§ 76876. Nursing Services - Administration of Medications and Treatments.

(a) Medications and treatments shall be given only on the order of a person lawfully authorized to prescribe.

(b) Medications and treatments shall be administered as prescribed and shall be recorded in the unit client record. The name, title of the person administering the medication or treatment, the date, time and dosage of the medication administered shall be recorded. Initials may be used provided the signature of the person administering the medication or treatment is recorded on the medication or treatment record.

(c) Preparation of dosages for more than one scheduled administration time shall not be permitted.

(d) Persons administering medications shall confirm each client's identity prior to the administration.

(e) Medications shall be administered within two (2) hours after dosages are prepared and shall be administered by the same person who prepared the dosages. Dosages shall be administered within one (1) hour of the prescribed time unless otherwise indicated by the prescriber.

(f) All medications shall be administered only by those persons specifically authorized to do so by their respective practice act with the following exception:

(1) Direct care staff, who are so designated by the facility registered nurse, may administer medications, except injections, provided the individual has successfully completed a program in medication administration either through a college system or through the facility medication training program taught by the facility registered nurse and/or consultant pharmacist. The medication training program shall include, but not be limited to the following:

(A) Use, action and side effects of drugs used in the facility.

(B) General practices, procedures and techniques for administering oral, rectal, eye, ear, nose, and topical medications.

(C) Prescriber's verbal orders.

(D) Automatic stop orders.

(E) Medication storage and labeling.

(F) Disposition of unused and outdated medications.

(G) Requirements for documentation of medications and treatments.

(H) Requirements for documentation and physician notification of medication errors.

(I) Metric and apothecary dosages.

(J) Commonly used abbreviations.

(K) Locating and using reference materials.

(2) Successful completion of a college based or facility medication training program shall be documented in the employee's training record.

(3) The facility registered nurse shall observe and certify the staff person's proficiency in handling, administering and recording of drugs given, and shall document the proficiency in the staff person's training record.

(g) No medication shall be administered to or used by any client other than the client for whom the medication was prescribed.

(h) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug or another practitioner responsible for the medical care of the client. Minor adverse reactions which are identified in the literature accompanying the product as a usual or common side effect, need not be reported to the practitioner immediately, but in all cases shall be recorded in the client's record. Medication errors include, but are not limited to, the failure to administer a drug ordered by a prescriber within one (1) hour of the time prescribed, administration of any drugs other than that prescribed, or the administration of a dose not prescribed.

Note: Authority cited: Sections 208.4 and 1267.7, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Certificate of Compliance including amendment of subsection (f)(1)(C) filed by the Department of Health Services with the Secretary of State on 11-28-84. Submitted to OAL for printing only pursuant to Government Code Section 11343.8 (Register 85, No. 25).

22 CCR § 76876, 22 CA ADC § 76876