility.
 - When the concern has involved the facility, discuss means of prevention at a Medication Safety and Advisory Committee meeting
 - Implement recommendations

Tools:

- ▶ Incident form for the pharmacy use.
- ▶ Documentation of policies, procedures and incidents that ensures completeness and legibility, and which includes the date.

Section 5 — Pharmacy Technician

Section 5 – Pharmacy Technicians

- 5(1) Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including
- (a) receiving and transcribing verbal prescriptions from practitioners,
 - (b) ensuring that a prescription is complete and authentic,
 - (c) transferring prescriptions to and receiving prescriptions from other pharmacies,
 - (d) ensuring the accuracy of a dispensed prescription,
 - (e) performing the final check of a dispensed prescription, and
 - (f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.
- 5(2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
 - (b) do anything described in
 - (i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part, or
 - (ii) Part 4 of this Schedule.
- 5(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner

Section 6 — Prescription Authorizations

Section 6(1) – Prescription Authorizations

6(1) A registrant may only dispense a drug to a resident upon receipt of a prescription.

Rationale:

Note: In this Standards of Practice the term “authorization” refers to both new and refill prescriptions.

Authorization to continue dispensing a drug for a resident must be received from the practitioner at least every 6 months. [See Residential Care Standard 14]

Recommendations:

New Orders

- ▶ A new order may be for a specified short-term period. In those instances a “stop date” should be entered into the computer at the time of processing so that the order does not appear on subsequent MARs after the drug has been completed.
- ▶ Depending on the drug and the circumstances, it is a good idea to review a new order after, for example, 30 days, even if the doctor has given refill authorization. “Assess in 30 days” can be printed on the label, or the flag can be in the form of an auxiliary label. It is the responsibility of the nursing staff to do the assessment. Depending on the assessment, the doctor may need to be notified. If the resident is reacting as expected and there are no problems, the drug is continued as originally directed by the doctor. This process involves prior discussion between the pharmacist and nursing staff as to what the expected result should be and what would necessitate contact with the doctor.
- ▶ Remember to ensure that orders added between “Doctors letters” have refill authorization. This requirement is often overlooked.
 - In the case of orders written by the doctor at the facility it is recommended that the doctors order sheets used at the facility have a phrase printed on them such as “Orders will be refilled for a maximum of 6 months unless otherwise stated”.
 - For verbal orders, ask for refills at the time that an order is received. Nurses, when accepting an order to be transmitted to the pharmacist, should also ask the prescriber if he or she wishes to include refill authorization.

Refill Authorization

Options for Authorization include:

- (i) The sending of “doctors’ letters” by mail or by fax

Most pharmacists find this to be the easiest way to keep track of authorizations, and to provide the required documentation. Your software provider will have a format for this. It includes each of the drugs that the resident is taking, the directions, and columns headed “Continue”, “Discontinue” and “Comments”.

The pharmacist makes notes and recommendations in the comment section. For example:

- “Patient refuses to take. Seems to be doing well without it. Discontinue?”
- “Patient very drowsy. Suggest that dose be lowered to ____.”
- “Nurse will contact you about having blood level done.”

The letters should be sent out several weeks prior to the expiration of the current authorizations to allow time for review and signing by the practitioner, but not so far ahead that the record is no longer current when signed.

The practitioner returns these, signed and dated, either by mail, by fax or by your own delivery person.

If authorizations have run out, you are not permitted to refill the prescriptions. However, if it makes sense clinically you can do an emergency fill. To ensure that prescriptions are not being dispensed without authorization, it is suggested that a list be printed of the residents in that facility for whom letters were sent. As each authorization is returned, it is marked as such on the list. The list is routinely reviewed to see which authorizations have not been received, and the practitioner is contacted. This contact should be by phone. Sending another “Doctors’ letter” just delays the authorization for another indefinite period. Remind the doctor that the letters can be faxed back to you.

(ii) Leaving the Authorization letters at the facility for signing.

Some pharmacies and facilities have been able to devise a system whereby the “Doctor’s Letters” are left at the facility for practitioners who make regular visits to review their patients. This is often logistically difficult, though, and you will want to consider the following potential problems in deciding on this approach:

- Facility staff may act on the signed letter without the pharmacy knowing about changes made by the doctor.
- The letter may get filed on the chart and not forwarded to pharmacy.
- The doctor may be too busy to sign during the visit to the facility, requiring the letter to be mailed or faxed to him anyway.

(iii) In those instances when the doctor is present at the Resident Medication Review, he or she can sign the authorization at the time of the meeting.

(iv) In some Mental Health Homes, the psychiatrist re-writes all orders every 3 months. These can either be used as new orders, or can be filed as the refill authority.

(v) A pharmacist may accept a new drug order verbally from a practitioner to a facility registered nurse provided that:

- (a) the drug is not a controlled drug substance,
- (b) the registered nurse writes the verbal order on a practitioner’s order form, and
- (c) transfers the written order to the pharmacy.

Section 6(2) – Discharge from Hospital

6(2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.

Rationale:

A resident returning from hospital may or may not be on the same drug that he was on prior to hospitalization. If on the same drug, the directions may have changed.

Unacceptable Practice:

- ▶ After hospitalization, pharmacy must not accept “Resume previous orders” as authorization. All orders must be specifically described.
- ▶ A list of the drugs that the person was on while in the hospital does not represent discharge orders.

Suggested Interim Measure:

- ▶ If the practitioner cannot be contacted, one or more of the following measures may be helpful:
- Consult with the facility and take into consideration what the resident was admitted to hospital for and the length of time that he or she was in the hospital. It may be that the reason for admission had nothing to do with any of the drugs that he or she was using.
 - Contact the hospital pharmacist.
 - Contact the hospital ward.
 - Refer to the MAR from the hospital. Although the MAR cannot be taken as discharge orders, it might be helpful in making a decision until the doctor can be contacted.

Recommendations:

- ▶ When a resident is admitted to hospital, the drugs are removed from the administration system. The corresponding dates on the MAR are clearly marked off and noted as “hospitalized”. A copy of the MAR is sent by the facility with the resident so that the hospital staff can know what drug the patient is using.
- ▶ Ensure that the facility has a procedure to immediately notify the pharmacist about a resident’s hospitalization.
- ▶ Policies and procedures must be decided on by the Medication Safety and Advisory Committee to ensure that the resident is receiving the drugs that they should be when returned to the facility.
- ▶ If the resident is in the hospital for a day-care procedure such as cataract surgery, it is generally agreed that the drugs can be resumed as before. The policy must recognize, though, that the resident may have been on certain eye drops in preparation for the surgery, and that those may or may not be being continued.
- ▶ When a facility resident is released from the hospital, new orders must be written. The new orders may be faxed to the pharmacy. If the pharmacist confirms that the new orders are exactly the same as the old ones, he can direct the facility to continue with the drugs on hand. If they are different in any way, newly dispensed drugs are to be sent immediately.

- ▶ The Medication Safety and Advisory Committee should set a policy regarding the “return to pharmacy” period. For example, if the resident is in hospital for more than 7 days, the drugs at the facility should be returned to the pharmacy. At that point, it is very unlikely that the discharge orders will be the same as before being admitted to hospital.
- ▶ If possible, the facility or the pharmacy should contact the hospital ward to inform them that this person resides in a facility, that the facility and the pharmacy need full discharge orders, and that these orders must be signed by a doctor.
- ▶ Remember that a pharmacist is permitted to accept prescription orders transferred by another pharmacist (in this case, a hospital pharmacist). The hospital pharmacist must document on the order that he or she transferred the order to a named pharmacy and a named pharmacist, and keep that information, along with the order, for at least three years.
- ▶ If the resident has arrived back at the facility without any orders, and the pharmacist has not been able to contact either the discharging doctor or the hospital pharmacist, the pharmacist will need to contact the resident’s GP. It may be necessary to have a copy of the hospital MAR faxed to you. You will, in turn, fax it to the doctor for information purposes. He or she may authorize the orders by phone or by signing the MAR and faxing it back to you.
- ▶ Remember that the resident’s practitioner in the hospital may have been a specialist, and may not be familiar with the patient’s other drugs.

Section 7 — Dispensing

Section 7(1) – Monitor Dose Packaging

- 7(1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging. Each package must contain not more than a 35 day supply of drug.

