

Medications: Management PC.M50

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POLICY: Medications related to the palliation and management of the patient's terminal illness and related conditions are provided in accordance with the patient's plan of care and State and Federal laws and regulations

PROCEDURE:

1. The IDG confers with an individual with education and training in drug management, pharmacist, nurse practitioner or physician, to ensure that drugs and biologicals meet each patient's needs.
2. Medications are provided on a timely basis and are available 24 hours a day and seven days a week as needed.
3. A licensed physician or nurse practitioner orders all medications.
4. The hospice physician determines which medications are and are not medically necessary and related to the patient's terminal illness and related conditions per policy PC.M42 Medications - Financial Responsibility.
5. A *Medication Profile* is maintained for every patient and includes a listing of the current medication orders for each patient and specifies whether the medication is or is not related to the patient's terminal illness and whether the medication is covered by the hospice.
6. The *Medication Profile* includes all prescription medications, over the counter drugs, vitamins, and herbal and alternative supplements and remedies.
7. During the admissions process, patients that have Medicare Part D are identified, Part D sponsors are notified of the patient's hospice election and hospice collaborates, as required, to ensure proper payment responsibility for drugs that are related or not related to the patient's terminal illness and related conditions.
8. The RN Case Manager communicates with patients and/or their representatives, as needed, to explain medications that are no longer medically necessary and that should be discontinued.
9. The hospice monitors the medications dispensed to and used by the patient.

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10. Medication is only administered by persons who have authority to do so under State laws and regulations.
11. The RN Case Manager or designee provides and documents instruction to the patient/family regarding the safe administration of medications including potential side effects and expected responses, and proper storage, handling and preparation of medication. The patient's/family's ability to safely administer medications is evaluated and documented.
12. Medication errors and adverse drug reactions receive immediate response and are documented in an adverse event report and reviewed to ensure corrective action is taken to prevent future occurrences per policy PC.M30 Medications – Adverse Drug Reactions.
13. Medications are dispensed in sufficient quantities to meet the needs of the patient and to minimize the potential for waste.
14. Medications that are no longer needed are disposed of in accordance with accepted standards of practice and EPA guidelines.
15. At the time when controlled substances are first ordered, the hospice nurse:
 - a. provides written and oral information to the patient/family regarding the safe management and disposal of controlled drugs in a language and manner that they understand; and
 - b. documents in the patient's clinical record that the written and oral information regarding controlled substances was provided.
16. At the time of the patient's death or discharge from the hospice, the hospice nurse discusses the safe disposal of controlled drugs and encourages this disposal.
17. At no time should the hospice nurse dispose of any patient's controlled substances.

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