



7.4.2 CSU Services Medication Management

Issue Date: 6/1/2003

Revision History: 07/18/2023; 12/30/2019; 06/09/2016; 11/10/2014

References: MHP State Contract; CCR, Title 9, Sec 522, and Sec 1840.346;
Business & Professions Code Sec 2836.1 & 3502.1; Nursing
Practice Act Sec 2725.1; Medical Waste Management Act

Policy Owner: Behavioral Health Division, QAPI, UR Manager

Director Signature: Signature on file

I. Policy Statement

This policy is for the safe prescribing and administration of medications to treat acute symptoms and stabilize clients' conditions in Crisis Stabilization Unit (CSU) services.

II. Scope

This policy applies to all Qualified Licensed Medical Staff at the Crisis Stabilization Unit (CSU), who prescribe and/or administer medications. Medications can be administered by a licensed registered nurse (RN), licensed psychiatric technician (LPT), or licensed vocational nurse (LVN).

III. Definitions

A. Prescribers: For the purpose of this policy, "prescribers" include licensed:

1. Medical Doctors (MD)
2. Doctors of Osteopathy (DO)
3. Nurse Practitioners (NP)
4. Physician Assistants (PA).

B. Qualified Licensed medical staff:

5. Licensed Medical Doctors (MD)
6. Doctors of Osteopathy (DO)
7. Nurse Practitioners (NP)
8. Physician Assistants (PA)
9. Licensed Registered Nurse (RN)
10. Licensed Psychiatric Technician (LPT)
11. Licensed Vocational Nurse (LVN)

IV. Policy

This policy is for the safe prescribing and administration of medications to treat acute symptoms and stabilize clients' conditions in Crisis Stabilization Unit (CSU) Services. It includes procedural guidelines for staff regarding storage, accountability, prescribing, administration, documentation, and disposal of prescribed psychotropic medications and controlled substances.

V. Procedures

A. Storage and Accountability:

1. All medications, sterile needles, and syringes are stored in the locked medication room, and only qualified licensed medical staff have access to the key.
2. Stock and controlled medications not requiring refrigeration are stored in a locked cabinet in the locked medication room. Supplies, such as needles and syringes, are also stored in the locked medication room. Room temperature medications are stored at 59 to 86 degrees Fahrenheit. The temperature of the medication room is checked at least weekly and documented on the Medication Temperature Log (MHS 127).
3. Medications requiring refrigeration are stored in a locked refrigerator designated solely for medications. This refrigerator is also located in the locked medication room. Refrigerated medication temperature is maintained at 36 to 46 degrees Fahrenheit. The temperature of the refrigerator is checked at least weekly and documented on the Medication Temperature Log (MHS 127).
4. Food or other non-medication items will not be stored in the same refrigerator as medications.
5. Medications intended for external use only will be stored separately from oral and injectable medications.

6. Non-Controlled Stock Medications:

- a. Incoming non-controlled stock medications are entered on the CSU Stock Medication Log (MHS 205), indicating name of issuing pharmacy, date ordered and received, the medication name, dose, route, quantity, lot number, expiration date, and staff signature and license.
- b. Inventory and disposal of non-controlled stock medications will also be logged on the CSU Stock Medication Log (MHS 205). When bottles are removed or wasted, that date should be added to the medication log.
- c. The CSU Stock Medication Log (MHS 205) will be retained according to the current DHS record retention schedule.

7. Controlled Stock Medications:

- a. When available, controlled stock medications are purchased in bubble-packs to ensure accurate count. Incoming controlled stock medications are entered on the CSU Controlled Stock Medication Log (MHS 209), indicating the name of the issuing pharmacy, date ordered and received, name of the medication, dose, route, quantity, lot number, expiration date, and two medical staff signatures and licenses.
- b. Controlled stock medications are stored in the locked cabinet in the locked medication room.
- c. All controlled stock medications are counted every shift change by two designated qualified licensed medical staff and logged onto the CSU Controlled Stock Medication Log (MHS 209).
- d. Inventory and disposal of controlled stock medications will also be logged on the CSU Controlled Stock Medication Log (MHS 209).
- e. This log will be retained according to the current DHS record retention schedule.
- f. Any count discrepancy is reported to the incoming shift RN/LPT/LVN and to the Nursing Supervisor and/or Client Care Manager. A Sentinel Event report (MHS 107) will also be filed.

8. Sample Medications:

- a. Sample medications are logged onto the CSU Medication Log for Samples (MHS 206), indicating the medication name, strength and quantity, and name of the client, and stored in the locked medication room.