Interpretation:

Creams and ointments must be dispensed in monitored dosages for one patient to prevent contamination. Liquid bulk bottles of medications can be utilized to dispense standing orders to patients. The nurse would measure out the appropriate dosage for the patient and record the dose on the MAR.

Rationale:

A “Monitored Dose System” is a system of drug distribution in which prescriptions are dispensed for an individual patient and packaged in accordance with scheduled administration times. The terms “monitored dose” and “blister packaging” are now defined more broadly than before. They can now mean single or multi-drug heat or pressure sealed blister cards, and single or multi-drug pouch systems.

Such systems provide:

- identification of the person to whom the drug is to be administered up to the point of administration.
- the ability to see at a glance whether or not the dose has been administered.
- consistency in the procedures for the ordering and administration of drugs within the facility or home.

Packaging Systems include the following:

a) Blister cards

i) One drug per blister, 35-day cards

This is the system generally used, especially in the larger facilities. An advantage of this packaging is that staffing at both pharmacy and facility can be more effectively scheduled. As 35 is a multiple of 7, the card exchange is always done on the same day of the week.

It is also a cost-saving measure, as there are fewer exchanges in a year.

ii) One drug per blister, monthly supply

This system is sometimes used in small facilities and homes when there are no R.N.s or L.P.N.s on staff and the facility manager feels that it is an easier system for staff to follow. Blister #1 is used on the 1st day of the month, blister #2 on the 2nd day of the month, etc.

An advantage of this system is that the blister number corresponds to the day of the month.

A possible disadvantage of this system is that computer entry for the quantity dispensed has to be changed depending on the number of days on the month.

iii) Multi-drug blister cards (commonly called compliance card packaging)

The cards are set out in 7 days of four medication times. All of the morning drugs for a resident for one day are in one blister, all of the noon drugs in the next blister, etc.

The cards are intended to be dispensed only one week at a time. The system is recommended only for small group homes with minimal drug changes. This is because the College's packaging policy forbids facility staff or pharmacy staff from removing discontinued drugs from multi-drug packaging, and prohibits pharmacy from re-issuing or repackaging any multi-packaged drugs.

(b) Strip or pouch packaging

There are machines that dispense drugs either in unit-dose strips or in multi-drug packets.

i) Unit-dose strip packaging

Each dose is individually packaged and the drug administration time is identified on the pouch. Each pouch is required to be fully labelled as described in the Professional Practice Policy.

ii) Multi-drug strip packaging

Each pouch in the strip contains up to, generally, four drugs. If more drugs are to be administered for a particular drug time, the machine automatically packages the others in the next pouch.

The number of days between exchanges can be up to seven. However, this maximum limit is very dependent in the number of drug changes that a facility has. For safety reasons, neither facility staff nor pharmacy staff is permitted to pick out that they have identified as a discontinued drug. If a drug is discontinued or directions are changed, the pharmacy sends a new drug strip for the remaining days and the old strip is returned to the pharmacy for disposal. This also means that multi-drug strip packaging cannot be done very much ahead of time in case there are drugs discontinued.

Exception to Monitored Dose Packaging

1. Some residents may have authorization from the Medical Health Officer to self-medicate. (See Section 15). The pharmacist, the resident's practitioner, the resident and the facility staff together decide what packaging system is most appropriate for each person. All such drugs are still the responsibility of the contracted pharmacist, they are delivered to the nursing staff which is then responsible for documenting the distribution on the chart and for monitoring the usage as set out in the Care Plan that has been approved by the Medical Health Officer.
2. The College, in consultation with the pharmacist, the facility and the Licensing officer, may authorize an administration system other than the required monitored dosage system for an entire facility. That facility or home will have a very detailed protocol for its program. Examples:
 - Facilities who's mandate it is to assess the resident's ability to be moved into independent living in the community,
 - Some crisis centres where the residents arrive unexpectedly and stay only for one or two days.

Reminder cards or pouches

In the case of blister card systems, "Reminder cards" should be provided with each new prescription order for inhaler, insulin, etc. that is administered regularly but is unsuitable for blister card packaging. These are card-weight paper to which the pharmacist affixes a duplicate prescription label. The use of a duplicate label ensures that the directions are complete and that they match those in the drug itself. This card is placed on the drug rack along with the blister cards for that resident.

- This serves as an important reminder to nursing staff, when they are administering drugs from the rack of cards, that there are also some unblistered drugs to be administered for that person.

- And, in the case of the blister card system, there is the added advantage that before the nurse's leave the medication room, they check the racks of blister cards for the reminder cards and ensure that the corresponding items are on the cart. This saves them having to make trips to the medication room later for those orders. Coloured reminder cards are recommended as they are easily spotted by just glancing along the side of each rack of cards

Remember to explain the purpose of the reminder cards to the facility staff, and the importance of removing them when the drug is discontinued.

In the case of strip packaging systems, empty pouches in the appropriate position in the strip are printed with the word "Reminder" and bear the name and directions for use of each of the non-blistered drugs to be administered at that medication time.

For full information on the packaging options, see the Professional Practice Policy entitled "Medication Packaging for Facilities". (On the College website click on **Legislation & Standards > Provincial Legislation > Professional Practice Policies**).

Section 7(2) – Direction Changes

7(2) Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

Rationale:

Labels with new directions must never be sent to the facility for the staff to affix to blister cards or other containers currently in use. Only a pharmacist can label or directly supervise the labelling of a drug.

Unacceptable Practice:

- ▶ Facility staff must not remove discontinued drugs or discontinued doses of a drug from any multi-drug blister or pouch (Emergency situations may arise, and are to be handled as set out in the Interpretation Manual Appendix 1).

Recommendations:

- ▶ In the case of blistered drugs, the pharmacist should determine the number of days until the next pass and part-fill the new order to match that exchange date. Ensure that all cards of the previous prescription are returned to the pharmacy.

Facility staff may not make handwritten changes to prescription labels. Stickers stating, “Change in Directions. Check Chart” are available from various suppliers. Facility staff affixes these to the drug on hand at the facility until the newly labeled order arrives from the pharmacy. Pharmacies are expected to supply labeled drugs the next business day.

- ▶ In the case of compliance-packaged drug, the pharmacist must determine the number of days until the next exchange and dispense a new compliance package containing the changes.
- ▶ In the case of strip-packaged drug, the pharmacist must determine the number of days until the next exchange and then dispense a new strip containing the changes
- Facility staff must never remove a discontinued or changed drug and then continue to use the current compliance card or strip package.
- In the event of the addition of a drug in a strip-package system, a one-drug strip can be dispensed and administered with the original multi-drug strip until the next exchange.

Section 8 – Contingency Drugs (also known as Stat Drugs)

Section 8(1) – Purpose

8(1) The registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

Rationale:

Contingency drugs are provided to facilities so that certain immediately needed drugs can be initiated on the doctor's order during a time when the pharmacy is closed.

A Contingency Supply may be set up; it is not a requirement.

Some facilities, especially small group homes, do not want to have a Contingency Supply. They may feel that their staff members should not have the responsibility of assessing a resident's symptoms and administering drug that is not specifically identified as being for that resident.

Contingency drugs are, in fact, the pharmacy's stock that is being stored at the facility for emergencies. The stock is to be clearly labelled as Contingency Drugs and is to be stored separately from other drugs. The packaging system for contingency supplies must be consistent throughout the facility but may be different from that used for routinely administered medications.

Unacceptable Practice:

- ▶ Contingency drugs are intended for residents; they are not for personal use by staff.
- ▶ Contingency drugs are not to be confused with Standing Orders. They need to be clearly labelled as Contingency Drugs and stored separately from the Standing Orders.

