Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

PT/LVN/RN

Medication Support Service Training Manual

Presented by:

The Quality Assurance Department

Contents

Definition of MSS 2
Scope of Practice 3
Consent for Medications 5
JV 220- Quick Facts 6
Consumer Allergy Alert 7
Prescriptions and Controlled Substances 8
Medication Support Service Objectives 9
Client Treatment Planning 10
Creating MSS Objectives 11
Medication Support Service Documentation 18
Medication Support Codes for Billing 18
Medication Orders 23
Consultations and Verbal Orders 24
Urgent Needs Services 25
Cloning 26
Non- Billable MSS 27
Storing and Logging of Medications Forms 28
Temperature Log 29
Medication Destruction 31
Medication Inventory 33
Sample Medication Log 35
Controlled Medications 38
Other Forms 40
Signature Log 39
Medication Room Supplies Inventory 40
Medical Supply Order Form 41
Medication Room Key Points 42
Links 45

Definition of MSS

Medication Support Services Activities include prescribing, administering, dispensing, and monitoring of psychiatric medications or biological necessary to alleviate the symptoms of mental illness which are provided by a staff person, within the scope of practice of his/her profession. The service may include:

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects of medication
- Obtaining informed consent
- Medication education (including discussing risk, benefits and alternatives with theclient or significant support persons)
- Plan development related the delivery of this service and or assessment of the client (when claiming Medication Support only)
- Prescribing, dispensing, and administering of psychiatric medication

(Title 9 (§1810.225)

Scope of Practice

Scope of Practice is a terminology used by national and state/provincial licensing boardsfor various professions that define the procedures, actions, and processes that are permitted for the licensed individual. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency.Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.

(Wikipedia, the free encyclopedia)

- ❖ Section 2518.5 of the Vocational Nursing Rules and Regulations further clarifiesthe LVN scope of practice as follows:

"The licensed vocational nurse performs services requiring technical and manual skillswhich include the following"

Uses and practices basic assessment **(data collection), participates in planning,**executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized related to the care plan or treatment plan.

(a) Provides direct patient/client care by which the licensee:

1) Performs basic nursing services as defined in subdivision (a).
2) Administers medications
3) Applies communication skills for the purpose of patient/client care and education
4) Contributes to the development and implementation of a teaching planrelated to self-care for the patient/client."

- ❖ The psychiatric technician scope of practice is delineated as follows in section 4502 of thePsychiatric Technician Law:

"As used in this chapter, 'psychiatric technician' means any person who, for compensation or personal profit, implements procedures and techniques which involveunderstanding of cause and effect and which are used in the care, treatment, and

Scope of Practice Continued

rehabilitation of mentally ill, emotionally disturbed, or mentally retard persons and who has one or more of the following:

(a) Direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatment, or medications with the aim of enabling recipients or patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care.

(b) Direct responsibility for the application of interpersonal and technical skills in **the observation and recognition of symptoms and reactions of recipients or patients, for the accurate recording such symptoms and reactions,** and for the carrying out of treatments and medications as prescribed by a licensed physician and surgeon or a psychiatrist.
The psychiatric technician in the performance of such procedures and techniques is responsible to the director of the service in which his duties are performed. The director may be a licensed physician and surgeon, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, or other professional personnel.

Nothing herein shall authorize a licensed psychiatric technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity, or mental or physical condition in violation of the law."

*A co-signature never allows a staff person to perform a service that is not within his/her scope of practice.

It is not within the scope of practice of the PT or LVN to dispense medication. Dispensing medications is defined by the Board as compounding, packaging, preparing, counting, labeling or in any way filling a prescription. Dispensing includes counting stock medications, placing them in a container, labeling the container with the patients name and dosage, and giving the container to the patient. Dispensing would also include medication transfer from a "bubble pack" to another container.

Consent for Medications

MH 556
Revised 9/26/16

Save Form

OUTPATIENT MEDICATION REVIEW

I have talked with my psychiatrist or nurse practitioner, ____________, who has recommended that I / my child receive(s) medication(s) to treat symptoms of ____________. We have also talked about reasonable alternatives, such as: ____________

☐ No reasonable alternatives available at this time.

The type(s) of medications prescribed is identified below:

Medication(s)	Type Antidepressant, Anxiolytic, Mood, Stabilizer, Antipsychotic, Other	Dosage (including PRN)	Frequency	Method (Oral/Injection)	Duration
1.					
2.					
3.					
4.					
5.					
6.					

