

<b>Title:</b>	Administration and Dispensing of Medication				
<b>Policy Number:</b>	507	<b>Effective Date:</b>	10/14	<b>Next Review Date:</b>	10/23

**POLICY:** It is the policy of Behavioral Health Group that approved medication may be administered only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to order narcotic drugs for patients, or by an agent of such a practitioner supervised by and under the order of the practitioner.

**SCOPE:** All BHG Treatment Centers

**DEFINITIONS:**

Medication Room: The room, or sequence of rooms, located in the BHG Treatment Center in which all medication is stored, handled, and dispensed. This room is designated as a restricted access area and can be alarmed separately from the rest of the facility. This may also be referred to as Pharmacy.

**ADDITIONAL:**

The following is a comprehensive list of all medication stored and dispensed at BHG Treatment Centers:

Substance	Strength	NDC	Sched	Distributor
Methadone HCL Oral Concentrate (Unflavored)	10mg/mL	0054-0391-68	II	Hikma Pharmaceuticals
Methadone HCL Oral Concentrate (Cherry)	10mg/mL	0054-0392-68	II	Hikma Pharmaceuticals
Methadone Diskette	40mg	0054-4538-25	II	Hikma Pharmaceuticals
Methadone Tablet	5mg	0054-4570-25	II	Hikma Pharmaceuticals
Buprenorphine, 8mg	8mg	0054-0177-13	III	Hikma Pharmaceuticals
Buprenorphine, 2mg	2mg	0054-0176-13	III	Hikma Pharmaceuticals
Buprenorphine / Naloxone, 8mg / 2mg	8mg / 2mg	0054-0189-13	III	Hikma Pharmaceuticals
Buprenorphine / Naloxone, 2mg / 0.5mg	2mg / 0.5mg	0054-0188-13	III	Hikma Pharmaceuticals

**Hikma Pharmaceuticals USA Inc**  
 (DEA Registration #: RW0498419)  
 1809 Wilson Road  
 Mail Stop 08-118  
 Columbus, OH 43228  
 1-888-831-2183

### **MEDICATION PREPARATION:**

- I. All unit dosage levels will be prepared precisely in accordance with Physician (prescription) orders.
  - a. An order for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his or her profession and within the treatment facility registered to do so.
  - b. An order for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual (licensed) practitioner acting in the usual course of the organization's professional practice.
  - c. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist or licensed nurse who fills/carries out the prescription order.
  - d. An order purporting to be a prescription issued not in the usual course of professional treatment is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.
  - e. All orders for controlled substances shall be dated as of the day issued and signed no later than 48 to 72 hours (depending on state requirement) after issuance and shall bear the full name and ID # for the patient, the drug name, strength, dosage form, quantity prescribed (Code Level), address and treatment facility name.
  - f. Orders (including verbal orders) shall be entered in SAMMS by the physician and/or nurse or pharmacist.
  - g. The order may be prepared by an agent (licensed nurse) for the signature of the physician, but the prescribing physician is responsible for the prescription's compliance in all essential respects to the law and regulations.

### **PROCEDURE:**

1. Narcotics dispensed or administered at the clinic will be dispensed or administered directly to the patient by either (1) the licensed practitioner (physician or nurse practitioner), (2) a registered nurse under the direction of the licensed practitioner, (3) a licensed practical/vocational nurse under the direction of the licensed practitioner, or (4) a pharmacist under the direction of the licensed practitioner.
2. When administering medication, the following procedures will be followed:
  - a. The Medical Director and/or program physician will provide all medication orders, which will be entered into each individual patient's chart and/or each individual patients' SAMMS chart by the Medical Director, program physician, or medication nurse (LPN, LVN or RN), via verbal order, or pharmacist via verbal order.
  - b. Any take-home doses of medication may be prepared in advance of the patient's scheduled day(s) of attendance.
  - c. Each morning, only after verifying count, the dosing nurse (LPN, LVN or RN) will

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open the dispensing window and call for the first patient (queue up in the SAMMS software system) to approach the dosing window.

- d. Upon presenting at the dosing window, the patient will be required to show his/her BHG identification card (ID or other legal state/government issued photo ID). The nurse will confirm the patient's ID by comparing the presented ID to the system ID # and picture (taken upon admission) on the SAMMS system.
- e. The medication nurse will ask the patient to state their dosage amount and code level (how many take homes they are to receive, if any, on that day).
- f. Next, the medication nurse will verify that the amount stated by the patient matches the current order. For all medications, EXCEPT LIQUID, once confirmed the nurse will prepare the dose and put into a cup. The nurse will click on the *dispense* button once. This will generate a secondary box to confirm the dose. A notification box will generate if the dose has already been dispensed. Should this occur, the nurse must investigate prior to administering any medication to the patient. The nurse will make sure the dose in the cup (ingestion dose to be administered) also matches the most recent order and dose level.  
If the dose amounts match the order, then the patient will be asked to view the dose and verify that it is the correct dose.
- g. After patient verification, the nurse is required to check the dose amount one last time and then the nurse will add water into the cup to cover (wet) the tablets, add a stir stick (if applicable), and place it on the windowsill for the patient. The nurse will then click on the *dispense* button a second time, and the dose will be recorded in the dispense record. At the patient's request, the nurse may provide an additional cup containing water.
- h. For liquid methadone: Once the dosage amount stated by the patient is confirmed the nurse will place a cup under the dispensing tubing and click on the *dispense* button in SAMMS. Once the liquid methadone is dispensed into the cup, the nurse will add water to the medication, add a stir stick (if applicable), and place it on the windowsill for the patient.
- i. During the dosing process, the patient will be required to face the dosing window. After ingestion, the medication nurse will ask the patient a question requiring a verbal response, in order to ensure that the dose has been completed ingested. The nurse is responsible for ensuring the medication has been ingested prior to the cup being placed in the trash.
- j. After verification that the patient has ingested the assigned dose or that the medication has fully dissolved (buprenorphine products), the nurse will click *dispense* in SAMMS (for methadone diskettes/tablets and buprenorphine tablets) and permit the patient to exit the medication area.
- k. If the patient is to receive take-homes doses, before exiting the dosing window, the nurse will provide the take-home doses to the patient. The nurse or pharmacist will retrieve the medication intended for the patient. The nurse or pharmacist will ask the patient to verbally state his or her identification number and dose while the nurse or pharmacist reads the label. If they match, the nurse or pharmacist will then read aloud the identification number and dose off the label. The nurse or pharmacist will then check each dose is correct and matches the current order. At the same time the patient will also check each dose and verify the dosage and amount of take homes. The patient will make

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sure the dosages are in a secured childproof-capped bottle. (For the baggies: Each individual baggie is labeled, and heat sealed. The baggies are then placed into a large childproof-capped bottle. A label is also provided to the patient to apply to the outside of the large bottle). The nurse confirms that the baggies have been secured inside of the childproof-capped bottle and the label is applied to the outside of the bottle. All doses are then placed inside of an opaque, lockable container. Once the nurse has observed the patient locking the container, the patient will be permitted to exit the dosing booth.

3. When the nurse is ready for the next patient, he or she will call for the appropriate patient by queuing up the patient in the SAMMS system and the process will be repeated.

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**Related Policy and Procedures:**

**Standards:**

**Review Date:** 10/22

**Revision History:** 02/15, 01/19, 04/21, 07/21

**Authorized By:**