

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL PROCEDURE

NUMBER: DC1078

NAME: MEDICATION DISBURSEMENT

INITIAL APPROVAL:	10/31/1995	BY: SCCMHA Board
(LAST) REVISION:	11/30/2020	BY: Clinical Policy Committee
(LAST) REVIEW:	07/27/2023	BY: Policy Committee
DISCONTINUED DATE:	NA	REPLACED BY:

I. PURPOSE

To establish guidelines for medication disbursement programs for individuals served that wish staff assistance maintaining their medications.

II. APPLICATION

Populations: **ALL**
Programs: **Direct – All**
Contracted – None

III. POLICY

It is the policy of Sanilac CMH that upon request of the individual served or at the recommendation of staff, assistance with disbursing their medications will be provided. All participation in this program will be on a voluntary basis and can be discontinued at any time upon request by the individual.

IV. DEFINITIONS

V. STANDARDS

- A. Participation with the medication disbursement program is on a voluntary basis.
- B. Medications shall be kept in the medication room in a locked cabinet. Any transportation of medications will be in a locked container.
- C. Medications shall be kept in original containers and secured in separate bins labeled with individual's names.
- D. A medication record shall be kept with the medications and contain the following information:
 - 1. Name of individual served,
 - 2. Date and time medication is to be given,
 - 3. Name and dose of medication,
 - 4. Special instructions as indicated,
 - 5. Known allergies,

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6. Medications prescribed by physicians (CMH and other doctors).
 - E. Medications will be taken out and set up, in a med box or envelopes by the individual served, with observation and/or assistance by trained staff.
 - F. The staff and individual will sign the medication sheet (Form #0231) with name and date medications were set up.
 - G. A medication summary will be printed at each medication review and when any prescribed medications change. The medication record will be updated with any new medications ordered by the psychiatrist or with changes to current medications at each medication review or as prescribed changes occur. It is the responsibility of the individual served to inform the RN of any medication changes made by non CMH physician.
 - H. Any time there is a change in medication, or the medication has been discontinued, the name of the medication and instructions will be entered in the medical record.
 - I. A Medication Disbursement Consent Form (Form #0248) will be completed by the person served and/or guardian (if applicable) participating in this program.
 - J. The person served may discontinue participation in this service at any time. All medications held at the office will be returned to them for independent medication management.
 - K. The medication record shall be kept in the individual's chart after completion and a new record shall be placed in the medication bin by the RN.
 - L. No opioid analgesic scheduled controlled substance will be dispensed by staff of the Agency unless the specific case has been reviewed by the clinical treatment team and approved by the Medical Director. This must be completed and documented on a clinical case consultation form prior to such action. If it is approved, then this medication must be signed off on by at least two staff members as part of the disbursement process and the individual signs that they received the medication.

VI. ATTACHMENTS

VII. REFERENCES

Medication Box Set-Up – Form #0231

Medication Disbursement Consent Form – Form #0248