- I understand the dosage(s) and when to take the medication(s), and that any changes in medication dosage and/or frequency during the course of treatment will be discussed with me.
- I have been informed that some side effects are possible, including:
  - ☐ Muscle stiffness/tremor ☐ Drowsiness ☐ Dry mouth/blurred vision/constipation
  - ☐ Nausea/appetite changes ☐ Sexual problems ☐ Pregnancy issues ☐ Dizziness
  - ☐ Interactions with other drugs, food & health conditions ☐ Diabetes ☐ Weight Gain
  - ☐ Other ____________
- I understand that these are common side effects, and that there may be other less common ones. I also understand that I should promptly inform my psychiatrist or nurse practitioner about changes in my condition (e.g. dizziness, severe sedation, rash), if I become pregnant, and/or any new medications I may be prescribed/take for other conditions.
- In addition to the above mentioned side effects, I understand there may be additional long term use side effects (present after 3 months) such as: ☐ None other than those listed above
  - ☐ Describe long term side effects not identified above ____________
- With some anti-psychotics I understand that there is a possible side effect, tardive dyskinesia, which may cause involuntary movement of the tongue, face, neck, limbs, or torso and may persist even after stopping the medication.
- I understand that the decision to take medication is up to me, but that I should always first discuss with my psychiatrist/nurse practitioner any decision to stop taking medication.
- I understand that my psychiatrist/nurse practitioner believes this medication will help me, but there is no guarantee as to the results.

☐ I HAVE READ THIS FORM ☐ THIS FORM HAS BEEN READ TO ME

☐ THIS FORM WAS INTERPRETED IN ____________ FOR ME.

If a translated version of this Form was signed by the client and/or responsible adult, the translated version must be attached to the English version.

THE INFORMATION ON THE FORM HAS BEEN EXPLAINED TO ME, AND I AGREE TO TAKE THE MEDICATION(S) AS PRESCRIBED. I UNDERSTAND THAT I MAY WITHDRAW CONSENT AT ANY TIME.

Signature: See E-Signature Page (Client) Signature: See E-Signature Page (Parent/Legal Guardian/Conservator)

I HAVE EXPLAINED THE BENEFITS, SIDE EFFECTS AND RISKS OF THE MEDICATION(S) LISTED ABOVE AND HAVE OBTAINED THE PATIENT'S/RESPONSIBLE ADULT'S INFORMED CONSENT.

Signature: See E-Signature Page (Psychiatrist or Nurse Practitioner and Discipline) Date: See E-Signature Page

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: Andrea Test DMH ID#: 1234567
Agency: Pacific Clinics Provider #:
Los Angeles County – Department of Mental Health

Unique Document ID: 4248189

OUTPATIENT MEDICATION REVIEW

Save Form

JV 220- Quick Facts

Purpose: Completed to attain approval from the courts to treat a child who is ward of the court with psychotropic medications.

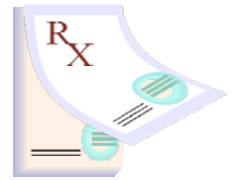
- Must be completed prior to administering medications to children who are declared ward of the court.
- JV 220 can be completed by office staff or nurse. Treating psychiatrist must complete JV 220(A) and JV220 (B).
- Only in emergency situations, can a child be prescribed medications prior to authorization. Emergency situations are defined as situation in which the child needs medications to protect his life or the life of others, prevent serious harm to the child or others or to treat current or imminent substantial suffering and it is impractical to obtain prior authorization from the court. JV220 and JV220 (A) application must be submitted within 2 days of an emergency and first dose of medication for emergency situations.
- Complete JV 220, and JV 220(A) or (B) and fax to DCFS at 562-941-7205 (delinquent wards 323-441-1110 or 323-441-1120). Court has 7 days to respond with approval, denial, or modification.
- JV 221 Proof of notice also needs to be completed and given to responsible party to show proof that responsible party has been notified of psychiatrist intent to treat child with medications.
- Court will then fax back JV 223 with its findings, this form will need to be attached to the original JV220A or B in Welligent.
- Orders/approvals are good for 180 days from the date of stamped order.
- Order extends to subsequent treating physicians.
- A change in the child placement does not require a new order.
- Except in emergency situations a new application must be submitted, and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Consumer Allergy Alert

Each program is responsible for developing a system for placing allergy alerts into the Welligent system for all consumers receiving services from Pacific Clinics. Allergy information will be updated as reported by consumer and annually during re-assessment process. There are 3 ways to gather allergy information:

- Clinical staff is responsible gathering allergy status at initial assessment and indicating any changes in allergy status throughout the course of treatment as reported by the consumer.
- Medical staff including PT's, LVN's and RNs will assist in gathering the allergy information from the MD's/NP's medication evaluation and transcribing the allergy information onto Welligent.
- MD's and NP'S are responsible for evaluating, screening and documenting consumer allergies and sensitivity to medications for all consumers seen at Pacific Clinics for Medication Services.