-
- b. Inventory and disposal of sample medications will be logged on the CSU Medication Log for Samples (MHS 206).
 - c. This log will be retained according to the current DHS record retention schedule.
9. Soiled syringes and needles are stored in plastic sharps containers. These containers are kept in the locked medication room, accessible only to qualified licensed medical staff. When the container is full, arrangements are made for disposal via a contracted medical waste disposal company, per the Medical Waste Management Act.
 10. Medication room/controlled medication cabinet/refrigerator keys are carried on the person of a designated RN/LPT/LVN on duty and are passed off to another RN/LVN/LPT at the end of every shift.
 11. Two extra keys for the controlled medication cabinet, one medication room key, and one refrigerator key are kept in the mounted lockbox in the bullpen. The combination for the lockbox is only given to CSU qualified licensed medical staff.
 12. One extra key for the medication room is held by the Nursing Supervisor; another extra key for the medication room is held by the Acute and Forensic Section Manager.
- B. Prescribing and Administering Medications:
1. Orders for medications are written by the prescriber or given as a verbal order to the RN/LPT/LVN (in keeping with their scope of practice). All verbal orders require the RN/LPT/LVN to repeat back the order as written to the prescriber.
 2. All orders written in the permanent record, including verbal orders, list date and time of order and clearly indicate the medication name, dosage and interval/frequency, and route of administration.
 3. The RN, LPT, or LVN will sign the order as "noted" (including verbal/telephone orders) once they have ensured the order is received and transcribed correctly.
 4. All verbal orders are signed within 24 hours (weekends and holidays excepted) by the initial prescriber or any other available prescriber, including the on-duty prescriber or Medical Director.
 5. All medications ordered must be transcribed and documented when given on the Medication Administration Record for Crisis Stabilization Unit (MAR, MHS 208).

6. When medications are administered from multi-dose vials, the vial must be dated and initialed by the qualified licensed medical staff when opened.
7. Medications given from Stock or Sample Supply shall be logged out on the appropriate medication log according to the instruction on the back of the log (i.e., CSU Stock Medication Log (MHS 205); Medication Log for Samples (MHS 206)).
8. Staff prevents occupational exposure to blood-borne pathogens by using universal precautions, using appropriate barriers (e.g., latex gloves during injections), not recapping needles, using safety needles, and disposing of used needles in appropriate sharps disposal containers.
9. When prescribers write prescriptions, they use authorized Behavioral Health Services prescription pads or authorized secure electronic prescribing procedures.
10. Prescribers and/or other medical staff must complete the Consent to Receive Psychiatric Medications (MHS 110) form according to the General Psychoactive Medication Utilization Guidelines Policy (MHP-11), including informing clients of required elements (e.g., possible side effects). There are occasions when the use of medication may be required on an emergency basis without informed consent to prevent serious injury or death to the client or others. In these cases, short-acting medications will be utilized to address only the emergency condition.
11. The Medical Staff must ensure there is signed MHS 110 consent any time they administer voluntary medications.

C. Discharge Medications:

1. The on-duty or on-call physician may order medications for a client when the client does not have the ability to fill a prescription.
2. Only prescribers or, under supervision of a psychiatrist, any RN/LVN/LPT may distribute medications.
3. At time of discharge, the on-duty prescriber or RN/LVN/PT (with the permission of the prescriber) will package and label the medications in accordance with state and federal law, using the SCBH Medication Label (MHS 132).
4. The on-duty physician or designated medical staff will document the order and information noted above in the client's medical record (i.e., MHS 210 Physician's Orders for Crisis Stabilization Unit) and date and sign appropriately.

D. Re-Stocking of Medications:

1. An assigned RN/LPT/LVN will perform an inventory check of all stock, client, and sample medications at least quarterly.
2. The assigned RN/LPT/LVN will inform the Nursing Supervisor of depleted stock medication and of those medications nearing expiration dates or already expired. The Nursing Supervisor or designee will order replacement medications.
3. The RN/LPT/LVN will receive and log in and log out all stock and sample medications using the respective medication logs (MHS 205 CSU Stock Medication Log; MHS 206 Medication Log for Samples).
4. Expired, contaminated, deteriorated, and abandoned medications are purged and disposed of via the procedure consistent with the Medication Waste Management Act. RN/LPT/LVN will call a contracted medical waste disposal company for pick-up as needed.
 - a. Pharmaceutical waste containers, once full, cannot be stored for longer than 90 days and they must be emptied at least once per year, regardless of whether they are full or not.
 - b. Sharps containers, once full, cannot be stored for more than 30 days.

VI. Forms

MHS 107 Sentinel Event

MHS 110 Consent to Receive Psychiatric Medications (English and Spanish)

MHS 132 Medication Labels

MHS 205 CSU Stock Medication Log

MHS 206 CSU Medication Log for Samples

MHS 207 CSU Client Controlled Medication Log

MHS 208 Medication Administration Record for Crisis Stabilization Unit

MHS 209 CSU Controlled Stock Medication Log

MHS 210 Physician's Orders for Crisis Stabilization Unit

VII. Attachments

None