

State Operated Community Program
SOCP Policy Transmittal

Topic:	MAR/TAR Discontinuing Doctor's Orders	Issue date:	07/22/2010
Related policy:	2.010 Training, 4.004 Medication Administration, 4.006 Controlled Medication, 4.010 Medication Disposal		

*The attached is a policy clarification and update to the **Medication Administration Manual** for the State Operated Community Program.*

- Applies to:**
(check all that apply)
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> All employees includes: | <input checked="" type="checkbox"/> Prog. Managers | <input checked="" type="checkbox"/> Site Managers |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> BVS1s | <input checked="" type="checkbox"/> BVS2s |
| <input checked="" type="checkbox"/> Cent. Office staff | <input checked="" type="checkbox"/> Group home staff | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> MHHT1 | <input checked="" type="checkbox"/> MHHT2 | <input checked="" type="checkbox"/> MHTT |
| <input type="checkbox"/> HR | <input checked="" type="checkbox"/> Modified workers | <input type="checkbox"/> Other : |

FROM: Brad Heath, Clinical Services Manager *BH*

SUBJECT: Red Ink is required when Discontinuing Doctor's Orders

Effective with the 2010 printing of the SOCP Medications Administration Manual, page 64 "red ink as optional" has been changed to "**red ink is required**" when discontinuing doctors' orders.

The change is made to increase legibility when writing over a previous staff's initials on the DHS 4573 MAR/TAR.

- Please post the attached revised manual page 64 for all staff to view (for 30 days) and add to your house's monthly meeting agenda.
- Check your mailbox for (3) red pens on your next trip to Central Office.

Also, remember to call the Outreach Nurse for pickup or to coordinate drop off of "discontinued medications" at Central Office/Milton house. The DHS 4590 Drug Disposal Sheet with directions is attached for your convenience.

Attachments: Med Admin Manual PG 64 for posting, DHS 4590 Drug Disposal Sheet

If you have questions about this information, contact:

Contact(s):	Brad Heath	Linda Fiegi	Lizz Pierce-Green
Phone:	503 378-5952 ext. 244	503 378-5952 ext. 224	
Email:	Brad.J.Heath@state.or.us	Linda.D.Fiegi@state.or.ur	Elizabeth.Piercegreen@state.or.us

Discontinuing Orders

Oregon Department of Human Services		Seniors and People with Disabilities		State Operated Community Program																														
Date of Last Order		Medication Administration Record		Month/Year: January 2006																														
Date of Last Order	Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
9/15/04	Pegretol 200 mg. 2 tabs by mouth TID	8 am	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
1/5/06	Risperdol 2 mg. 1 tab by mouth BID (Twice a day)	8 am																																
		8 pm																																
M. Howard HTT2 1 pm 1/9/06	Tetracycline 250 mg. 1 cap by mouth QID before meals and before bed for 10 days	OR																																
1/9/06		7 am																																
		11 am																																
		4 pm																																
		8 pm																																

Discontinuing Doctor's Orders

1. Draw one diagonal line through order and write "D/C." Red ink is required.
2. Draw a line through the remaining blank squares. Use a ruler!
3. Put your signature/title/time/date in the order area.
4. Take the bubble pack or treatment out of the storage container and prepare for disposal, or return to the pharmacy.

Initial medications and identify below with signature (Signature: First/last name, position title.)							
Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature
ML	Marie Howard HTT2						
HH	Heather Hoover HTT2						

Record Checked By: _____
Date/Initial: ML 12/30/05
At Risk: Choking
Seizures, dehydration
Page 1 of 1

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

D/C preferable to not be confused with "David Campbell."

1. **RED INK** is required when "Discontinuing Doctor's Orders."
2. Draw one diagonal line through order and write "DC."
3. Draw a line through the remaining blank squares.
4. Use a ruler!
5. Put your signature/title/time/date in the order area.
6. Take the bubble pack or treatment out of the storage container and determine if it can be returned to the pharmacy or use the DHS 4590 Drug Disposal Sheet and call the Outreach Nurse for pickup.

(See page 43 for more information about medication disposal.)



Drug Disposal Sheet

Disposal signatures

Date (mm/dd/yyyy)	Client's name	Drug description: Why taken:	Dose	Amount	Reason for disposal				Method of disposal: Return to pharmacy or Central Office disposal	House required signatures: 1- SM, BVS1, BVS2 or PM 2- Outreach nurse	Central Office required signatures: 1- Nurse Manager 2- Witness
					Recalled	Outdated	Unused	Other			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacy* <input type="checkbox"/> Office		

* NOTE: Pharmacy disposal requires signature of a staff or manager at the house. SEE BACK for process details.

Original Drug Disposal sheet remains at the house for 2 years and a copy goes with the outreach nurse.

Medication disposal / accountability signatures process

Two medication disposal options exist:

- Preferred method: Contact the Pharmacy and check for acceptance – requires one staff or manager's signature.
- Alternate method: Contact SOCP Outreach nurse – requires multiple signatures.
 - Original DHS 4590 form is kept in the home for 2 years in both disposal options.

Alternate method: Preparing medications for return/disposal through Central Office/Outreach Nurse(s)

HOUSE: Requires two signatures

1st signature: Site Manager, BVS1, BVS2 or Program Manager.

2nd signature: Outreach nurse

- Medications remain in the bubble wrap.
- Original DHS 4590 form is kept in the home for 2 years
- Duplicate the DHS 4590 form and send the copy with the outreach nurse.

Central Office/Milton Nurse Station:

Outreach nurse is required to recount the medications upon arrival at Central Office / or the Milton Nurse Station:

Two signatures are required:

1st signature: Nurse Manager

2nd signature: Witness / outreach nurse

For validation of disposal: Central Office will FAX the **4590 Drug Disposal Sheet** with the Nurse Manager and witnesses signatures to the originating house for Licensing's review. The original will be filed at Central Office.