For instructions on how to enter allergies in Welligent refer to EHRS training Manual.



Prescriptions and Controlled Substances

- All prescribed medication will be entered in the Welligent Electronic Health Record System Prescribing module.
- MD/NP's will resort to writing medications on the Tamper proof prescriptions pads when Electronic Health Record System is inaccessible.
- Controlled substances will be ordered via EPCS (E-Prescribed Controlled Substances) or hand-written prescription pads (when the electronic record is inaccessible)
- Tamper-proof prescription pads include the MD/NP's California medical license; DEA numbers and NPI. The tamper-proof prescription can accommodate three medications and must be used for controlled substances including sleep- enhancing medication. Prescription pads are to be kept locked in the Medical Staff room and only accessible to the Psychiatrist and Nurse Practitioner.
- Only MD and NP's should write on prescriptions pads.
- Prescription copies and Rx pads will be stored according to PC procedures and will be saved for a minimum of 3 years. **See Ordering and Destruction of Prescription Pads Workflow*

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT BACKGROUND - NANOCOPY™

Pacific Clinics-El Camino

00801

11721-A Telegraph Rd., Suite A
Santa Fe Springs, CA 90670
(562)949-8455 • Fax (562)949-4807

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER

Rx Name ______ D.O.B. ______ ☐ Female ☐ Male

Address ______ Phone ______

1) Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ______ Refills ______ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐Do not substitute Initial ______

2) Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ______ Refills ______ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐Do not substitute Initial ______

3) Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ______ Refills ______ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐Do not substitute Initial ______

Prescription is VOID if the number of drugs prescribed is not noted. ______ ☐1 ☐2 ☐3

X ______ Date ______

VOID APPEARS WHEN COPIED

GN36XE_CX

TouchSafe®
SP 15 ← TOUCH OR BREATHE ON TOUCHSAFE® FINGERPRINT TO VALIDATE

Medication Support Service Objectives

Client Treatment Planning

Purpose: The Client Treatment Plan (CTP) is to be used with consumers who are receiving Mental Health Services (MHS), Targeted Case Management (TCM), Medication Support Services (MSS), and Therapeutic Behavioral Services (TBS). The CTP documents the following: **(1)** the consumer's goals and objectives for services received; **(2)** the consumer's and the consumer's family/significant other (if applicable) involvement in services provided to the consumer; and **(3)** the interventions that the staff will provide to facilitate goal attainment by the consumer.

- The CTP is completed within 30 days from Implementation Date
- The CTP should not be started/implemented until the Assessment document is fully complete.
- LVN/PT's objectives will only be inserted once it has been determined that client will receive medication support services in the Initial Medication Support Service (Psychiatric Evaluation).
- PT/LVN's and MD/NP's must have separate objectives if both nurses and prescriber's provide services
- All objectives must be SMART goals:
    - S= Specific
    - M= Measurable
    - A= Attainable
    - R= Realistic
    - T= Time Bound
- All care plan objectives must have a baseline and assigning date must be listed
- Medication care plan objectives may last 365 days: depending on the cycle date
- The type of service box must be checked (MSS)
- Objectives and interventions need to be specific to the needs of the consumer and correspond with the diagnosis and symptoms
- All objectives must have an outcome documented in the annual progress note at the end of the 12 months cycle or when service is ending
- Nurses will need the co-signature of the MD/NP for their MSS goal
- MD/NP and client can only sign for their goal number
- LVN and PT staff should use behavioral terms rather than diagnostic terms

For instructions on how to enter CTP objectives in Welligent refer to EHRS training Manual.

