

Medication Administration FAQ

1. Does DHH have a list of non-complex and complex tasks?

A: Yes, refer to the *Guidelines for the Didactic Training and Establishment of Competency: Section Three: Delegable Non-Complex Tasks and Non-Delegable Complex Tasks*.

<http://new.dhh.louisiana.gov/index.cfm/directory/detail/713>

2. The owner of an agency is a Licensed Practical Nurse (LPN). Does she need oversight by a Registered Nurse (RN) to give insulin injections to one of their participants?

A: In accordance with the Louisiana State Board of Practical Nurse Examiners: “A licensed practical nurse must practice under the direction of one of the following: licensed physician, optometrist, dentist, psychologist, or registered nurse.”

Please refer to the LSBPN scope of practice at:

http://www.lsbpne.com/scope_of_practice.phtml

3. A LPN is working for an agency as a Direct Service Worker (DSW). If she has proof of license, does she need RN directed person-specific training or is proof of her license sufficient?

A: If an LPN is practicing within the scope of LPN practice they may perform nursing tasks as an LPN (see Question 2 above).

If an LPN is not practicing within the LPN scope of practice, they must follow all of the same requirements for a DSW including RN directed person-specific training.

4. If the participant has a medication change would the RN have to re-train the participant's direct service worker(s)?

A: Yes, Follow the Medication Administration and Non-complex Tasks Interim Procedures, OAAS-ADM-13-010 **Changes to Medication Administration**.

The RN will make a determination based upon his/her assessment of the worker's competency that training can be safely performed via telephone contact with the worker.

Examples include, but are not limited to: (1) changes in physician orders concerning health care tasks to be performed; (2) changes in physician orders regarding routine medications; or (3) new physician orders for short-term use of medication for a minor acute health condition.

5. The DSW is only providing non-complex tasks and family is giving medications. Does the provider need a RN to complete an assessment and train the DSW in person- specific training for the non-complex task?

A: Yes, according to the requirements listed in the *Guidelines for the Didactic Training and Establishment of Competency: Section Four: Competency and Training*.

6. Can the DSW fill the medication pill box for the participant? The participant just needs reminders and has poor vision and cannot see well enough to read the labels.

A: No. A DSW is not allowed to dispense medications. According to the Louisiana State Board of Nursing (LSBN), this is not allowed. Title 48, Public Health – General, Part I.3.Chapter 92.9249 states in part: “any medication administered by a direct service worker under the provisions shall be in a container which meets acceptable pharmaceutical standards and is marked with:

- 1) Clear instructions
- 2) The prescriber’s name
- 3) The prescription number, if any
- 4) The name of medication
- 5) The dosage
- 6) The route
- 7) The frequency and;
- 8) The time to be administered, if applicable.

7. What if the participant has paid supports 24 hours a day; would the night shift have to be certified to give medications?

A: Yes. If the participant needs PRN medications and/or a scheduled dosage during the night shift.

8. How are PRN medications handled?

A: PRN meds can be given, with a doctor’s prescription. The same rule applies for non-PRN and PRN medications as described in answer # 6 above.

9. Can family members who are also DSW give medications?

A: Under law, family members and other unpaid persons can administer medications without receiving training. However, if medications are being administered during the time the family member is serving and being paid as a DSW, they will need to comply with the rules and regulations governing DSW medication administration.

10. Can the provider accept a certificate of medication administration training (the 16 hour training, not client specific) from another agency?

A: Yes.

11. Can the RN assessment be performed on a participant while certification is pending with Medicaid?

A: Yes.

12. Is the person-specific training required for a worker who is a Certified Medication Attendant (CMA)?

A: A CMA does not need person-specific training to administer meds within the CMA rules. They DO need person-specific training to do non-complex tasks.

13. The rule defines “stable and predictable” as being a condition that is recuperative in nature and does not require the regular scheduled presence of a RN or LPN. Does this mean that a person who receives regularly scheduled visits by a home health nurse will not meet that definition?

A: Not necessarily. The RN will need to assess the participant’s situation to see if he/she meets the “stable and predictable” criteria.

14. Did OAAS create documents or forms to use as a basis for a curriculum or for RN assessments?

A: No. However, in addition to the guidelines approved by the Board of Nursing, OCDD, OAAS, and Health Standards have developed the following optional documents that may prove helpful to providers and registered nurses in complying with the process requirements:

- Sample forms for the RN’s documentation of competency once the DSW has been trained;
- A sample form and person specific examples of instructional guidance to be left in the client’s home as a reference for DSWs once they have been trained on a task; and
- Sample training modules in the areas of Documentation, Vital Signs and Universal Precautions.

These may be found under the heading: DHH Sample Forms and Training Modules for the Didactic Training and Establishment of Competency of Direct Service Workers Administering Medication and Performing Non-Complex Tasks

at:

<http://new.dhh.louisiana.gov/index.cfm/directory/detail/713>

15. Does the RN training the DSWs for the DSW option have to attend CMA training and be CMA certified?

A: No.

