



POLICY: R-V-8
DEPARTMENT: Community Services
CATEGORY: Medication and Treatment
EFFECTIVE DATE: April 2018
SUPERSEDES VERSION DATED: December 2015
Page 1 of 2

Policy & Procedure Manual

NON-PRESCRIPTION MEDICATIONS – R-V-8

POLICY:

Before using any non-prescription medication/treatment for an individual, they will be approved for administration by the Pharmacist. The Community Service Supervisor/Designate will be made aware of this process.

All non-prescription medications will be documented in a consistent manner.

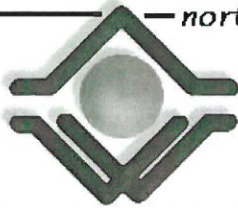
PURPOSE:

To enable staff to safely administer non-prescription medications (e.g. Tylenol, cough syrups, nose drops) and to ensure accurate documentation.

PROCEDURE:

1. Before using any non-prescription medication/treatment for an individual, they will be approved for administration by the Pharmacist to ensure they are compatible with all other medications the individual is currently taking. If the medication/treatment is compatible for all individuals living at this location it can be placed in the medication cupboard without a label and can be used by all persons supported at this location.
2. If it is only appropriate for the person it was intended for, it will be sent to Janzen's Pharmacy to be labelled for that individual.
 - a) Contact the Pharmacist, who will then write an order for the recommended Non-Prescription Medication, which will be added to the individual's MAR/TAR and dispensed with a Pharmacy label. A copy of the order will be provided for record keeping.
3. Follow the medication administration directions on the package and the practices and procedures in Medication and Treatment Administration Policy R-V-2.
4. When the non-prescription medication is administered, on the Partial MAR sheet initial the appropriate date (see Appendix A, sample 1).
5. On the back of the Partial MAR sheet, document the date, time, initial, medication dosage, reasons and comments (e.g. effectiveness, etc.) (see Appendix A, sample 2). A corresponding note is made in the individual's progress notes.

OPTIONS
— *northwest*



Personal Support Services

POLICY: R-V-8

DEPARTMENT: Community Services

CATEGORY: Medication and Treatment

EFFECTIVE DATE: April 2018

SUPERSEDES VERSION DATED: December 2015

Page 2 of 2

RECOMMENDED BY: Director, Community Services

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Community Services

ORIGINAL POLICY DATE: April 1996

AUTHORIZED BY: Executive Director

SIGNATURE: _____

Partial 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: DAVID KING
 (807) 344-0405

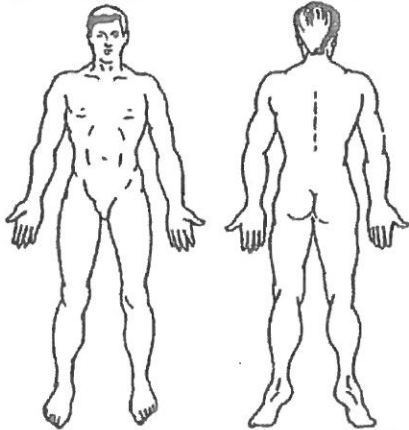
Diet:
Med Conditions: DIABETES MELLITUS
Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES
Notes:
POLICY: R-V-8
APPENDIX A

PRN	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
ACETAMINOPHEN CA PEDIATRIX #565432 N 160MG/5ML LIQUID TEV TAKE 5 ML (1 TEASPOONFUL) EVERY 6 HOURS WHEN REQUIRED	Sample 1																														
DOCUSATE SODIUM CA APO-DOCUSATE SODIUM #4321570 N 100MG CAPSULE APX TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED																															
RISPERIDONE AR ACT-RISPERIDONE #4321556 N 3MG TABLET ACT TAKE 1 TABLET AT BEDTIME WHEN REQUIRED																															

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					

NURSES MEDICATION / TREATMENT NOTES

DATE	HOUR	INITIALS	TX SITE	MEDICATION / DOSAGE	REASON	EFFECTIVE		INEFFECTIVE		COMMENTS
						E	IE	IE	E	
Apr 3/18	1400	LA		Acetaminophen 5ml	head ache	E				effective
				sample 2						



Tx #	Tx START DATE	Tx DESCRIPTION	ASSESSMENT FREQUENCY

IDENTIFY TREATMENT AREA ON DIAGRAM NUMERICALLY. REFER TO NUMBER WHEN CHARTING NOTES.

INJECTION SITE CODES:
INDICATE INJECTION SITE WITH APPROPRIATE LETTER.

A: BUTTOCKS GLUTEUS LEFT	D: ARM DELTOID RIGHT	G: ABDOMEN LEFT
B: BUTTOCKS GLUTEUS RIGHT	E: LEG QUADRACEPS LEFT	H: ABDOMEN RIGHT
C: ARM DELTOID LEFT	F: LEG QUADRACEPS RIGHT	I: ABDOMEN MIDDLE