Creating MSS Objectives

Clinical Loop of Documentation

Gathering the Information

- **Adult Full assessment**
- **Adult Re-assessment**
- **MD/NP Initial Medication Support Service(Psych eval)**
- **Client verbatim (if new information is gathered an addendum will be updated)**
- **Assessment Addendum**

Full Assessment

Client Treatment Plan

Progress Note

Sample Assessment

MH 532
Revised 7/1/19

ADULT
FULL ASSESSMENT

II. REASON FOR REFERRAL / CHIEF COMPLAINT
PRECIPITATING EVENTS(S)/REASON FOR REFERRAL
The client reports that he is tired of "feeling down" and wants help with improving his mood. He reports that he had an increase in the number of depressive episodes during the past year which were triggered by the break up with his girlfriend. Following the break up, he attempted suicide, was hospitalized and lost his job. He currently fears that he will lose everything including his apartment since his symptoms are not improving.
CURRENT SYMPTOMS AND BEHAVIORS (INTENSITY, DURATION, ONSET, FREQUENCY)
According to the client, he is currently experiencing the following symptoms on a daily basis: depressed mood which is evident through the negative self statements that he makes approximately five times a day, lack of interest and low energy as evidenced by not attending any social activities that he use to attend in the community, limited concentration due to his inability to complete any household chores, feelings of hopelessness as seen through his negative self-statements, and a decreased appetite. He also reports early morning awakenings (wakes up at approximately 2 or 3am almost every morning). These symptoms have been present for the past six weeks. He denies current suicidal ideations. He describes his symptoms as extremely intense and debilitating leading to complete isolation from peers. His depressive symptoms usually last 3 to 4 weeks, but he has had an increase in duration and frequency of depressive episodes during the past year (approximately 5 to 6 episodes). His first depressive episode reportedly occurred when he was 15 years old.
IMPAIRMENTS IN LIFE FUNCTIONING caused by the symptoms/behaviors (from perspective of client and others)
Due to his reported depressive symptoms, the client is currently unemployed (does not look for jobs/fill out applications, etc.), and has not been able to establish or maintain interpersonal relationships.

Sample Re-assessment

MH 713
Revised 7/1/19

ADULT
RE-ASSESSMENT

I. REASON FOR REFERRAL / CHIEF COMPLAINT

Precipitating event(s)/Reason for Referral:

☒ Annual – same as Full Assessment ☐ Returning to Treatment – updates include the following: (describe below)

N/A

Response to Treatment Over Past 12 months (Include summary of progress and/or decompensation)

Client has been responsive to treatment as he has been consistent with attending sessions and has made progress with some of his treatment objectives. Client reports that his depression has slightly improved as evidenced by the intensity of his symptoms decreasing from extremely intense to moderate. Client reports that his negative self-statements have also reduced from 5x a day to now 4x a week. Client also reports that he now attends social activities in his community 1x a week whereas before treatment he was completely withdrawn from social activities.

Current Symptoms and Behaviors (intensity, duration, onset, frequency)

Client reports that he continues to experience the following symptoms daily: dysphoric mood, minimal energy (struggles with getting out of bed in the morning) and limited concentration (does not complete household chores). He reports continuing to have a limited interest in activities that he previously enjoyed (attends social activities 1xweek). He also experiences feelings of worthlessness 4xweek (makes negative self-statements) which is a slight improvement. His current depressive episode has lasted for the past three and a half weeks. The client describes his depressive symptoms as moderate in intensity. He continues to deny symptoms of mania and this writer has not observed any symptoms associated with mania. As stated in the initial assessment, client's first depressive episode reportedly occurred when he was 15 years old.

Current Symptoms and Behaviors

- **According to the client, he is currently experiencing the following symptoms on a daily basis: depressed mood which is evident through the negative self statements that he makes approximately five times a day, lack of interest and low energy as evidenced by not attending any social activities that he use to attend in the community, limited concentration due to his inability to complete any household chores, feelings of hopelessness as seen through his negative self-statements, and a decreased appetite. He also reports early morning awakenings (wakes up at approximately 2 or 3am almost every morning). These symptoms have been present for the past six weeks. He denies current suicidal ideations. He describes his symptoms as extremely intense and debilitating leading to complete isolation from peers. His depressive symptoms usually last 3 to 4 weeks, but he has had an increase in duration and frequency of depressive episodes during the past year (approximately 5 to 6 episodes). His first depressive episode reportedly occurred when he was 15 years old. Due to his reported depressive symptoms, the client is currently unemployed (does not look for jobs/fill out applications, etc.), and has not been able to establish or maintain interpersonal relationships.**

Baseline: List the behaviors that the client is experiencing that are affecting his ability to function (reason for taking medications)?