16. Does the 16 hours of medication administration training have to be approved by OAAS or DHH?

A: No.

17. Mr. J's home health nurse will frequently call the home and advise the staff that the physician has ordered that a particular medication be held for a week. The DSP RN is concerned that she has trained the staff according to the current prescriptions. How would she be able to instruct the DSW to the contrary via orders from a home health nurse? Would the DSP RN have to get a copy of a written order by the physician?

A: The DSP RN would instruct and/or train the DSW on how to proceed with the medication change. Follow the Medication Administration and Non-complex Tasks Interim Procedures, OAAS-ADM-13-010 on page 4 of 7 for instructions.

18. How should medication administration and/or non-complex tasks be documented on the POC?

A: The POC needs to provide sufficient documentation but not detailed information. The detailed information will be covered in the RN's instructions to DSW. **See #19 answer for examples.**

19. Where should Medication Administration and non-complex tasks be addressed in the POC? Which CAP Category should these tasks fall under?

A: One common place it can be addressed is under IADL CAP Medication Management. However, it may be addressed under any appropriate CAP.

Include the subtasks and specifically who is responsible for completing the subtasks.

Medication subtasks could include medication reminders, opening medication bottles/ packets, and actual administration of the medication.

For other non-complex tasks, include who is assisting with the tasks. Describe what the Formal/Informal supports are doing for the participant. See examples below.

Note: If participant is able to self-administer medications and/or independently perform non-complex tasks (i.e., does not need DSW medication administration) this information should still be included in the POC.

Examples:

*Formal intervention example including both **medication administration and the non-complex task of administering via peg tube.***

IADLs:

DSW will follow RN instructions on how to administer medications via peg tube. DSW will flush tube after every dosage.

*Formal intervention example of **non-complex task only:***

ADL/IADLs: Ms. B needs assistance from the DSW with checking her blood pressure once a day, record the readings, and notify the daughter of high/low blood pressure reading.

*Formal intervention example for **medication administration only:***

IADLs: Ms. E's DSW will assist her with medication administration giving MS. E the correct dosage of her medications as prescribed when natural supports are not available. Administration includes removing the medication from the bottles, checking to be sure the correct number of pills are removed, handing Ms. E the pills, and observing that she has swallowed them safely.

*Informal intervention example for **medication administration** when client self-administers:*

IADLs: Mr. F will continue to self-administer his medication daily.

*Informal intervention example **medication administration** provided by family informal supports with no assistance from DSW:*

IADLs—Ms. M's daughter, Susie, will continue to assist her mother with medication administration. Ms. M needs assistance with opening pill bottles and determining the correct dosage. Susie will continue organizing Ms. M's medications in a weekly medi-planner to ensure medication compliance.

20. Mr. J is a quadriplegic who is cognitively able to make decisions and can direct his DSW to give him his medicine. Must this participant follow DSW medication administration requirements?

A: No, if the participant can direct others to give his medications, this is not considered medication administration. The DSW will follow the instructions of the participant.

21. Is ventilator maintenance allowed under non-complex tasks?

A: No, it is considered a complex task.

22. A self-directed participant has a family friend who is a RN who has agreed to train staff, verify staff competency, and complete RN assessment. Is this a possible option?

A: Yes, all the rules still apply as described in the *Guidelines For the Didactic Training and Establishment of Competency*.

23. Clarify the difference between Medication Reminders versus Medication Administration.

A: According to HSS: The requirements listed in the *Guidelines For the Didactic Training and Establishment of Competency* do not apply to medication reminders or prompts when those reminders are used to assist participants who self-administer their own medications. In these cases, the DSW may give reminders or verbal prompts as described in the plan of care. If the participant is not capable of self-administration, the DSW must adhere to *Guidelines For the Didactic Training and Establishment of Competency*.

24. Can a DSW complete the task of administering pre-measured dosage in a nebulizer?

A: Yes. It is considered a non-complex task for DSW to administer a pre-measured dosage unit provided by the manufacturer of an oral inhalant aerosol, as ordered by an authorized prescriber. Person-specific training would be required.

25. Can the RN delegate to a LPN the person-specific training, especially when there is a medication change?

A: The 10/20/2013 DHH/LSBN Guidelines designate that the following may be delegated by an RN to an LPN:

Delegation of Training and Supervision to Licensed Practical Nurses (LPNs)

The RN may delegate components of the training and supervision for the DSW to a licensed practical nurse within the following parameters:

- a. The decision is based upon assessment of the individual task to be performed.
- b. The RN retains the responsibility and accountability for all acts of delegation and ensuring authorization and competency validation.
- c. The client remains in a stable, predictable condition.

26. Is there a difference to the rule for Over-The-Counter (OTC) versus pharmacy dispense?

A: No, rules apply equally to OTC and pharmacy dispensed prescription medication. OTC and pharmacy prescriptions must have a doctor's order and pharmacy label for each item.