

Department of Health Developmental Disabilities Supports Division (DDSD) PROCEDURE	Procedure Number: M-002
	Supersedes: New Procedure
Procedure Title: Medication Assessment and Delivery Procedure	
Effective Date: November 1, 2006	
Approved:	Date:

I. POLICY REFERENCE

Medication Assessment and Delivery Policy

II. PURPOSE OF PROCEDURE

These procedures clarify:

- a. Responsibilities of the agency nurse and Interdisciplinary Team (IDT) members related to medication assessment and delivery;
- b. Requirements for administration of *Pro Re Nada* (PRN) medication by licensed/certified personnel; and
- c. Requirements for the delivery of PRN medications by staff.

III. APPLICABILITY

This procedure applies to Community Living, Adult Habilitation and/or Employment Services provided to adults through the Developmental Disabilities (DD) Waiver Program or through the DD Adult State General Funded Services.

IV. DEFINITIONS

Administration of Medication: Means delivery of medication by a licensed or certified healthcare professional.

Agency Nurse: Means the nurse hired or contracted by the provider to assist with the health care needs of individuals served.

Assistance with Medication: Means support provided to individuals served through the DD Waiver or the DD Adult State General Funded Services to take their medication, delivered by non-licensed or non-certified paid staff.

Certified Medication Aide (CMA): Means a person certified by either or both the New Mexico Board of Nursing under the Nursing Practice Act, Chapter 61, Article 3, 10.2 and/or NMAC Title 16, Chapter 12, Part 5 Certified Medication Aide Rules to administer medication under the supervision/direction of a registered nurse in a Board of Nursing approved program. CMAs are not allowed to administer medication through any type of injection, through a nasogastric (NG) tube or a non-premixed nebulizer treatment.

Community Living: Means services described in the DD Waiver Standards for Supported Living, Family Living and Independent Living and/or the service described in the State General Fund Standards for Independent Living.

Crisis Prevention Plan (also known as Crisis Prevention/Intervention Plan): Means a document that provides guidance to staff when an individual has a medical condition or challenging behavior that has the potential to escalate to a severity level posing great risk of harm to the individual or others. Each Crisis Prevention Plan addresses a single condition. Individuals with multiple conditions that pose great risk of harm will therefore have more than one Crisis Prevention Plan. All staff must be trained on all Crisis Prevention Plans for the individuals they support. Each Crisis Prevention Plan is developed by the team member(s) with expertise relevant to the condition addressed, written in simple terminology and shall include the following elements:

1. Description of the condition,
2. Strategies to prevent the condition from escalating,
3. Observable signs that the condition is escalating, and
4. Steps to take if escalation occurs (including criteria for seeking emergency medical care and emergency contacts).

Current Written Consent: Means a written informed consent form that identifies the type of medication delivery and the assistance or administration the individual requires that is signed by the individual/guardian/surrogate health decision maker. Consents must be signed at least annually and when there is any change in the individual's functional ability or the guardian/surrogate health decision maker.

Guardian: Means a judicially appointed guardian having authority to make a healthcare decision for an individual.

Human Rights Committee: Means a committee required for service provider agencies that reviews and monitors implementation of Behavior Service Plans and Crisis Plans that meet the criteria established under the following DDSD policies: (1) Psychotropic Medication Use, (2) Human Rights Committee Requirements, (3) Behavior Supports Service Provision and (4) Aversive Intervention Prohibition.

Individual Service Plan (ISP): Means a comprehensive plan also known as a Plan of Care that identifies all of the individual's needs and how they will be addressed.

Interdisciplinary Team (IDT): Means the person receiving services, their families and/or guardians and a group of professionals, paraprofessionals or other support persons who are responsible for the development of the ISP and who recommend agencies and/or individuals responsible for providing the services and supports identified in the ISP (7 NMAC 26.5).

Licensed/Certified Personnel: Means licensed practical nurses, registered nurses and certified medication aides (CMAs).

Licensed Practical Nurse (LPN): Means a nurse who practices licensed practical nursing and whose name and pertinent information are entered in the register of licensed practical nurses maintained by the board or the nurse who practices licensed practical nursing pursuant to a multi-state licensure privilege as provided in the Nurse Licensure Compact.

