

Antrim House

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**Sobriety Centers
of New Hampshire**

Medication Policy and Procedure

At time of admission, the patient will give all medication to the admitting staff member for verification and secure storage.

The admitting staff member is responsible for verifying each medication is labeled correctly and there is a valid order for each medication. Any medication that does not match the label on the container, is mixed with other medication in a container, is not clearly labeled by a licensed pharmacy, is not surrendered by the patient at admission, is found in or about the facility not secured in the correct location in the medication room, or has been tampered with in any way will be considered contraband and immediately secured by staff. Staff will attempt to identify the medication, secure it in the medication room, and document its discovery, retrieval, and storage. The staff member(s) will notify their supervisor, the executive director, or the on-call designee as soon as possible. The staff member(s) may be instructed to complete an incident report. Medication secured in this way will be kept locked in the medication room until proper disposal is arranged per medication disposal policy.

Any medication classified as a controlled substance will be counted and documented on a separate, Controlled Substances sheet by two staff members and locked separately in the medication room.

Once medication has been verified and documented, each medication will be written per the valid medication order onto a medication sheet containing the patient's first and last name, date of birth, any known allergies, the current date and month, the brand name and generic name of the medication including the concentration of medication (e.g. the milligram, gram, milliliter, of the medication), the dose, the route of administration, the frequency of administration, any special consideration, the name of the prescriber, the date of the medication order, a chart for the patient and monitoring staff member to document each dose taken by the patient, separate space to document any scheduled doses missed by the patient and any discrepancies, and reason a patient is taking a PRN or "as needed" medication and outcome.

All medication will be stored in the medication room unless directed otherwise by the medical director or unless specified on the valid medication order. Each patient will have a drawer in the locked closet marked with their name for all their medication to be stored. Any medication that is classified as a controlled substance will be stored and locked separately. The door to the medication room, and the closet doors in the medication room will remain locked at all times when not in use.

All medication will be self-administration supervised by a staff member. Only staff members that have completed a minimum of four hours of medication monitoring training in compliance with the state requirements, have completed an in-house training on Antrim House Medication Policy and Procedure,

and have been approved by their supervisor or the executive director are authorized to supervise medication self-administration.

There will be four scheduled time periods each day that staff will be available to supervise medication self-administration: Breakfast, Lunch, Dinner, and Bedtime. Patients are expected to come to the medication room at these times if they need to take a scheduled or PRN medication as they will not be available outside these time periods except in the event of an emergency.

Supervising medication self-administration will a step-by-step process to ensure accuracy. Only one patient is allowed in the medication room at a time. Patients will be asked to wait outside the medication room until staff indicates they can enter. Staff will ensure the door is closed once the patient is in the room. Staff will ask the patient their first and last name, find and verify their chart in the medication book, and compare the patient picture in the chart with the patient. Once staff has verified the correct chart, they will turn to the medication sheets. Staff will confirm with the patient that the medications listed as scheduled on the medication sheet for the patient to take at that time are correct. If there are any discrepancies, the staff member will turn to the corresponding medication order in the patient's chart and review the written instructions with the patient. Staff will then ask the patient to retrieve a cup of water if the medication is to be swallowed. After the medication has been confirmed the staff member will retrieve the correct medication from the patient's drawer. The staff member will verify the "Five Rights" of supervising medication self-administration verbally with the patient, medication container, and corresponding medication sheet, for each medication to confirm that it is the Right Patient, the Right Medication, the Right Time, the Right Dose, and the Right Route. Staff will instruct the patient on this procedure, receive confirmation from the patient that they understand, before handing the patient the medication container: tap out the correct dose into a clear, plastic medication cup, verify with the staff member the correct number of pills/tablets (dose) are in the cup, self-administer the medication, verify the medication was swallowed by opening their mouth, then the patient and staff member will initial in the correct date and time boxes on the corresponding medication sheet. Each medication will be taken one at a time following this process.

Any medication that is not pill/tablet form will follow the same verification procedure with minor adjustments to accommodate the medication form and route. Patients taking sublingual medication will be asked to stay in the medication room until staff verify the medication has dissolved completely.

Once the patient is finished and exits the staff member will ensure all their medications are secured, the chart is closed, and the medication room is clean prior to allowing the next patient to enter.

Medications that are discontinued or withheld from a client upon discharge will be secured in the safe by a supervisor and disposed of within 30 days. Any controlled substance will be counted by two staff members, brought to the safe with a supervisor, and counted again with the signatures of the supervisor and one of the staff members verifying the amount to be secured in the safe. The controlled substance will be placed in the safe along with the document verifying the amount in the medication container and disposed of within 30 days. When arrangements are made for medication disposal a supervisor and another staff member will remove the medication from the safe, count the controlled substances to ensure accuracy, transport the medication together to a medication drop-box at a police station, deposit the medication in the drop-box, document the disposal on the medication log with their signatures, and file it in the corresponding client's chart. The executive director must be notified immediately if any discrepancies are discovered at any point in the disposal process.