Recommendations:

- ▶ It should be noted that most new orders are not an emergency. In most cases a new order can wait until the next morning. Pharmacists should offer suggestions to nurses as to how they can discuss this matter with the practitioner.
- ▶ Options for handling "after hours" prescription orders include:
 - (a) If the drug needs to be started immediately:
 - The nurse can inform the practitioner as to what drugs in the appropriate category there are in the Contingency Supply.
 - The pharmacy should supply the facility with an emergency phone number whether or not there is a Contingency Supply at the facility. (You may want to discuss the usage of such a number with the staff in order to ensure that the number is used only when appropriate.)
 - Another pharmacy is permitted to supply a prescription in an emergency. However, you must ensure that this is recognized as a rarely used alternative.
 - The resident may need to be taken to the hospital

(b) If not an emergency:

- The facility contacts the pharmacy the first thing in the morning. If it is a drug that should be started as soon as possible, be sure that the facility staff knows to emphasize that. Otherwise, it can be delivered with the day's other prescriptions. Pharmacists should discuss the time-frame with nursing staff when they receive these orders to be sure that staff's expectations are understood.
 - Facilities can be encouraged to leave a message on the pharmacy's message machine for the next day.
- ▶ The pharmacist should review the contents of the Contingency Supply at the time of the medication room inspections to ensure that:
- The items on the list corresponds to the drugs present.
 - The name used on the labels corresponds to that used on the list (to avoid any confusion).
 - Expired drugs are being removed by the facility staff and re-ordered.
 - Staff members are aware of the purpose and use of the supply, that all doses have been authorized by the practitioner prior to being administered, and that all administered doses have been recorded.

Tools:

- ▶ A Contingency Supply might contain drugs from the following classifications depending on the type of resident, the level of care for which the facility is licensed and the level of responsibility that the staff feels comfortable with.
- Antibiotics (usually three or four of those most commonly ordered for that facility)
 - A diuretic
 - A sedative
 - A neuroleptic
 - One or two Analgesics
 - An anticonvulsant
 - An antihistamine
- ▶ In deciding on the drugs for the Contingency Supply, the Medication Safety and Advisory Committee needs to recognize that the supply cannot possibly cover all cases; it is a possible solution for certain emergency situations.
- ▶ In determining what drugs should be kept in the Contingency Supply, it is helpful for pharmacy to keep a record of the drugs that the pharmacy is commonly required to deliver on an emergency basis.
- ▶ Monitor the prescribing habits of the practitioners so that you have in stock, for example, several of the antibiotics that they prefer, the most commonly used diuretic, etc.
- ▶ Amantadine or Tamiflu can be included during the flu season.
- ▶ Anticoagulant therapy may require several different strengths to be kept on hand.

Section 8(2) – Dispensing

8(2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).

The labels should state the generic name, the manufacturer, the strength, and the dispensing date. It is also helpful to include the indication or the category of the drug (antibiotic, heart, etc.), and the usual directions or dosage range (as a check for the nurse and the doctor that they are talking about the same drug). The lot number and expiry date need to be included either on the label or the package itself, and appropriate auxiliary labels are to be affixed.

If a blister-card system is the packaging being used for Contingency Drugs, it may be appropriate to supply only a small quantity of a drug. Packaging 7 to 10 doses results in less chance of the drug expiring.

Section 8(3) – Contingency List

8(3) A list of the contingency drugs must be available in the facility, home and the pharmacy.

There should be a list of the drugs in the Contingency Supply at the phone at the nursing station, so that it is quickly accessible when the nurse is talking to a practitioner.

It is important that the list of Contingency drugs corresponds to the drugs that are currently in stock, and that the drug names used on the list and on the labels are the same, in order to avoid any confusion.

Section 8(4) – Recording of Doses Administered

- 8(4) Records of use of contingency drugs must be kept in the facility or home and must include:
- (a) the date and time the drug was administered,
 - (b) the name, strength and quantity of the drug administered,
 - (c) the name of the resident for whom the drug was prescribed,
 - (d) the name or initials of the person who administered the drug, and
 - (e) the name of the practitioner who prescribed the drug.

A separate page or card is maintained for the recording of each of the drugs in the supply. Instructions for the use of the Contingency Supply are to be set out in the Policy and Procedure Manual. It should be clearly understood that those drugs are to be used only until the new prescription arrives from the pharmacy. (i.e. The entire Contingency card or strip does not become the patient's own drug).

The more convenient it is for facility staff to record each dose as given, the more complete the recording is likely to be. For example, with a blister card system, if the record card or sheet is attached to the top of the blister card as a flap falling down the back of the blister card it is generally easier for nursing staff to make the required entries than if kept in a separate binder.

Section 9 and 10 – Nurse Initiated Drugs and Standing Orders

Section 9 and 10(1) – Establishment of Nurse Initiated Drugs and Standing Orders

Nurse Initiated drugs

- 9(1) (2) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so. A record of use of all drugs must be on the resident's medication administration record.

Standing Orders

- 10(1) Standing Orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.

Rationale:

All drugs administered in a facility or care home, no matter how they are scheduled, are required to be on the order of the practitioner and be under the control of the contracted pharmacy. Because the person is in a facility and other people are legally responsible, certain restrictions and accountability concerns come into play.

Exception: Nurse Initiated Drugs must be approved by the MSAC.

Nurse Initiated Drugs and Standing Orders permit a facility staff person to administer, for example, a dose or two of a cough drug, or an acetaminophen for a slight ache without having to contact the doctor. The drug is considered to be "on the order of a practitioner" as the authorization is made out for an individual resident and is signed and dated by the practitioner.

No Schedule 1 drugs are permitted in Nurse Initiated Drugs and Standing Orders.

A written procedure for the use of Nurse Initiated Drugs and Standing Orders is to include the indication, the dose, the frequency and the maximum duration of use for each item.

Depending on the item, most Nurse Initiated Drugs and Standing Orders authorizations read, "no more than 3 doses" or "for no more than 24 hours". If the condition has not corrected itself in that time the practitioner must be contacted. If the practitioner wishes the person to remain on that drug, the pharmacy must be contacted and a personal order dispensed for that resident. Similarly, if the resident uses a drug more than 3 times in a month, the practitioner should be contacted for a prn prescription for the resident.

Recommendations:

- ▶ The number of items should be kept to a minimum. The more items listed, the more difficult it is to monitor the usage. Also, the facility staff should not be responsible for assessing a large number of conditions.
- ▶ The authorization sheet should clearly state that no drugs are to be added to the sheet in individual instances.

- ▶ The Nurse Initiated Drugs and Standing Order list should be reviewed annually to ensure that the items on it are still appropriate.
- ▶ It is not recommended that A.S.A. products or antibiotic creams and ointments be included on the list.
- ▶ A bowel protocol is often authorized by the practitioner. This protocol is generally set out as a separate section of the Nurse Initiated Drugs and Standing Orders but is on the same sheet so that it can be signed for at the same time.

Tools:

- ▶ Two examples of Standing Orders have been included here.
- ▶ Two examples of a bowel regime have been included here.

Standing Orders (example)

Resident's Name: _____

Allergies: _____

PLEASE CHECK (✓) EACH BOX (☐) PRECEDING THE ORDER YOU WISH USED FOR YOUR PATIENT.

1. BOWEL CARE PROTOCOL
2. EAR SYRINGING (WITH TAP WATER OR HYDROGEN PEROXIDE)
3. ALCOHOLIC BEVERAGE.
4. ANNUAL INFLUENZA VACCINATION
(recommended dosage as per product insert and CRD/Public Health Department
recommendations) (Please check for allergy to eggs or chicken)

Non Prescription Medication Orders

PLEASE CHECK (✓) EACH BOX (☐) PRECEDING THE ORDER YOU WISH USED FOR YOUR PATIENT IF THE NEED ARISES.

If indication persists for beyond 12 hours or if condition deteriorates, practitioner to be called.

5. FOR THROAT IRRITATION OR COUGH
Bradasol lozenges or Robitussin (maximum dose: 10mL q4h)
6. FOR MILD MUSCULO-SKELETAL PAIN, HEADACHE OR TEMPERATURE ELEVATION
Acetaminophen 325 mgm – one or two tablets (maximum q4h)
or 650 mg suppository – one suppository (maximum q6h)
7. FOR NAUSEA AND/OR VOMITING
Dimenhydrinate – 50 mgm orally or 100 mgm by suppository once only
8. FOR DIARRHEA
Kaopectate – 120mL then 60mL after each loose bowel movement up to 4 doses
9. ANTACID
Current Brand in Use – Dose as indicated on label with one repeat dose only

This form will be valid for one year.

