



PHARMACY NEWSCAPSULE

DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

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App for That!



Daily Quote – Positive Quote

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Medication Storage Scenarios

Assisted Living

In Wisconsin, residents living in assisted living facilities represent a large range of characteristics and support needs. When it comes to medications, those care needs range from individuals who manage and administer their own medications to residents who rely on staff to manage their medication administration needs.

Assisted living residents may include individuals who have court orders to take medications or have other requirements to be managed by the facility. For some residents, needs may include medications used for emergencies or medications used for conditions that can become exacerbated. Given these assisted living dynamics, difficult scenarios may emerge and raise questions about medication storage.

The following are a few of those scenarios.

Assisted Living Scenario 1

Is there any guidance on how EpiPens should be handled in assisted living facilities? It would seem that locking them up wouldn't make the best sense.

Answer

Residents who self-administer and manage their own medications can carry their own EpiPen and keep it unsecured on their person.

In those instances where the facility is responsible for administering and managing medications in community-based residential facilities, the same rules apply as with other prescription medications. In this example, the EpiPen would need to be secured and locked since all prescription medications need to be secured and locked. That being said, if an assisted living facility has a resident who needs an EpiPen, the facility should have clear protocol outlining how to respond to the emergency, where the EpiPen is stored, and who is authorized to administer the EpiPen.

If the assessment of the resident needs determines that the EpiPen should be stored in a different manner for resident safety (for example, at the bedside) that does not comply with locking the EpiPen, the facility should request a waiver or variance from the Division of Quality Assurance.

Assisted Living Scenario 2

Residents are requesting to have their PRN rescue medications (inhalers) on their person, as the summer tends to present breathing and allergy issues. Under the law, as a community-based residential facility, we keep all resident medications—including all PRNs, OTC, or prescribed—properly locked in an appropriate location. My question is this: “Is there an addendum to this rule for rescue medications?”

Answer

Wis. Admin. Code § [DHS 83.37](#) – Medications allows for residents who self-administer medications to store the medications on their person. Many of the rescue medications may be self-administered and, if that is the case, the medications could be carried by the person and do not need to be locked.

If the medications involved are managed and administered by staff, then these medications are to be locked when stored. When medications are being used by staff, the medications most likely are not locked. For example, as staff prepares medication for administration at a medication cart, the medications are not locked at that point. The same is true for outings. If residents and staff go to a baseball game and you take the rescue medication albuterol in anticipation that allergies may exacerbate during the game, that inhaler is anticipated to be in use and the staff do not need to lock it as they carry it to the outing.

If this is a routine situation, where staff have responsibility to manage and administer the medication often and residents want the medication that is stored to be mobile and with them at all times, the facility may wish to pursue a waiver or variance.

In summary, when residents manage their own medications and self-administer them, they have flexibility in how the medications are stored. However, if the facility is managing medications that need to be secured, it may make it difficult to respond during an emergency. Facilities need to adopt emergency plans and if those plans indicate emergency medications need to be stored in an unlocked manner, then the facility should request a waiver or variance.

