

**Medication Administration Risk Plan**

**Individual’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of medication errors, medication side effects, and adverse reactions.

**Desired Outcome:** Staff will administer medications in accordance with Paladin Medication Administration Policy and State Regulations.

**Primary location as to where med is to be given:**

 S**pecific place as to where med is to be given:**

**Second location as to where med is to be passed:**

 S**pecific place as to where med is to be given:**

**Specific notes pertaining to meds:**

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* See MAR for complete list of medications.

**Primary Pharmacy, Address, and Phone #:**

**Identification of medication can be found:**

**Consistency of fluids:** [ ]  liquid [ ]  thickened to the consistency of

**Consistency of medications:** [ ]  pill form [ ]  crushed [ ]  liquid only [ ]  other:

**The individual is able to take their medications with the following type of assistance:**

Please note if the consistence of the pills/liquid need be changed for the individual and if any adaptive equipment is needed for the process. E.g.-Pills need to be crushed and presented to the person in applesauce, they require a universal cuff, wrist weight and right angled spoon with hand over hand assistance to guide the medication into their mouth, etc.

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* **Staff will assist with medication administration, obtaining refills, and signing the MAR.**

**Medications are to be kept:** [ ]  locked [ ]  unlocked

**Location of stored medication**:

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* They are to be kept in their original labeled container and if the medication is to be kept refrigerated and locked, a locked container in the refrigerator is required.
* Oral Medications are to be stored separate from topical medications and non-medical items; and under prescribed conditions of temperature, light, humidity, and ventilation.
* See the individual medication formulary for additional instruction.

**Medication Administration Procedure**:

* Only those Direct Support Professionals that have completed the **Med Core A** training provided by a licensed nurse, have successfully passed the written exams with a score of at least 85%, and have had at least three successful observations of medication passes by the RN and/or supervisor are authorized to administer medications.
* Medication is to be administered from the original labeled prescription containers. This label must include:
1. **Client’s name**
2. **Name of medication**
3. **Dosage of medication**
4. **Time of administration**
5. **Route of administration**
* Once the medication is administered, staff are to provide their initials (on the paper MAR or in ECP) certifying that they had observed the person administering the medication.
* If medication is dropped or otherwise removed from its original container and not administered to client, it is to be placed in an envelope with the client’s name, date/time, and medication and then sent into the office to the nurse who will be responsible for destruction. Be sure to offer the client a replacement medication with in the allotted time frame of the medication pass.
* If during the process of a medication pass, staff notice a medication error or refusal, they are to submit the online medication error/refusal form and complete an AccelTrax incident report documenting the details of that error. They are then to contact their program manager and report the error.

**Monitor for Adverse Reactions:**

**Common symptoms of a mild reaction include:**

* Constipation
* Itching/Skin rash/Hives
* Drowsiness
* Dry mouth
* Headache
* Insomnia
* Bruising
* Swelling
* Confusion

**Symptoms of a moderate or severe reaction include:**

* Bleeding
* Difficulty breathing
* Unconsciousness
* Nausea/Vomiting/Abdominal cramps/ Diarrhea
* Abnormal heartbeat
* Seizure
* Fainting
* Chest discomfort or tightness
* Difficulty breathing
* Difficulty swallowing
* Dizziness or light-headedness
* Fear or a feeling of apprehension or anxiety
* Flushing or redness of the face
* Heart palpitations
* Low blood pressure
* Swelling of the face, eyes, or tongue
* Weakness
* Wheezing
* Cyanosis- bluish or purplish discoloration of the skin or mucous membranes
* **Anaphylaxis**

**Procedure for Refusal of Medication:**

* Staff is to offer a refused medication at least three times within the allotted time of the medication pass. If the medication is being refused, staff should ask the client why they are refusing the medication.
* If the medication is refused or not given for any reason, provide your initials (on the paper MAR or on ECP) and an explanation of the refusal. You must then submit an online medication error/refusal form and an AccelTrax incident report. Finally, contact the Program Manager.
	+ When documenting, include the following:
1. **The name of the medication refused by the individual.**
2. **The date, time, and duration of the refusal.**
3. **A description of the staff’s response to the refusal.**
4. **The signature of the person or persons observing the refusal.**
* Once the Program Manager becomes aware of a refusal, they will contact the consulting nurse for further instruction.
* The Program Manager will review the individual's refusal to take medication with the individual's physician and the IDT following two consecutive refusals or as needed.

**Notify:**

* **CALL 911 in the event of a life-threatening emergency. Some examples of a life-threatening emergency are:**
	+ Diabetic Emergency (The person is or become unresponsive, cannot swallow, experiences dizziness or shakiness, a headache, cool, moist skin, a change in behavior (e.g. irritability, aggression, argumentativeness), confusion or disorientation.)
	+ Breathing problems (trouble breathing or no breathing)
	+ Severe external bleeding, vomiting or passing blood
	+ Blunt force trauma
	+ Suspected or obvious broken bones
	+ Heart attack or stroke
	+ Suspected poisoning
	+ Severe (critical) burns
	+ Uncontrolled Seizures
	+ Falls with injury
	+ Choking (abdominal thrusts/Heimlich has been used)
* Notify Program Manager and Health and Safety Tech and/or Nurse of any medication errors/refusals, adverse reactions to medications, change or decline of medical condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any medication errors/refusals, adverse reactions to medications, change or decline of medical condition, or concerns.
* Staff will document the incident by submitting an AccelTrax incident report before the end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift; notify program manager immediately so that a BDDS report can be submitted within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Medication Administration** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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