



Title: Policy and Procedure

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Section: 5 Care & Record Management

Date: June 1, 2018

Policy: HH5-2F.02 First Dose of Medication in the Home Setting

Replaces: December 1, 2017

Policy:

To provide a written policy and procedures are established and implemented regarding to the requirements for agency staff administering the first dose of a medication in the home setting.

Procedure:

- A. RN or LPN will review any allergies with client during Nurse Admission Assessment and load the list of allergies and reactions on the Care Plan.
- B. RN or LPN will educate the client about what protective measures needs to be implemented to prevent the client from being exposed
 - a. Food Allergies must be listed on the Care Plan & Refrigerator (Allergy List Form)
 - b. Medication Allergies must be listed on Care Plan
 - c. Location of the Epi Pen must be noted on the Allergy List Form and Care Plan
- C. The staff members are trained during orientation on how to access all clients Care Plans via the ClearCare system to check for Allergies
- D. All staff must report any allergy incidents to the RN and complete an Incident Report Form
- E. The RN or LPN Supervisor must document in the client(s) ClearCare Activity Note of allergy reactions
- F. If, client is having a Severe Reaction the staff must call the Emergency Ambulance (911), and notify the RN Supervisor and Case Manager
- G. All medication that is prescribed by a Physician to prevent Diabetic Reaction, Chest Pain or Reactions, must have a prescription label and be on the Care Plan
 - a. If it is a new order, the Staff must call the RN Nurse Line and get approval to provide the 1st dose and document on the Multi-Disciplinary Note (Nursing Note). The name of the Drug, dosage, route and frequency if given multiple doses.

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.

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