



Title: Policy and Procedure

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Section: 5 Care & Record Management

Date: June 1, 2018

Policy: HH5-2F.01 Non-Approved Drug Administration Guidelines

Replaces: December 1, 2017

**Policy:**

To provide a written policy and procedures that established and implemented to identify the drugs or drug classifications and routes that are not approved for administration by HHA personnel.

**Procedure:**

- A. FFHC will educate the client the drug approved medication is a violation of their Physician order, and the risk factor associated with the misuse of non-approved drugs.
- B. The staff member regardless if the client agrees or disagrees to comply, the case manager/primary physician must be notified of the drug usage.
- C. The RN or LPN Supervisor must document in the client(s) ClearCare Activity Note of the non-compliance
- D. If, client is at risk to harming him/herself the Emergency Ambulance (911) must call to prevent overdose, and notify the RN Supervisor and Case Manager

This information must be done by a staff RN or a Supervised LPN by an RN for gathering pertinent necessary about their care. The information collected regarding the non-drug approve usage will be documented in ClearCare Activity Notes.

*All discharge information will be stored per HIPAA guidelines and kept confidential.*

Departments Involved in Development: Board of Directors, Compliance Committee, Legal Counsel  
Reviewed by Executive Board and approved by the Board 6/1/18  
Reviewed by Compliance Officer and approved 6/1/18  
All previous versions are obsolete