- Focus on one behavior at time
- Be specific and list these in parenthesis
- List the frequency of behaviors
- Gather information from assessment or re-assessment

Example: **Reports Sadness 7 days per week (stays in room, wont complete chores, take meds etc.)**

Possible Baseline from Assessment sample

- **Sadness 7 days per week (stays in room, wont complete chores etc.)**
- **Report's lack of interest daily (attends no social activities in the community, stays in his room, etc.)**
- **Reports limited concentration 7 x/day (0 completion of daily task such as cooking, cleaning, taking medications etc.)**
- **Eats 1 time per day (decreased appetite leading to fatigue and inactivity) (stays in bed, sleeps during the day, etc.)**
- **Nocturnal awakenings 7x/week causing tiredness throughout the day(will not interact with others, gets irritable with family, etc.)**

- ***Avoid words like "auditory hallucinations, paranoia" Describe the behaviors...hears voices, does not trust others.***

Objective: The Medication Support Service goal is for the consumer to take medications as ordered by the MD/NP . *This will help to reduce the symptoms and behaviors that impact the client's ability to function.*

- **Keep it simple**
- **Always involves daily compliance**
- **Individualize/add specifics whenever possible (Vital, Labs, etc.)**
- **Be cautious of changes in treatment that might impact the need for changes in the goal (specific med names that might change)**

Example: Client will take medications 7 days per week as ordered by MD/NP for the next 12 months.

More specific examples of objectives

- **Take medications 7 of 7 days per week and have vitals signs monitored monthly**
- **Complete labs as ordered and take medications 7 of 7 days per week for the next 12 months.**
- **Take medications as ordered daily (7 of 7 days per week) and come in as scheduled for medication injections.**
- **Maintain stability by taking medications as ordered 7 days per week for the next 12 months.**

Interventions: The **actions** that <u>you</u> will take to assist the client in meeting his objective

- **You <u>must</u> indicate that you will carry our MD/NP orders**
- **You must indicate modality and frequency of MSS**
- **Be specific, Address medications and compliance**
- **Address the behaviors that are being impacted by illness**
- **Keep it simple for the client to understand**

- Example-

Carry out medication orders per MD/NP. Assist with understanding what medication he is taking, how to take them and when to take them. Discuss the benefits of compliance and the difference between symptoms and side effects. Assist client to understand how medication will help improve concentration so that he may complete daily task. Observe and report changes in behaviors to MD/NP.

Client Treatment Plan Item Details

Other » | Sign | Save Intervention | Close Intervention

Intervention: Carry out medication orders per MD/NP. Assist client to understanding what medication he is taking, how to take them and when to take them. Discuss the benefits of compliance and the difference between symptoms and side effects. Assist client to understand how medication will help reduce his reported feelings of sadness. Observe and report changes in behaviors to MD/NP. Redirect consumer when he makes negative statements about medication compliance.

Individualized: YES

Start Date: 03-MAY-2018

Target Date:

End Date:

1 x/ Monthly 30 Minutes Per Session

Medication Support Services

Don't forget to indicate the mode and frequency for your interventions!

Client Participation: The actions that the client will take to meet his stated goal.

- **List the actions that client will do to meet objective**
- **Individualize clients' actions whenever possible**

Example: Client will take medications as prescribed by MD/NP. Client will remember to complete task of taking medications daily. Client will report issues with completing task and taking medications to medical staff.

Family Participation: What the family will do to assist the client in meeting his objective.

- **You must check off boxes of intended participation**
- **Attain client consent to speak with family if needed**
- **If you have indicated that family will participate, you must indicate how family will assist client to reach his goal.** ***Providing the client with a ride is not sufficient participation.***

Example: Mom will remind client to take medications daily and report any changes in behaviors to staff. Mom will inform staff when client is sad and isolating.

Outcome: Indicate the outcome of the goal in relation to the baseline and objective.

- **Did the stated behaviors in the baseline increase or decrease?**
- **Was client compliant with medications? How many days per week was he compliant?**
- **Was there progress or lack of progress?**
- **Justify the need to continue to provide MSS.**

- ***Example: Client reports that his sadness has decreased, and he has more energy. He is able to complete task of cleaning his room at least 2 times per week. He reports taking medications 6 of 7 days per week but requires that mother remind him on a daily basis.***

NOTE: When the CTP is up for review or any time an update is made, an accompanying progress note should document the collaboration made with the consumer to discuss continued treatment needs, and progress. Please note that administrative closures (notes that indicate completion of paperwork without details) are not billable.