Date_____
Practitioner's Signature / MSAC Approved

Nurse-Initiated Drugs (example)

Resident's Name: _____

I. DRUGS

- ▶ May be administered for no more than 24 hours without consulting the Dr.
- ▶ Limited to 24 hours per implementation} *except for natural fruit and fibre laxatives*
- ▶ May be repeated up to a maximum of three times in one month.} *except for natural fruit and fibre laxatives*
- ▶ Continuing and/or persistent presenting problem(s) requires drug consultation by the practitioner.

Known Allergies: _____

Indication	Drug and Guidelines	Dr.'s Initials	
		Yes	No
Pain	Acetaminophen 325 mgs to 650 mgs p.o. q4h prn. Headache, mild muscle or joint pain X 24 hours		
Fever	Acetaminophen 650 mg p.o. q6h prn. Tympanic temperature above 38.0°C. Notify practitioner as soon as possible during the work day.		
Indigestion	Magnesium/Aluminum Suspension Antacid 15 to 30ml. p.o. q4h prn X 24 hours Mid-epigastric pain without vomiting or cardiac symptomatology.		
Cough	Robitussion 5 to 10 ml p.o. q4h prn X 24 hours Call practitioner regarding persistent, productive cough.		
Diarrhea	Kaopectate 30 to 60ml. after each liquid stool Call Practitioner within 24 hours if symptoms persist.		
Constipation	Natural fruit and fibre laxative 30cc. p.o. daily or Magnolax 15-30 ml. HS prn This is a regular order to ensure bowel regime regularity.		
Nausea	Dimenhydrinate 50 mg p.o. or 100 mg p.r. q6h prn nausea X 24 hours or 50 mg IM for 1 dose only		

Annual Order by:

Practitioner's Signature / MSAC approval

Date

II. ANNUAL FLU VACCINE may be given on _____

Practitioner's Signature / MSAC approval

Date

Standard Bowel Routine (example)*Purpose*

- ▶ To control pharmacy costs.
- ▶ To simplify nursing procedures.
- ▶ To reduce calls to the practitioner.
- ▶ To control the symptoms of constipation.
- ▶ To reduce the complications resulting from constipation.

Protocol

1. PUSH FLUIDS! Promote exercise and provide a moderately high fibre diet for all residents.
2. 30 cc's of fruit laxatives for all residents with hard infrequent or difficult bowel movements.
3. Magnesium hydroxide 30 cc's every other evening if no response to point two above.
4. Dulcolax suppository in the AM every 3 days if no response to point three above.
5. If inadequate response from the above four points then Laxilose 15-60mLs daily. Titrate dose to maximize bowel frequency every two to three days. If long term use required obtain own order.
6. If no response to point 4, call the practitioner.

Nurse-Initiated Bowel Regime

The drugs and their guidelines listed below constitute the approved Nurse-Initiated Orders for the Bowel Protocol. These drugs can be administered by a Registered Nurse (RN) based on her/his clinical judgment.

When one of the drugs listed on this form is indicated, the RN shall: record dose administered in the "PRN" section of the Medication Profile, indicating "Nurse Initiated Order, Protocol Day Number and item or drug name."

Indication	Drug	Guidelines	Dr.'s Initials	
			Yes	No
Constipation	<ul style="list-style-type: none"> ▪ Bowel Protocol No BM give: Day 1 – Fruit lax at 1700 hours	<ul style="list-style-type: none"> • Give as per bowel protocol. • On day 5 without a bowel movement, call practitioner. 		
	No BM give: Day 2 – Glysennid 12 mgm (2 tabs)			
	No BM give: Day 3 – Glysennid 12 mgm (3 tabs)			
	No BM give: Day 4 – Dulcolax Suppository after breakfast			
	No BM give: Day 3 – Microlax Enema			

Section 10(2) – Authorizations for Standing Orders

10(2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

Rationale:

Drugs must be ordered on an individual patient basis, and be signed and dated by the practitioner.

Standing Orders must be re-authorized at least annually with the practitioner's signature and the date.

The Standing Orders for a resident are generally kept either on the resident's chart or with the Medication Administration Record (MAR). The orders must be consulted prior to administration to ensure that that drug has been authorized for that resident.

Unacceptable Practice:

No additions may be made to the Standing Orders for individual purposes. Anything that a practitioner may want to add must be treated as a prn drug for that resident and must be ordered, dispensed and charted as such.

Section 9 and 10 – Record of Use

Recommendations:

Records of use of Nurse Initiated Drugs and Standing Order drugs are not required; however, drug administration must be recorded on the resident's medication administration record.

A separate record card for each like those required for Contingency Drugs is not mandatory. However doses administered must be recorded on the resident's MAR.

- ▶ The charting is usually done on the back of the MAR stating the reason that it was administered, and should be clearly identified as a Nurse Initiated Drugs and Standing Order. Nursing staff may also enter doses on the front of the MAR in order to reflect more clearly the pattern of use. Doses should also be documented in the nursing notes.

The individual Standing Order drugs are not pre-printed on the MAR as they take up space and add to the nurses' time in sorting through the items for regular administration.

- ▶ The Nurse Initiated Drugs and Standing Order drugs are to be stored separately from the Contingency Drugs to clearly emphasize the differences in ordering and recording requirements of the two categories of drugs.
- ▶ In order to avoid confusion, be sure that the term chosen (Standing Orders, or Nurse-initiated Drugs) is used consistently on the labels, the authorizations, any posted lists, and the Policy and Procedure manual.

Section 11 – Returned Drugs

Section 11(1) – Necessity for Return of Drugs

11(1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.

Rationale:

To ensure that facility staff members understand the importance of returning, to the pharmacy, all discontinued drugs.

Purpose:

- ▶ The presence of a discontinued drug in the facility may result in the resident continuing to receive it, in error.
- ▶ The presence in the facility of a discontinued drug may lead to it being used inappropriately for other residents.
- ▶ It is inappropriate for facility staff to administer discontinued drugs to residents for any reason including:
 - replacement of wasted doses
 - re-initiation of therapy to the resident
 - initiation of therapy while waiting for a prescription to arrive from the pharmacy

Recommendations:

- ▶ To remove the temptation of drug diversion.
- ▶ Create a manual record of discontinued drugs and send a copy to the facility. Have the facility collect the discontinued drugs and return them to the pharmacy with the next scheduled delivery. This aids pharmacy and facility in efficient and prompt removal of discontinued drugs. The pharmacy copy serves as a check list to ensure that drugs have all been returned.
- ▶ Have nursing staff chart on the MAR when drug was discontinued and if it has been set aside for return to the pharmacy.

Section 11(2) – Return of Drugs Dispensed Prior to Hospitalization

- 11(2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.

[See Section 5(2)]

Section 11(3) (a) (b) (c) – Re-Use of Returned Drugs

11(3) Previously dispensed drugs must not be re-dispensed unless:

- a) they have been returned to the pharmacy in a sealed dosage unit or container as originally dispensed,
- b) the labelling is intact and includes a legible drug lot number and expiry date, and
- c) the integrity of the product can be verified.

Packaged drugs returned from facilities and homes may be re-issued at the discretion of the pharmacist only if the drug is individually blistered.

This re-issuing is permitted because:

- Each dose is individually packaged and therefore absolutely identifiable.
- Each dose is sealed and therefore has not been handled or otherwise contaminated.
- The pharmacist carries out routine checks of the medication room and can vouch for the security and storage of the drugs.
- The drugs have been delivered by the pharmacy and therefore the pharmacist can vouch for the way that they were handled en-route, (not left in the hot sun for several hours, etc.)

All packaged drugs must have had the lot # and the expiry date noted on them at the time of packaging.

Packaged drugs cannot be re-issued without this information no matter how recently they were dispensed.

Drugs returned from a licensed facility or home are the only drugs that can be re-used. Drugs from the general public or an assisted living facility that is not licensed under the Community Care Facilities Act cannot be returned to stock even if the drugs are blistered.

Section 11(3) (c) – Integrity of Returned Drugs

Rationale:

If the pharmacist cannot confirm the integrity of the drug that has been returned, the drug must not be redispensed.

Although, no documentation has been found about the effects of heat-sealing, pharmacists may want to be watchful of drugs that do not appear to respond well to re-heating.

Liquids, tubes of ointments and creams, and drops must be discarded unless the seal is unbroken.

