

Policy & Procedure Manual

REORDERING MEDICATIONS – R-V-4

POLICY:

Medications and treatments will be reordered by residential staff monthly, and as required.

PURPOSE:

To ensure accurate ordering of medications and treatments.

PROCEDURE:

On a Weekly Basis:

Regular Scheduled PacMed Rolls & Liquids:

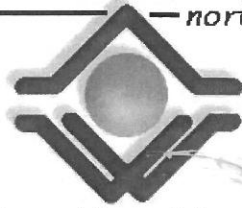
Weekly PacMed Rolls and regularly scheduled liquids will arrive automatically each week, re-ordering is not required. Upon delivery, staff is to confirm that each individual in the home has received their PacMed roll. Each person will receive a "Patient Official Receipt" along with their PacMed roll, staff is to initial to indicate a PacMed roll was received and retain this receipt for record keeping.

Night staff will:

1. Complete the drug re-ordering for any medication that is in low supply, requiring replenishment. Staff is to peel off the Re-Order label and affix the label to the Re-Order Sheet and fax to Janzen's Pharmacy. Ensure that all information is filled out on the Re-Order Sheet Prior to faxing, including Home Address, Ordering Staff's Name and Date.
2. After the last dose of the weekly PacMed Roll, Night staff will put the new weekly supply in each individual's Pouch Porter, double checking the name on the PacMed roll against the Patient ID Card on the outside of the Pouch Porter.

When the Replenishment Medications Arrive:

1. The staff member receiving the delivery will verify receipt on the Re-Order Sheet by signing the "Received by" line under each label when that item has been received.
2. Controlled and Counted Medications are to be added to the Count Record.



Anytime a medication is low and requiring a refill:

Staff is to peel off the product's Re-Order Label, affix to a Re-Order Sheet, fill in Staff Name, Home and Date and fax sheet to Janzen's. Re-Ordered Medications will be delivered the next business day. If a Re-Order is urgent, staff is to phone Janzen's and request an earlier delivery.

On the 15th of each Month:

1. All medications and treatments are to be checked for expiration dates and a replenishment supply ordered if expired.

When the New Monthly MAR/TAR Sheets Arrive:

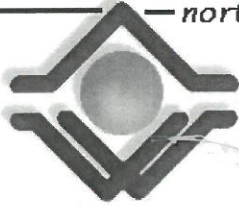
1. Janzen's Pharmacy will automatically print and deliver MAR/TAR sheets during the last week of each month.
2. Check the new MAR for accuracy against the physician's orders. Once verified, initial the top corner.
3. Once verified the new MAR/TAR shall be kept under the current months MAR/TAR and kept current with any med change.

On the 1ST of the Month:

Night Staff will:

1. Check the new MAR sheets with the physician's orders and date and sign on the bottom right hand corner. (See Appendix C).
2. All medications/treatments in the medication wastage/disposal box are to be returned to Janzen's Pharmacy in accordance with Medication Wastage/Disposal Policy R-V-7. A note will be made in the communication book.
3. Put the new MAR sheets in the Medication Record Book and place the completed MAR sheets on the Supervisors' desk for review. An incident report will be completed for any unsigned medications/treatments and must be attached to the unsigned MAR sheet in accordance with Medication and Treatment Incident Reporting Policy R-V-9.
4. Once the Supervisor has completed the review, the MAR sheets will be forwarded to the Finance Department for filing.

OPTIONS
— *northwest*



Personal Support Services

POLICY: R-V-4

DEPARTMENT: Community Services

CATEGORY: Medication and Treatment

EFFECTIVE DATE: April 2018

SUPERSEDES VERSION DATED: December 2015

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RECOMMENDED BY: Director, Community Services

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Community Services, Finance

ORIGINAL POLICY DATE: March 1994

AUTHORIZED BY: Executive Director

SIGNATURE:

A handwritten signature in blue ink, appearing to be "Shelley", written over a horizontal line.

Official Receipt

** DUPLICATE **

POLICY: R-V-4
APPENDIX A

Janzen's Pharmacy Lillie St
300 Lillie St N.

Date: Feb 17, 2018

Thunder Bay, Ontario P7C 4Y7

Report Period: Feb 17, 2018 to Feb 17, 2018

JANE PACMED

296 BAY ST, Thunder Bay, Ontario (807) 345-1191

		Plan Paid	Patient Paid
Feb 17, 2018	Qty: 42	DIN 2262754	PAROXETINE HCL; ACT-PAROXETINE 20MG TABLET (ACT)
Rx# 4321559	Dr. SARAH ECKLER		\$32.79
	Cost: \$21.80	Fee: \$10.99	Total: \$32.79

Totals for February 17, 2018 to February 17, 2018:

<u>Patient Paid</u>	\$32.79
Total	\$32.79

Pharmacist Signature: _____

Date: _____



RE-ORDER SHEET
FAX : 345-8508

Residence: _____
Ordered By: _____
Date: _____

" LABEL "

Received By: BF Date: mar 30/15

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

Received By: _____ Date: _____

MAR by Dosage

Janzen's Pharmacy Lillie St (807) 344-0405

Apr 1, 2018 to May 1, 2018

Patient: JANE PACMED
Area:
TP#: ON
Admission Date: Feb 17, 2018
Birth Date: Nov 30, 2010
Age: 8 **Weight:** kg/ lbs
NH#: 553 OPTIONS NORTHWEST
Physician: SARAH ECKLER
 (807) 626-8470

Diet:
Med Conditions: DIABETES MELLITUS
Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES
Notes:
POLICY: R-V-4
APPENDIX C

08:00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	01
FUROSEMIDE AR APO-FUROSEMIDE #4406461 A yellow, rnd, "APO 40" AU Apr 06, 2018 40MG TABLET APX TAKE 1 TABLET DAILY																															
METFORMIN HCL AR ACT-METFORMIN #4406449 A wht-offwht, rnd/film c AU Apr 06, 2018 500MG TABLET ACT TAKE 1 TABLET TWICE DAILY	HIGH ALERT																HIGH ALERT														
PAROXETINE HCL AR ACT-PAROXETINE #4406462 A pink, oblg, bicon, C1 5 6 AU Apr 06, 2018 20MG TABLET ACT TAKE 1/2 A TABLET (10MG) DAILY																															
17:00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	01
FERROUS GLUCONATE AR TEVA-FERROGLUC #4406388 A green, round AU Apr 06, 2018 300MG TABLET TEV TAKE 1 TABLET DAILY AT SUPPER																															
METFORMIN HCL AR ACT-METFORMIN #4406449 A wht-offwht, rnd/film c AU Apr 06, 2018 500MG TABLET ACT TAKE 1 TABLET TWICE DAILY	HIGH ALERT																HIGH ALERT														
21:00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	01
ATORVASTATIN CALCIUM AR ACT-ATORVASTATIN #4406387 A wht, elpt film-, AV 20/ AU Apr 06, 2018 20MG TABLET ACT TAKE 1 TABLET AT BEDTIME																															

march 30/18
Bjout

CODES	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT
1 - DRUG REFUSED						
2 - NAUSEA/VOMITING						
3 - HOSPITALIZED						
4 - L.O.A.						
5 - DRUG ORDERED NOT RECEIVED						
6 - PULSE BELOW 60/MIN						
7 - SLEEPING						
8 - HOLD - SEE NURSE'S NOTE						
9 - DRUG HOLIDAY						
10 - OTHER						