Medication Support Service Documentation

Medication Support Codes for Billing

H2010 MD/DO/NP/RN/PT/LVN Only	**Definition**: Prescription services face to face or by phone with patient or collateral. Medication education, medication group services, and other non-prescription, non-face to face activities pertinent to medication support services. • Centralized Medication Monitoring. • Monitoring of Vital Signs due to psychotropicmedications. • Consultations with MD/NP's, Collaterals and Pharmacies regarding client medications. (must have a consent to exchange information on file) • Services that are directly related to psychotropic medications such as following up with Labs. • Can be done face to face or over the phone. • Plan Development of medication support services. • Documentation should always link to psychotropic medication that is being prescribed.
96372 MD/DO/NP/RN/PT/LVN Only	**Definition:** Injection Administration Code • Always a face-to-face activity • Can be done out in the field • Only used for Injection with or without vitals and should not be blended with consultations, VO/TO orders or plan development. • If billing for medication monitoring and an injection service, you will need to bill separate.
H0033 MD/DO/NP/RN/PT/LVN Only	**Definition:** Administration of PO Medications such as daily administration and PRN's. • Always a face-to-face activity. • Can be done out in the field.

<u>Helpful Progress Note Writing Hints</u>

<u>H2010</u>

This note includes integration of substance use interventions (Y/N)? *Specify if you addressed substance use in your session note.*

Safety Screening Questions*: Answer the safety questions. Follow up on any critical incidents per site protocol*

1. Client Treatment Plan Goal: Write the PT//LVN/RN Baseline and Objective from the Client Treatment Plan, VERBATIM

2. Intervention: Document exactly what was done to assist the client with meeting his/her objective. Be specific; include names of medications that were reviewed with client. List the specific side effects discussed. Justify the amount of time that you spent with the client. Address the target/baseline behaviors stated in your goal and link them to medication compliance. Ask yourself: why do I need to see client for medication monitoring, what is the reason for today's visit? The content of your interventions should focus on psychotropic medications.

3. Were vitals taken? -Indicate Yes, No or N/A. If yes, indicate that vitals were monitored in the intervention section of your session note and reference the results. If vitals are abnormal, what is being done as a follow up? If no, indicate why you were unable to monitor the vitals at today's visit, If N/A explain why for example *client session was over the phone*.

4. Adherence to Medication: Is the client taking medications as ordered? Indicate Yes or No. Elaborate adherence in terms of days per week in the Description of the Response to Medication section.

5. Description of the Response to Medication: Is the client taking the medication, what is the client's adherence in terms of days per week? Is the medication working? What does the client report to you? Describe your observations of the client's behavior. It is

suggested to use the client's own words in quotes and stay within scope of practice for PT/LVN's. Include progress or lack of progress in treatment /behaviors because of taking medications.

6. Reported/Observed Side Effects: Indicate client's reports of any side effects. Are side effects observed? If side effects are noted, you must report to the MD/NP/DO). Document what is being done to alleviate these side effects?

7. Any new medications being ordered? -Choose appropriate response that best describes current orders. If changes were made, you should address this with the client and in your interventions.

8. New V/O or T/O ordered today? -Indicate Yes, No or N/A

9. If new VO or TO ordered, please specify details (see help bubble)-Indicate the details of the VO/TO given in this session note. Be Specific, include Prescribers Name, New Medications ordered, Strength, Dosage, Quantity/Refills, and Route if applicable. ****If you obtained a telephone or verbal order the MD/NP must co-sign your session note.***

10. Plan for next visit: When is the next schedule visit and what will be the agenda for next visit? If there is no progress, what is being done? If client is responding well, what are the next steps in treatment?

Helpful Progress Note Writing Hints for 96372/H0033

This note includes integration of substance use interventions (Y/N): *Specify if you addressed substance use in your session note.*

Safety Screening Questions*: Answer the safety questions, follow up on any critical incidents per site protocol*

1. Client Treatment Plan Goal: Write the PT/LVN/RN Baseline and Objective from the Client Treatment Plan, VERBATIM

2. Intervention (Please indicate injection site, if applicable): - Document exactly what was done to assist the client with meeting his/her objective. Be specific; include names of medications that were reviewed with the client. Justify the amount of time that you spent with the client. Address current behaviors stated in the baseline of your goal and link them to medication compliance. Ask yourself: why do I need to see client for medication monitoring, what is the reason for today's visit? The content of your interventions should focus on psychotropic medications. If you administered medication injection, include specifics including site of administration, and lot# for medication.

3. Were vitals taken? - Indicate Yes, No or N/A. If yes, indicate that vitals were monitored in the intervention section of your session note and reference the results. If vitals are abnormal, what is being done as a follow up? If no, indicate why you were unable to monitor the vitals at today's visit, If N/A explain why for example *client session was over the phone*.