Recommendations:

- ▶ Pharmacists may wish to consider various effects such as light-sensitivity before re-issuing a drug.
- ▶ Re-issue returned blistered drugs (labelled with lot # and expiry date) in a timely manner.

Tools:

- ▶ The safest handling of returns is to leave the drugs in the blisters or to put the drugs in vials labelled with the drug name, DIN, expiry date and lot number. If drugs are being returned to stock containers the lot numbers and expiry dates must be very carefully checked to ensure that they are identical.
- ▶ Keep split tablets in a separate labelled vial or in the original packaging
- ▶ If using two different lots of the same drug in one package cannot be avoided, both of the lot numbers and the earliest expiry date need to be listed on the packaging.

Section 12 – Drug Containers and Prescription Labels

Section 12(1) (6) – Labelling

- 12(1) All drugs dispensed pursuant to a prescription must be labeled.
- 12(6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for:
- (a) identification,
 - (b) repackaging in a monitored dose system if appropriate,
 - (c) labeling, and
 - (d) notation on the resident's record and the medication administration

For residents of facilities and homes, all drugs, whether Schedule I or not, are considered to be drugs. As such, they are to be on the authorization of the practitioner, are required to be labelled by the pharmacy and to be entered onto the profile and the MAR.

Section 12(2) (f) (g) (h) – Dosing Directions

12(2) The label for all prescriptions must include the following:

- (f) the dosage instructions including the frequency, interval or maximum daily dose,
- (g) the route of administration,
- (h) medical indication for use for all “as required” prescription authorizations

Care staff is responsible for making the decision as to whether or not to administer a drug. Therefore they must be very sure as to what the drug was ordered for in each case, and what the administration time intervals are.

Directions for topical preparations need to include the indication and the area of use.

e.g. “Apply to rash on hand twice daily as needed for itching.”

Directions for prn drugs need to include the indication and the dosing frequency or interval.

e.g. “Take one tablet at bedtime as required for sleep.”

e.g. “Take one tablet up to twice a day (one every 12 hours) for anxiety.”

Prn drugs should be kept separate from the routine drugs. Keeping prn drugs on the same rack or in the same compartment of a pouch porter (in the case of a strip packaging system) as the regularly administered drugs can result in them being administered without fully assessing the need for them.

Note: Prn drugs should be checked routinely for expired items, and for those orders, which are no longer in use. These items need to be removed from stock and returned to the pharmacy.

It is helpful to arrange a schedule whereby those expiry dates are checked by a certain shift on a certain day of the month. When the pharmacist does a medication room inspection, he or she will simply be checking to ensure that the procedure is working well.

Section 12(2) (i) – Auxiliary Labels

12(2) The label for all prescriptions must include the following:

- (i) any other information required by good pharmacy practice.

In the case of blister carded drug, separate auxiliary labels applied to the appropriate cards serves as a readily-noticeable reminder to nursing staff. With some blistercard formats the pharmacist colour-highlights the appropriate warning line on the card. Experience has shown that most staff people have never noticed the highlighting, whereas the auxiliary stickers are very obvious.

In the case of strip packaging, pharmacists need to devise procedures that satisfy these same concerns, and ensure the same outcomes.

An “Automatic stop” label is a good precaution on drug of a specific dosage period. The care worker can then easily recognize that the drug is no longer to be administered, even though there may still be drug present. If the nurse feels that the drug should be continued, the pharmacy is to be contacted.

Section 12(7) – MAR Entries for New Drugs or Changes in Directions

12(7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".

The preferred method for the adding of a new drug order to the MAR is to have the nursing staff enter the information in full on the MAR as soon as the information has been received. This serves as a cue to the staff administering the drugs. If the corresponding drug is not present, the matter can be investigated immediately.

In the past it was the custom for the pharmacy to send a duplicate label along with the drug, to be affixed to the MAR to ensure that the MAR entry was correct. It is generally felt, now, that it is better not to cover up any discrepancies, and to have a policy ensuring that nursing staff is comparing labels on the newly arrived stock against the MAR entry, and questioning any differences.

There may be instances in small group homes without full time professional staff where the provision of duplicate labels for the MARs is felt to be the most appropriate method to use. If this is the case, it must be clearly noted on the label that it is the "MAR label" so that it is not placed in error on drug already in the facility.

Section 12(8) – Expiry Dates

12(8) All drugs must be labelled with the drug expiry date and manufacturer's lot number.

Section 13 – Resident Records

Section 13(1) – Terminology

13(1) The registrant must maintain a record for each resident.

Rationale:

The term “resident record” refers to the record at the pharmacy, commonly known as the patient profile.

Section 13(2) – Resident Information

13(2) The record must include:

- (a) the resident’s full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident’s location within the facility or home,
- (b) diagnoses,
- (c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,
- (d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,
- (e) the medical indication for use for all “as required” prescription authorizations and drugs dispensed,
- (f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and
- (g) the dates and reasons for early discontinuation of drug therapy if applicable.

Rationale:

- ▶ This section includes the basic information needed to identify the resident when an order is received by the pharmacy. As much identifying information as possible should be included.
- ▶ The diagnoses and conditions are especially important information for pharmacists servicing facilities in order for them to judge the appropriateness of an order transmitted by a nurse, to carry out the expected monitoring, and to make recommendations to the practitioners.

Recommendations:

- ▶ Notations should be included about there being two people with the same or similar names at this facility, or both a Mr. A. Smith and a Mrs. A. Smith, a name that the resident goes by that differs from their official name, etc.
- ▶ The diagnoses are generally noted on the admission form. If not, or if that section appears to be incomplete, the pharmacist may wish to confirm that information with the practitioner. Pharmacists should take advantage of their close contact with practitioners and nursing staff in obtaining this information and keeping it current.
- ▶ It is important to ensure that the information regarding diagnoses is current and consistent with the drugs that the person is on. Certain conditions should be noted even though the resident is not on any drug for them, as they may have a bearing on other conditions or on how a patient will react to a drug. If the resident **is** on drug for a specific condition, the notation should be consistent with that.

For example, if the “conditions” section of the Patient record and the MAR says “No Known Conditions” even though the record includes three heart drugs, the facility’s confidence in the pharmacy service and monitoring in general can be undermined.

It is helpful to indicate whether a diagnosis is a current or a past one, possibly by including a date. If it is a former condition that no longer has a bearing on the resident’s health, it should be removed from the profile.

Section 13(3) – PRN Drugs

- 13(3) When a drug is to be administered on a “when necessary” basis, the record and prescription label must clearly indicate:
- (a) the specific indication for which the drug is to be given,
 - (b) the minimum interval of time between doses, and
 - (c) the maximum number of daily doses to be administered.

Rationale:

The directions for a “prn” drug must include the indication. If a staff person is to decide if a drug should be given, he or she needs to know that the drug was prescribed for the symptom that is currently present. (See Section 60.2 of this manual)

Recommendations:

- ▶ When the symptom has cleared, the drug should be returned to the pharmacy and the pharmacist notified that the condition is resolved. The pharmacist enters it as discontinued on the profile so that it will not appear on subsequent MARs.
- ▶ Whenever possible, the minimum intervals between doses should be included in the directions. For example, “up to three times daily”, could be an overdose if given only half an hour apart.
- ▶ Topical preparations should have the area of use indicated as well as the condition, so that it is not being applied inappropriately
- ▶ The packaging system used for prn orders must be consistent throughout the facility or home but the type of monitored dose packaging may be different from that used for routinely administered medications.

Section 14 – Resident Medication Administration Records (MARs)

SECTION 14(1) – PROVIDING THE MAR

14(1) The registrant must provide a medication administration record for each resident.

Rationale:

The registrant is responsible for providing the MAR for each resident, each month. All doses administered are charted on the MAR by the facility staff. If a drug is not administered, the staff person charts the reason for it not being administered. Most MARs have a list of numbered reasons to be used in charting drugs that were not administered.

A MAR is also provided for any resident who is not on any drugs, as that information will become part of the resident's chart.

Recommendations:

- ▶ There are a number of formats available. When choosing the format, consideration should be given to providing for adequate space in the charting grid for legible initialing.

Tools:

- ▶ Software companies have different MAR formats.

Section 14(2) – Printing of the MAR

14(2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.