Medication Administration Assessment Tool (MAAT): Means a tool conducted by the agency nurse and discussed/reviewed by the individual's team to determine the individual's capacity to self-administer their medication, and/or their need for assistance from staff and/or their need for administration by a nurse or CMA.

Medication Administration Record (MAR): Means the legal document used to record when a person takes medication, refuses to take medication, misses a dose of medication, etc. The MAR includes, but is not limited to, the following: month, year, person's name, person's date of birth, name of person's primary care practitioner, name(s) of medication, prescribed purpose(s) of the medication, and name(s) of staff providing medication support to the individual. Refer to NMAC 16.19.11 for specific requirements regarding documentation on the MAR.

Medication Delivery: Means the method by which the individuals take or receive their medication.

Medication Route: Means a method of medication entry into an individual's body (e.g., oral, injection, rectal or topical).

Nasogastric: Means relating to, or performed by, intubation of the stomach by way of the nasal passages.

Nebulizer: Means an atomizer equipped to produce an extremely fine spray for deep penetration of the lungs.

Primary Care Practitioner (PCP): Means a physician, nurse practitioner or physician's assistant who oversees the health care of the individual.

PRN Medication: Means an acronym for the Latin term *Pro Re Nada*. PRN medication refers to prescribed or over-the-counter medications (including comfort medications) that are administered (or taken) only on an as needed basis, when symptoms warrant as directed by the PCP.

Registered Nurse (RN): Means a nurse who practices professional registered nursing and whose name and pertinent information are entered in the register of licensed registered nurses maintained by the board or a nurse who practices professional registered nursing pursuant to a multi-state licensure privilege as provided in the Nurse Licensure Compact.

Side Effect: Means an effect of a medication that results in a different outcome than for what the medication was given. Some side effects may be mild or merely annoying, while others can cause harm, including death.

Significant Change in Health Status: Means the individual has experienced one or more of the following: a decline in physical, cognitive or functional ability; a new diagnosis or event that requires a change in medication or treatment or requires creation or revision to a health care or crisis prevention plan; a change in medication or the medication route that would permanently alter the level of assistance with medication delivery.

Stable: Means the individual’s condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The individual’s condition does not require frequent assessment or monitoring by a licensed nurse to determine their status or their response to medication or treatment.

Staff: Means the individuals hired or subcontracted by the DD Waiver provider to implement the Individual Service Plan for individuals they support.

Surrogate Health Decision Maker: Means a person appointed through an advanced directive or otherwise through implementation of the New Mexico Uniform Healthcare Decisions Act to make health decisions on behalf of an individual determined to lack decisional capacity necessary to understand and appreciate the nature and consequences of the proposed healthcare. This person will make and communicate a healthcare decision for an individual determined to lack decisional capacity. Two health care professionals, one of whom has expertise with developmental disabilities, must make the determination.

V. PROCEDURE

	Responsible Person / Agency	Actions
A.	Responsibilities of agency nurses related to medication assessment and delivery.	<ol style="list-style-type: none"> 1. The agency nurse is responsible for the following as it relates to medication delivery: <ol style="list-style-type: none"> a. Perform the Medication Administration Assessment Tool (MAAT) for an individual at least two weeks before the annual Individualized Service Plan (ISP) meeting, when an individual changes agencies, when a significant change in health status occurs, when the health condition is not stable, when the medication regime or route changes, when the medication requires delivery by licensed or certified staff or when an individual has completed additional training designed to improve their skills to support self-administration. b. After completion of the MAAT, the nurse will identify needed PCP orders, determine the need for consents and any additional needed information or forms and present his/her recommendations regarding the level of assistance with medication delivery to the IDT. c. A copy of the MAAT will be sent to all the team members two weeks before the annual ISP meeting and the original will be retained in the provider agency records. d. The IDT will determine the level of
	Responsibilities of the IDT (including	