4. Adherence to Medication: Is the client taking medications as ordered? Indicate Yes or No. Elaborate adherence in terms of days per week in the Description of the Response to Medication section.

5. Description of the Response to Medication: Is the client taking the medication, what is the client's adherence in terms of days per week? Is the medication working? What does the client report to you? Describe your observations of the client's behavior. It is suggested to use the client's own words in quotes to stay within scope of practice for PT/LVN's. Include progress or lack of progress in treatment/behaviors because of taking medications.

6. Reported/Observed Side Effects: Indicate client's reports of any side effects. Are side effects observed? If side effects are noted, you must report to the MD/NP/DO). Document what is being done to alleviate these side effects?

7. Any new medications being ordered? - Choose appropriate response that best describes current orders. If changes were made, you should address this with the client and in your interventions. Choose response that best describes orders at client's last MD/NP appointment.

8. If VO or TO ordered, please specify details (see help bubble): If this intervention is a result of a VO/TO, **do not** include the details of the consultation in this section! Reference

the consultation note that contains the VO/TO for this intervention. Remember this template is for IM and Oral administration of medications and should not be blended with consultations or other activities.

9. Plan for next visit: When is the next schedule visit and what will be the agenda for next visit? If there is no progress, what is being done? If client is responding well, what are the next steps in treatment?

Medication Orders

Per Policy ***300 Dispensing and Administering Medication***: *The prescriber may not make routine orders or standing orders of injections (for example, Haldol decanoate 100 mg once a month) when the client is not seen on a regular basis.* ***The prescriber should write an order for the injection every time he/she sees the client***. *The injection should be given the same day the prescriber evaluated the client and ordered the injection. If the injection is to be administered on a day different from the day the prescriber evaluated the client and ordered the injection, the administrator (psychiatric technician, licensed vocational nurse, nurse practitioner, etc.) should assess the client prior to giving an injection. The administrator should first alert the prescriber of any apparent medical or psychological concerns before giving the injection.*

Tips to remember-MD/NP will:

- Write IM injection order ***with date of administration every time*** that he sees the client
- If client is seen Q2W for IM injection, MD/NP will indicate the date of scheduled second injection on his or her note
- If the client does not show up as scheduled for his injection, the PT/LVN will consult with MD/NP and attain a VO to give IM injection on a different date than when it was originally ordered
- PT/LVN will route the consultation/T.O./V.O. note to MD/NP for co-signature

Centralized Medications

This is a reminder that per policy ***300 Dispensing and Administering Medication-*** *The prescriber should instruct the psychiatric technician or licensed vocational nurse that the client is to have his medication monitored and document this in the session note.*

Tips to remember- MD/NP will:

- Indicate in orders ***how often*** medication will be monitored i.e., Centralized medications QW, Q2W etc.
- Justify need for centralization of medications in documentation i.e., client has history of suicide attempts via overdose and is at risk with 1-month supply of medications on hand
- Repeat the order in each MD/NP session note for the duration of order
- Indicate any changes in order i.e., change from Centralized meds Q2W to QW
- Indicate when you discontinue the order and notify PT/LVN

Consultations and Verbal Orders

Consultation: A conversation between the nurse and MD/NP that is conducted to communicate pertinent information regarding client's medication for the purpose of treatment planning. This activity does not always result in a verbal order

- Billed to H2010 and billed into other time field
- Must indicate need for consultation and outcome of the consultation
- Results in second staffing (if applicable) and indication of other minutes for additional provider

Verbal Orders/Telephone orders: A consultation/conversation with the MD/NP that results in a verbal or telephone order for the client.

- Billed to H2010
- Can be billed into an existing MSS service with the client
- This activity will be billed to other time since the client is not present
- Requires MD/NP co-signature as verification that order was carried out
- VO orders should be the exception not the rule, if MD/NP is present, he should carry out the order whenever possible
- This activity results in second staffing (if applicable) and indication of other minutes for additional provider
- Route the note to MD/NP for co-signature by indicating MD/NP name under Approving Supervisor
- Should be signed by MD/NP within 48 hours or at next scheduled workday