Rationale:

The MARs go from the first day of the month to the last day of the month, regardless of the number of days' supply of drug provided, and regardless of the date that the exchange of blister cards is done.

The MAR is an official document and therefore must show the month and year to which the charting applies.

It is important that the information on the MAR is current. To ensure that the MAR does not contain entries which are no longer applicable, pharmacy must have procedures in place:

- to ensure that their staff is immediately inactivating a discontinued drug.
- to ensure that stop-dates are entered for short term therapy such as antibiotics

Inaccurate information affects the credibility of all of the information. Care should be taken to carefully review the profile with each new entry to ensure that there are no duplications, and to check the MARs prior to delivery to the facility to catch any duplications and completed treatments that may have slipped through.

Recommendations:

- ▶ The MARs should be printed several days prior to the end of the month. Five to seven days is generally felt to be appropriate. This allows time for proof-reading by the pharmacist, delivery to the facility, and reviewing and filing by the facility. Remember that printing the MARs too early may mean that there are a number of changes in drugs by the time the charting begins.
- ▶ Pharmacy is responsible for making the necessary changes up until the time that the MARs leave the pharmacy. It is advisable, therefore, for pharmacists to print, check and send out the MARs in as short a time span as possible.
- ▶ The facility is responsible for making any changes once they have received the MARs. The facility should be informed that the MARs were current as of the printing date. Some pharmacists include a note with the set of MARs telling the nurses what the printing date was. Facility staff compares the new MARs against the current ones to ensure that they reflect recent additions and discontinuations. The Medication Safety and Advisory Committee might wish to develop a procedure to ensure that this information does get entered onto the new MARs.
- ▶ The pharmacy should provide the facility with a supply of blank MARs for the staff to use when an additional sheet is needed during the month.

To ensure that there is no confusion with the charting, a new MAR is not prepared by pharmacy until the next month's printing.

Section 14(3) – Information on the MAR

14(3) A resident's medication administration record must include:

- (a) the resident's full name,
- (b) the resident's location within the facility or home, where possible,
- (c) the name of the practitioner,
- (d) allergies,
- (e) diagnoses,
- (f) the month for which the record is to be used,
- (g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis,
- (h) full directions for use.

Rationale:

The resident's surname, given name, and second name or initial are required. It is also a good idea to list the name that a resident answers to if different from the legal name.

The information referred to in Section 61 (Patient Record) should automatically appear on the MAR.

Drug that is self-administered must be included on the MAR. A self-medication program must be requested by the resident, authorized by the Medication Safety and Advisory Committee and the resident's practitioner, and approved by the Medical Health Officer for the area. (See Section 65).

Recommendations:

A resident's regular use of alcohol should be taken into consideration in a pharmacist's monitoring of drugs and the expected results. You may wish to have the regular use of alcohol approved by the practitioner, and have that authorization noted on the MAR in one of the regular drug sections or in the comment section for information purposes.

Sundry Items:

Mouthwash, moisturizing creams, toothpaste, sunscreen, dandruff shampoo, and other miscellaneous sundry items do not need to be on the MAR even though these products have DIN #. A physician's order is not required for these items.

Section 15– Resident Medication Review

Section 15(1) – Purpose of Reviews

- 15(1) The full pharmacist responsible for a facility must:
- (a) review each resident’s drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and
 - (b) review the resident’s personal health information stored on the PharmaNet database before releasing any drug to the facility.

Rationale:

The Resident Medication review must be carried out by the pharmacist at the facility or by video conference, along with a registered nurse if one is employed, or the nurse or care worker responsible for administering drugs, and if possible, the resident’s practitioner. The intent is to have the pharmacist review the drug regimen with staff people who are in a position to provide input. The on-site requirement also means that the pharmacist has access to the MARs, nursing notes, lab reports, other facility staff and even the resident. [For 3-6 bed homes, refer to Section 64(4)]

Since each resident must be reviewed twice a year, some pharmacists conduct reviews as often as weekly in order to review everyone without the reviewers becoming over-saturated with large numbers at one time.

Recognize that there is a need to set goals and that the pharmacist acts as a facilitator in this process.

Approach is:

- Review
- Documentation of recommendations
- Communication of recommendations
- Follow-up to ensure that the changes have occurred and have had satisfactory results.

Recommendations:

- ▶ Preparation by the pharmacist is important. Generally the pharmacist prints copies of the profiles or of the “doctor’s letters”, and makes notes on them ahead of time about questions to be asked, concerns, and recommendations to be discussed. Some pharmacists fax these notes ahead of time to the facility so that the staff can be ready with answers and comments.
- ▶ Some examples of what may be considered at these reviews include:
 - Use of prn drugs. Are they still needed or can they be discontinued? Are specific indications for use clear? Are they proving to be effective?
 - Continued need for certain regularly administered drugs? e.g. digoxin, diuretics, antidepressants.
 - Geriatric suitability. i.e. is each drug safe in this dose, in this route of administration, at this dose interval for an elderly person? Is the person’s weight still the same or should the dose be altered?
 - Combination drug use. Are there additive effects that could be avoided or reduced? Have nurses noticed signs that may be attributed to the drugs?
 - Can adjustments be made to doses as a result of recent laboratory results?

- ▶ An initial review of a resident within one to three months after moving into a facility is often beneficial. The resident has had a chance to acclimatize to the facility; mental and emotional state will have changed; and physical condition has generally improved with proper meals and care.
- ▶ In the case of prescriptions from locums, the pharmacist may wish to limit the supply to 2 weeks or a month and then review and confirm the orders with the regular practitioner.
- ▶ With prescriptions for new residents, and with some new drugs for any resident, you may wish to note on the label or affix a sticker saying, for example, “assess after one month”. This assessment is the responsibility of the nurse and is done with the concurrence of nursing. The pharmacist is just suggesting the time frame and what the expectation would be.

Note: Some facilities ask that their pharmacist be present at the Inter-disciplinary reviews. This can be helpful and interesting for the pharmacist in considering particular residents. However it is also very time-consuming, and often the focus of the individual’s review are not of direct significance to the drug regimen.

These inter-disciplinary reviews are often held only every 12 months and only 4 or 5 residents are reviewed at a time, making the scheduling of the review six months later very difficult to do. Pharmacists should keep these points in mind when considering how best to utilize their time.

Section 15(2) – Record of the Reviews

15(2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy.

The record of review must include information about:

- (a) the people in attendance,
- (b) the date of the review, and
- (c) recommendations, if any.

The reviews need to be clearly documented. If there are no changes recommended, - that too is important information that needs to be documented.

It may be advantageous to design a review form to be completed for each resident, thereby encouraging a uniform format.

You may wish to keep time records as well, as that information may be useful in discussions with Pharmacare or the facility's Board of Directors.

Section 15(3) – Follow-Up

15(3) At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.

If the review called for some intervention, and the practitioner was not present, the full pharmacist must communicate with the practitioner. The results of that communication must then be forwarded to the facility

Section 15(4) (5) – Residential Care Home Requirement

15(4) The full pharmacist responsible for a home must:

- (a) review each resident's drug regimen and document the result of the review at least once every 6 months,
- (b) the review must be conducted on site at least once in every 12 month period.

In the case of Residential Care Homes (3 to 6 beds), on-site drug reviews are not required.

The full pharmacist is, however, required to review the resident's drugs every 6 months as to appropriateness, side effects noted by facility staff, etc. and to make appropriate recommendations to the practitioner on the "doctor's authorization letter".

The full pharmacist is required to visit a residential care home at least once a year (see Section 53.3). It is recommended that one of the drug reviews be done on-site at that time, along with the medication room audit.

15(5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.

Section 16 – Resident Oriented Pharmacy Practice

Section 16(1) – Obtaining Drug History

16(1) When a resident is first admitted to a residential care facility or home, the full pharmacist must obtain a drug history for the resident and the following information must be obtained if available

- (a) adverse drug reactions, including allergies,
- (b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,
- (c) compliance with prescribed drug regimen,
- (d) Schedule II and III drug use, and
- (e) laboratory results.

Rationale:

- To ensure completeness and accuracy of information
- To build a baseline for future reference.

Unacceptable Practice:

Incomplete information.

Recommendations:

- ▶ Provide a form to the facility that specifies the information that you require.
- ▶ Work with the facility staff to obtain information prior to a resident's admission.
- ▶ Update diagnoses, allergies and relevant lab results at drug reviews.