	Responsible Person / Agency	Actions
	<p>agency nurses) related to medication assessment and delivery.</p> <p>Responsibilities of agency nurse and Case Manager related to medication assessment and delivery</p>	<p>assistance with medication delivery by consensus considering which MAAT criteria the person best matches and the nursing recommendations and shall document their decision on the MAAT and in the Individualized Service Plan (ISP).</p> <p>e. If the individual has the potential to self administer medications and needs additional education to accomplish this, the team (including the nurse) should coordinate, plan and provide this support. After the training is completed, the nurse will complete another MAAT.</p> <p>f. The agency nurse will obtain needed PCP orders and the Case Manager will obtain needed consents.</p> <p>g. The agency nurse develops easily understandable health care plans and crisis prevention plans based on assessment of the individual and trains staff to implement health care plans and crisis prevention plans; he or she also documents all trainings.</p> <p>h. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use must be reported to the PCP and discussed by the Interdisciplinary Team for changes to the overall support plan. This review should be based on prudent nursing practice and support the safety and independence of the individual in the community setting. (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).</p> <p>i. The agency nurse administers medications to individuals who meet the criteria listed in section E of the Medication Delivery Policy.</p> <p>j. The agency nurse provides training and/or feedback to staff assisting with medication delivery regarding proper procedures and</p>

	Responsible Person / Agency	Actions
		<p>potential side effects (Note: The Board of Nursing regulations allow such training without it being considered “delegation” of nursing duties as long as it is in line with criteria in section C and D of the Medication Delivery Policy). The agency nurse documents all training.</p> <p>k. The agency nurse conducts a verbal screening with agency staff any time staff requests to deliver a PRN. This is done in order to assure that the symptoms described match criteria ordered by the prescribing PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting/diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention.</p>
B.	Agency and Interdisciplinary Team (IDT) responsibilities regarding licensed/certified personnel who administer PRN medications.	<p>1. For each PRN medication, the agency obtains a written order by the PCP that clarifies:</p> <ol style="list-style-type: none"> a. The diagnosis for which the medication is being ordered; b. The circumstances under which the PRN medication is to be taken; c. Dosage route, time intervals and maximum number of doses per day; d. Circumstances under which the individual’s PCP should be contacted; and, e. If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency’s Human Rights Committee (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).

	Responsible Person / Agency	Actions
		2. CMAs must obtain verbal authorization from the agency nurse prior to each administration of a PRN medication.
C.	Agency responsibilities for PRN medication for individuals who receive medication delivery support from staff in Community Living, Adult Habilitation and/or Employment Services.	<ol style="list-style-type: none"> 1. For each PRN medication, the agency obtains a written order by the PCP that clarifies: <ol style="list-style-type: none"> a. The diagnosis for which the medication is being ordered; b. The circumstances under which the PRN medication is to be taken; c. Dosage route, time intervals and maximum number of doses per day; d. Circumstances under which the individual's PCP should be contacted; and, e. If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee. 2. Assure that personnel assisting with PRN medications are trained on the Medication Delivery Policy and the individual's specific PRN instructions, including potential side effects. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications). <ol style="list-style-type: none"> a. Document conversation with nurse including all reported signs and

	Responsible Person / Agency	Actions
		<p>symptoms, advice given and action taken by staff.</p> <p>4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).</p>

VI. REFERENCES

DDSD Crisis Prevention/Intervention Plan Policy

DDSD Human Rights Committee Requirements Policy

DDSD Psychotropic Medication Use Policy

New Mexico Administrative Code (NMAC) –Title 16, Chapter 19, Part 11

New Mexico Administrative Code (NMAC) - Certified Medication Aide Rules – NMAC Title 16, Chapter 12, Part 5

New Mexico Statute Authority (NMSA), Nursing Practice Act, Chapter 61, Article 3, 10.2

New Mexico Statute Authority (NMSA), Chapter 61, Article 3, Section 3D, 3I and 3O.

Occupational and Professional Licensing Rules - Title 16, Chapter 19, Part 11

New Mexico Statute Authority, Uniform Healthcare Decisions Act, NMSA 1978 24-7a-11

VII. LIST OF ATTACHMENTS

Medication Administration Assessment Tool (MAAT)