Nursing Home

Nursing Home Scenerio – Informed Consent

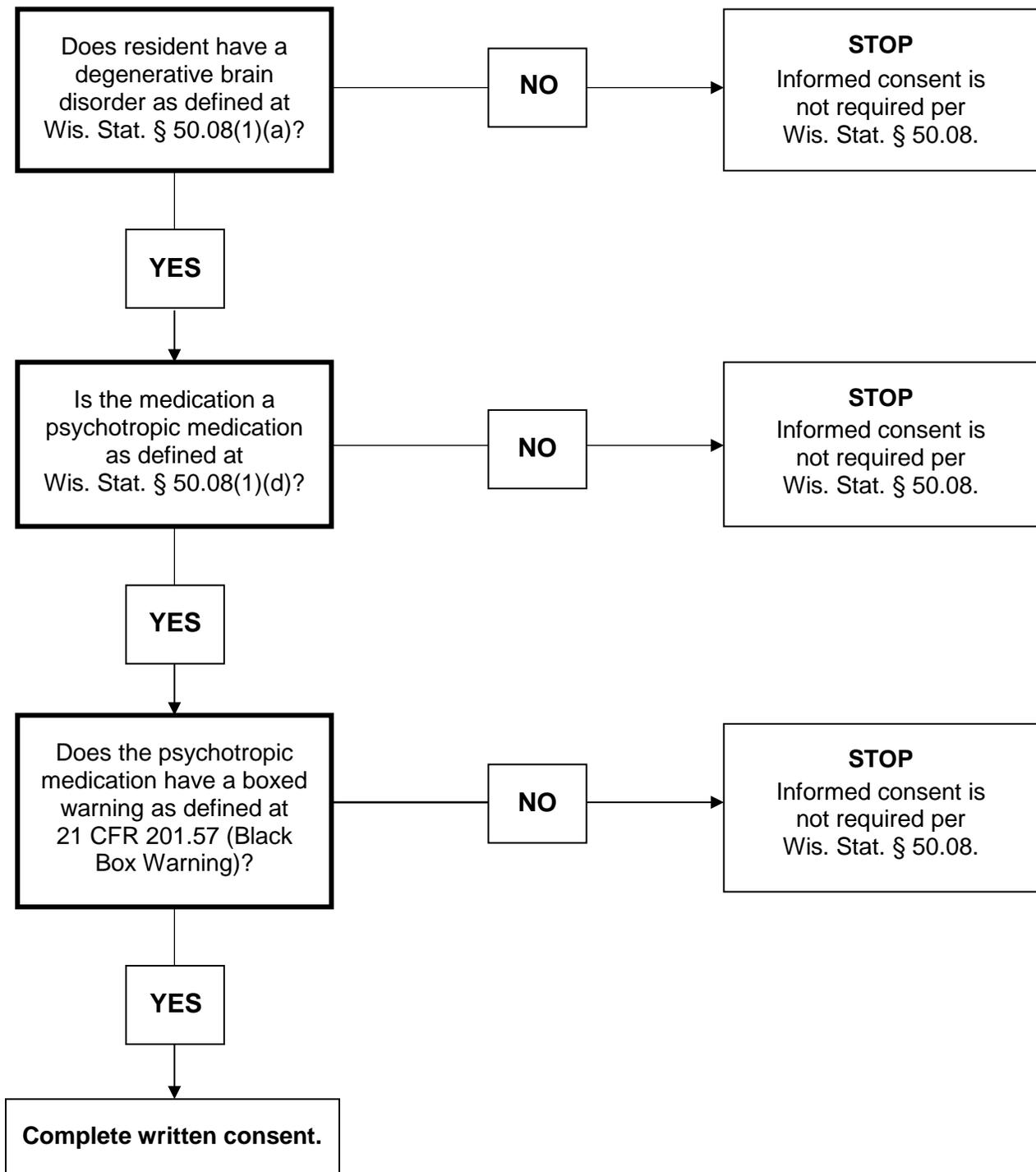
When does the nursing home need to have written informed consent for medications?

Answer

Nursing homes are required to obtain written informed consent to administer psychotropic medications. Chapter [DHS 94](#) and [Wis. Stat. § 50.08](#) address requirements for written informed consent.

The following is an easy, three-question pathway to determine if written consent is required, that is page 2 of [Informed Consent for Psychotropic Medications for Nursing Home Residents, P-00336](#).

Decision Guide – Wis. Stat. § 50.08



Additional information on consents can be found at:

- Informed Consent for Psychotropic Medications for Nursing Home Residents (including FAQ) <https://www.dhs.wisconsin.gov/regulations/nh/infconsent-psychotropic.htm>
- Client Rights – Informed Consent <https://www.dhs.wisconsin.gov/clientrights/informedconsent.htm>
- Informed Consent for Medications F-24277 series – Psychotropic Medications <https://www.dhs.wisconsin.gov/forms/medbrandname.htm>

Note: These forms are used for multiple provider types and, therefore, not all are required for nursing homes. Use DQA publication P-00336, *Informed Consent for Psychotropic Medications for Nursing Home Residents*, to help determine when use of a form is required in a nursing home: <https://www.dhs.wisconsin.gov/publications/p0/p00336.pdf>

Consultant Corner

Q: I was in an ambulatory surgical center (ASC) this month and a physician at the facility has given a standing order that requires 10mg of morphine to be given orally before a procedure? Is this allowed?

A: ASC Federal regulations can be found here: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf

The Federal requirements do not have a regulation that specifically prohibits “standing orders.” However, the rules have requirements for governing body and medical staff to set policies for the ASC, which could include the use of procedure order sets. Facilities routinely have order sets that are reviewed to promote standards of care and provide some safety. The practitioner, upon completing the 30-day pre-surgical assessment will use these order sets to customize the orders for a particular patient based on that assessment. Often facilities call these order sets “standing orders” and, using that definition, the use of “standing orders” is allowed.

Another definition of “standing orders” involves no assessment from the practitioner and applies to all patients who come into the facility. Those orders are not individualized based on assessments and, typically, these types of ordering practices are standard of care.

Q: I was recently in an outpatient substance abuse clinic and was asked if the facility could have naloxone available for emergency situations on the clinic premises. Is this allowed?

A: The use of naloxone for an individual experiencing an opiate overdose is lifesaving. Naloxone availability in the state has been expanded and facilities can have access to naloxone to respond to emergencies. The following resource describes the abilities for facilities to use naloxone, including recommendations for facilities who adopt naloxone use to consider. <https://www.dhs.wisconsin.gov/publications/p02138.pdf>

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Millspaugh, Charles Frederick, *American Medicinal Plants: An Illustrated and Descriptive Guide to the American Plants Used as Homeopathic Remedies; Their History, Preparation, Chemistry, and Physiological Effects*, Boericke & Tafel, New York, Philadelphia, 1887.