Tools:

- ▶ Admission forms.
- ▶ Utilize information on PharmaNet.

Section 16(2) – Provision of Drug Information

16(2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.

Rationale:

It is important for staff members to be aware of what a drug is being used for, what results to expect from it, and what side effects they should be on the alert for.

The provision of drug information should be an ongoing service, whenever new drugs or treatments are prescribed. The formats may vary, but should be relevant to nursing staff and residents. It is helpful to show the staff members the various formats available through PharmaNet and the pharmacy's own program to determine which level of information the staff feels would be the most useful to them.

Recommendations:

- ▶ The pharmacy may supply a patient drug information sheet for any drug that is new to that facility. The sheet may be initialled by the appropriate staff and then filed in a binder which is readily accessible, or
- ▶ The pharmacist may supply the patient drug information sheet for each resident, for any new drug for that resident. This information may be filed either with the individual's MAR or in a designated section of the resident's chart.
- ▶ Drug interaction information in general may be useful.

Tools:

- ▶ New drug monographs
- ▶ Drug information from PharmaNet
- ▶ Journal articles

Section 16(3) – Adverse Drug Reaction Reporting

- 16(3) Where an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must:
- (a) notify the resident's practitioner,
 - (b) make an appropriate entry on the resident's record, and
 - (c) report the reaction to the Canada Vigilance Program Regional Office.

Rationale:

To aid in amassing adverse drug reaction information as part of Health Protection Branch's post-marketing program for a drug.

Recommendations:

- ▶ Discuss Adverse Drug Reaction reporting with the nursing staff. Clarify what constitutes a reaction that is reportable to Health Protection Branch. Stress to the nurses that they are the key factor as they are the people who are observing the resident.
- ▶ Ensure that nurses recognize that all adverse reactions are to be reported to the pharmacist in order for that information to be entered onto the profile.

Tools:

The Adverse Drug Reaction reporting form and other information is available on the Internet at www.hc-sc.gc.ca/hpb-dgps/therapeut.

Section 16(4) – Self-Medication Program

- 16(4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with the *Community Care and Assisted Living Act* and applicable *Regulations*, and must:
- (a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,
 - (b) ensure a drug consultation with the resident occurs,
 - (c) ensure authorization from the resident’s practitioner and the medication safety and advisory committee is obtained,
 - (d) include any drugs in the self-medication program in the drug regimen review referred to in section 12(4), and
 - (e) document the consultation referred to in subsection (b) in the resident’s record.

Rationale:

To comply with the Community Care Facility Act which states:

“A medical health officer may approve a resident’s request to self-administer a drug if, in the opinion of the medical health officer, self-administration is in the best interest of the resident”, and
 “The medical health officer may approve a resident’s request to self-administer a drug in accordance with a self-medication plan developed by the resident, the medication safety and advisory committee, and the resident’s primary health care provider.”

To participate as an advisor in the development of policies and procedures for self-medication programs. Points to be considered include:

- Ensuring the safety of other residents.
- Determining the appropriate supply of drugs in the resident’s care.
- Documentation by nursing staff of when the supply was given to the resident.
- Determining how any concerns of the resident will be communicated to the Medication Safety and Advisory Committee and/or the pharmacist.
- Deciding how continued capability to self-administer will be monitored.

Tools:

- ▶ Regulations to the Community Care and Assisted Living Act (May be found at www.qp.gov.bc.ca):
 - Adult Care Regulation
 - Child Care Regulation
- ▶ Authorization form from the Regional Health Officer at the local Health Unit.

Section 16(5) – Pharmacist / Patient Dialogue

- 16(5) The drug consultation referred to in subsection (4) (b), should occur in person with the resident or resident's representative and must:
- (a) confirm the identity of the resident,
 - (b) identify the name and strength of drug being dispensed,
 - (c) identify the purpose of the drug,
 - (d) provide directions for use of the drug including the frequency, duration and route of therapy,
 - (e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
 - (f) discuss storage requirements,
 - (g) provide information regarding:
 - (i) how to monitor response to therapy,
 - (ii) expected therapeutic outcomes,
 - (iii) action to be taken in the event of a missed dose, and
 - (iv) when to seek medical attention, and
 - (h) provide other information unique to the specific drug or resident.

Rationale:

To provide appropriate counselling in order that the resident receives the maximum benefit from the drug.

Recommendations:

- ▶ As this resident has been deemed capable of looking after his or her own drugs, the person must be provided with the same information about the drug as a non-resident would be. It is not reasonable to expect that the resident be counselled on each refill as is required in the community. However, the resident must understand the purpose and dosing and side effects of each new drug that they are receiving.
- ▶ This contact can also be helpful in judging continuing competence to self-medicate.

Section 17 – Respite Care

Section 17(1) – Confirmation of Drug Orders

17(1) When a resident is admitted for short-stay respite care, the pharmacist must confirm all prescription authorizations with the resident's practitioner.

Rationale:

New orders for drugs are required on admission of a respite resident to the facility. The orders will require direct communication between the doctor and the pharmacist. Orders are not to be dispensed on the transmission of a nurse. This is not a facility resident and neither the nurse nor the pharmacist has the required background knowledge of the patient for the drugs to be dispensed without that direct communication. The orders may be:

- (a) Written by the practitioner (original prescriptions, discharge orders, admission orders, etc.).
- (b) Obtained by the pharmacy from the practitioner, either verbally or by fax.
- (c) Given verbally by the practitioner to the nurse, transcribed and transmitted to the pharmacy (either by fax or verbally), then confirmed by the pharmacy with the practitioner.

Standing Order drugs for a Respite Resident should also be confirmed and signed directly or by fax at the time of admission.

Recommendation:

Adequate notice prior to admission is important along with the date of admission in order to allow the pharmacist time to confirm and prepare the orders.

Exception:

Patients' own ARV medications may be used.

Tools:

The admission form should have a space identifying the person as a Respite Resident, and the length of stay.

Section 17(2) – Packaging of Drugs

17(2) The pharmacist must dispense drugs using a monitored dose system and provide medication administration records.

Rationale:

Packaging must be consistent for each type of order.

Types of orders:

- 1) Routinely administered solid oral medications
- 2) Prn orders must be consistent throughout the facility but the type of monitored dose packaging may be different from that used for routinely administered medication
- 3) Contingency supplies must be consistent throughout the facility but may be different from that used for routinely administered medication.

Drugs are supplied using a monitored dose system, in quantities consistent with the length of stay, up to a 35-day supply, or a comparable supply of liquid and topical preparations, unless otherwise specified for short-term therapy. This means that the facility staff will be using one system consistently throughout the facility for each type of order, resulting in less chance of errors or the omission of doses.

Unacceptable Practice:

Repackaging of the resident's own drugs from home should not be done.

Exception:

Residents' own medications may be used in the case of Antiretroviral (ARV) drugs and investigational drugs dispensed by the Center of Excellence to patient's regular pharmacy.

Rationale:

If a respite client arrives with Antiretroviral (ARV) Drugs or Investigational Drugs, it is not possible to have the drugs confirmed because they are not on PharmaNet, in these cases it would be appropriate to have nursing staff administer the person's own drugs from their labeled containers according to the labeled directions, or according to a reasonable schedule confirmed with the resident's caregivers. The need for obtaining new orders will be waived for Antiretroviral Drugs and Investigational Drug orders. The MAR should reflect that the patient's own ARV drugs were given.

Recommendations:

- ▶ The person's own caregivers should be notified, prior to the client's admission, of the standard charges for pharmacy service to respite clients.
- ▶ An invoice should accompany the supply of drug, with:
 - (a) The usual professional fee for each prescription drug.
 - (b) The standard charge for any Pharmacare Non-benefit drugs.
- ▶ Respite residents' drugs should be administered by nursing staff according to the facility's usual policies and procedures for drug administration.
- ▶ The procedure for reordering drugs for respite residents will be the same as for PRN or liquid drugs, according to the facility policy (i.e. the procedure used for reordering drugs other than those that are automatically refilled.)

- ▶ It is important to know the length of stay in order to dispense the proper quantity of drug. If any drug does remain at discharge, that drug may be provided to the resident's caregiver for continued administration to the client.

Note: Pharmacy may wish to provide the family with written instructions explaining the correct use of the packaging system.)

- ▶ If the drugs are not taken by the family or caregiver they are to be returned to the pharmacy for disposal.
- ▶ Pharmacy should be notified immediately of the discharge of the respite resident.

Section 17(3) – Emergency Admissions

17(3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Exception:

If a respite client arrives with Antiretroviral (ARV) Drugs or Investigational Drugs, it is not possible to have the drugs confirmed because they are not on PharmaNet, in these cases it would be appropriate to have nursing staff administer the person's own drugs from their labeled containers according to the labeled directions, or according to a reasonable schedule confirmed with the resident's caregivers. The need for obtaining new orders will be waived for Antiretroviral Drugs and Investigational Drug orders. The MAR should reflect that the patients own ARV drugs were given.

Recommendations:

The Medication Safety and Advisory Committee should develop a procedure setting out how staff can confirm as completely as possible that the drugs brought with the patient represent his or her current drug regimen.

Facility staff must feel comfortable with the interim procedures.

Section 18 – Leave of Absence Drugs

Section 18(1) – Preparation of Drugs

- 18(1) The pharmacist must establish a system to ensure that leave-of-absence drugs are prepared correctly.
- 18(2) The label on a leave of absence drugs must include:
- (a) the facility or home name,
 - (b) the resident's name,
 - (c) the practitioner's name,
 - (d) the drug name, strength, quantity and complete directions for use,
 - (e) the initials of the person preparing the drug, and
 - (f) the date of issue.

Rationale:

The pharmacist or nurse prepares drugs needed for the duration of a resident's absence from the facility.

With either the single drug or the multi-drug blistercard system, the cards are not to leave the facility. The reason for this requirement is that is that on the person's return, the staff has to administer the remaining doses although they have no knowledge of how they were stored while out of the facility. Also, if the person forgets to bring the cards back with him, there are no drugs for staff to administer. And, the one drug per blister card system is not "user friendly" outside the facility.

In the case of strip-packaged systems, the exact number of drug pouches can be sent with the resident, and the remaining pouches stay at the facility for the resident's return.

Unused leave-of-absence drugs are not to be used upon return to the facility, as the condition of the drug is not known.

In order to meet a resident's need for flexibility for last minute day trips or overnight stays, facility staff is permitted to prepare the drugs when it is not feasible for the drugs to be dispensed by the pharmacy.

The Medication Safety and Advisory Committee must set a policy as to who prepares leave-of absence drugs. The Committee may wish to consider the following guidelines:

Recommendations:

For absences of 72 hours or less, nursing staff at the facility prepares the drugs. For absences of more than 72 hours, pharmacy staff prepares the drugs. Absences of greater than 72 hours are generally planned well in advance. Pharmacists should encourage a lead-in time of 7 days to ensure that there is time to prepare the drugs.

- ▶ Be sure that if, one-drug-per blister carded system is being used, facility staff are aware that doses are to be removed from each of the drug times. That is, if the resident will be away for breakfast, lunch and dinner, a dose is removed from each of those cards, not three doses from one of the cards. Labelled "coin envelopes" are generally used. All of the drugs for the first morning are in one envelope; all those for the first lunch time are in one envelope, etc.

- ▶ Staff and family should be reminded that these drugs are not in child-resistant containers and that appropriate care should be taken with them.
- ▶ When the pharmacist is preparing the drugs, the source is their regular dispensary stock. The drugs may be dispensed in prescription vials, or in compliance packaging.
- ▶ Be sure that you are informed of the length of time that person is to be away from the facility, and that the family realizes how long the resident's drug will last.

Tools:

- ▶ Pharmacy staff can assist in this preparation of leave-of-absence drugs by having the coin envelopes stamped or printed with spaces for the required points, which the nurse fills in.

Section 18(3) – Documentation

18(3) All leave of absence drugs must be documented on the resident’s medication administration record.

Rationale:

Documentation on the MAR must indicate who (pharmacy or nurse) prepared the drugs for the leave-of-absence.

Nurses may be concerned that they are “dispensing”. You may assure them that this deviation from the regulation that only a pharmacist can dispense a drug is recognized by both Community Care licensing and CRNBC as being a necessary involvement on their part in order for the resident to receive the drug. In many instances, outings with family or friends are not planned in advance, and to prevent a resident from going on such outings would be a disappointment to both parties.

Unacceptable Practice:

- ▶ Drugs returned by the resident should not be kept for administration by facility staff. Nurses should not feel comfortable administering something which has been out of the jurisdiction of the facility, and for which they have no knowledge of its handling or storage.
- ▶ Drugs must never be taped back into blisters. Un-used drugs should be set aside to be returned to the pharmacy for destruction.

Recommendations:

- ▶ There should be a code number used in conjunction with the nurse’s initials to indicate that the resident was out of the facility for those doses, and that the drugs were prepared by that nurse. Another code number could be used in those instances when the drugs were prepared by the pharmacist.

Appendix 1

Packaging

“Monitored dose system” (as it applies to the Residential Care Standards of Practice) means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time.

“Blister packaging” is interpreted as packaging that protects a dose or doses from contamination until a designated medication time.

- ▶ Packaging must be in compliance with applicable regulations and standards of practice.
- ▶ Packaging shall be selected to preserve the integrity, cleanliness and potency of the products.
- ▶ The form of packaging chosen shall be consistent throughout the facility or home for each type of order, except where the form of the medication does not permit such packaging.
- ▶ The packaging for all routinely administered solid oral medications must be consistent throughout the facility or home.
- ▶ The packaging for “prn” solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose packaging used may be different from that used for the routinely administered medications.
- ▶ The packaging for contingency supply solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose system may be different from the other types in use at the facility.
- ▶ In multi-drug packaging supplied for more than one day at a time, medications that may be subject to change or to being withheld or which may need to be immediately stopped must be separately packaged.
- ▶ Solid oral dose medications must be dispensed in the ready-to-administer form (eg. half-tablet doses must be packaged as half tablets).

Labelling

- ▶ Each blister card or each pouch or packet of single or multi-medication packaging must be clearly labelled for each drug in accordance with the Residential Care Standards of Practice.
- ▶ Packages that include more than one drug must be labelled with the physical description of each drug.
- ▶ In multi-drug packaging, medications requiring auxiliary labelling (such as “do not crush”) must be packaged separately. The labelling must include and emphasize any auxiliary information.
- ▶ Directions must be included in full, without Latin or other abbreviations.

Dispensing

- ▶ All prescriptions must be dispensed in a monitored dose system.
- ▶ All prescriptions must comply with the labelling policies and regulations of the College.
- ▶ There shall be a policy and procedure manual in the pharmacy, outlining the components of the system and how the system is used.
- ▶ There shall be a written contingency plan to be used during system interruptions.

Checking and accountability

- ▶ Any system must provide a complete audit trail of each phase of the dispensing.
- ▶ There must be a procedure for documenting pharmacist accountability for each phase of the dispensing process.
- ▶ There must be a process of random monitoring for validation of the system for accuracy.

Facilitating the safe administration of medications in the facility or home.

- ▶ The system must permit the facility staff to confirm the completeness of medication orders on arrival at the facility, either by checking the medication packaging or by checking a “shipping list.”
- ▶ There must be a system whereby reminders of non-blistered medications that are to be administered for a medication time is inserted in the appropriate location with the resident’s other medications for that medication time.

Discontinued and returned medications

- ▶ Medications that have been discontinued or have had changes made in directions must not be removed from multi-drug packets, blisters or pouches by facility staff.
- ▶ A written policy may be established to allow, in an urgent situation, for withholding a medication in a multi-drug packet until such time as the pharmacy can re-dispense the medications. Such deviations from the requirement are to be documented in an incident report, and the withheld medication is to be returned to the pharmacy for disposal.
- ▶ No medication can be reissued by the pharmacy or returned to stock unless it has been individually packaged.

Variations

- ▶ A facility’s Medication Safety and Advisory Committee may authorize the deletion of directions for use on each multi-medication package pouch and the omission of reminder pouches for non-pouch-packaged medications, provided that the pharmacist presents the committee members with the “pros” and “cons” of each option and the decisions are documented in the committee’s meeting minutes.