Session Note ID (DLSequence):
Date of Service: 01-MAR-2021 *
Scheduled/Start Time: 01:00PM *
Appointment Duration: 0 (Minutes)
Other Time (Not Face-to-Face): 23 (Minutes)
Time In:
Time Out:
Provider: Yniguez,Maria
Approving Supervisor: Psychiatristnp Test
Status: Pending Completion
Primary Action: Comprehensive Med Service PT/LVN (H2010) *
Educational Materials Provided:
Telephone?
Session Language: 01 English *
Interpreter Used: Relationship to Client:
Location Code (Reporting Unit): 1974y-Wvf Pc Fam Svs Op (Hurlbut)
Place of Service: *
Other Service Location Name: *
Other Service Location Street Address:
Other Service Location City/County:
Other Service Location State: CA - California
Other Service Location Zip Code: (123456789) Verify Address

Address: 2 lane Ave
City/State/Zip: SFS CA 906700000
Home Phone: (562) 949-8455
Cell Phone:
Email:
Primary Language: 01 English
Gender: F - Female
Date of Birth: 01-Jun-1970
Age: 50 yrs 9 mths
in Home: Adults-3; Children-0

Program/Service Details

Date of Birth: 01-Jun-1970
Type of Service: Med Support
Program: OP-Adult
Program ID:
Intake Date: 11-feb-2019
Service Start Date: 11-Feb-2019
Ending Date:
Primary Diagnosis: Major depressive disorder, single episode, moderate(F321)
Click to Access the Notes Navigator

Additional Providers

Additional Providers	Direct Minutes	Other Minutes
Psychiatristnp Test		10

Urgent Needs Services

Urgent Needs Medication Support Services (MSS) should only be done if there is no MSS objective on the CTP ***and the client is in urgent need of this service due to for example possible risk of hospitalization or increased in symptoms/behaviors that may result in hospitalization.***

Examples of emergent situations that can be billed one time without an MSS objective:

- Client calls because he needs medications due to his symptoms/behaviors returning and intensifying which may result in hospitalization
- Clients calls due to symptoms/behaviors increasing such as reported______and she will need a medication appointment with the MD/NP ASAP.
- Client is in crisis due to current medications (side effects, etc.)
- Consultations with MD/NP regarding emergent issues such as need for prior authorizations, need for IM injections due to increased symptoms/behaviors reported by consumer that may result in hospitalization
- Client is resuming services with PC after he was discharged from a psychiatric hospital and he/she needs medications

Example of non-emergent situations that are non-billable:

- Client missed his routine appointment and is out of medications
- Client is not compliant with medications
- Client missed his injection appointment
- Client is requesting a refill on medications
- Prior authorization needs to be completed

Important Reminders:

- The goal section of your nursing template for the Urgent Needs Session Notes should state: ***an individualized statement as to what is currently happening with the client***
- Urgent Needs Session Note service should stand alone and meet medical necessity, note should indicate why client is at risk of hospitalization, list current behaviors and any risk associated and reported by the client
- Urgent Needs Services should never be routine (MSS treatment objective should be added to the CTP ASAP- after first urgent service is conducted)
- Staff should provide psychoeducation at next appointment regarding reasons for not attending appointments on a regular basis or discussion and completion of CTP objectives.
- Your interventions and plans should clearly state the follow up to address the urgent condition

Remember Urgent Needs Services should not be routine. Every client is unique, and this should be looked at case by case. Please consult with your supervisor if you are unsure about a case/situation

Cloning

It is important to document services provided to clients in an accurate and concise manner that adheres to community and legal standards. Documentation in the client record must be specific to each client encounter. Cloned documentation is considered a misrepresentation of medical necessity is not acceptable clinical care and can lead to potential financial sanctions of Pacific Clinics.

Please refer to Cloned Documentation Policy #134 for general guidance to support accurate and complete client record documentation and to avoid cloning risk.

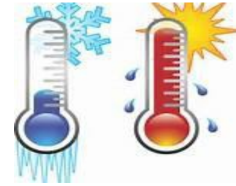
Non- Billable MSS

- Providing an MSS service when the client has not been seen by a Pacific Clinics prescriber
- Taking the client to the lab (providing a ride) or giving directions to the lab, filling out lab requisition forms (requesting labs from PCP for MD/NPs to review), or reviewing labs results without client contact
- Contacts with pharmacy <u>without</u> client contact
- Delivering medication without providing medication support to the client or significant other, (with a proper consent/release)
- Completing a TAR/PAR or court authorization forms without providing a medication support to the client or discussion with the MD /NP to verify medication orders
- Linking client to medical services when the client is not on psychotropic medications. *This service can be billable under other CPT codes (Refer to LA County Training Manual)
- Scheduling or rescheduling an appointment with the MD /NP.
- Assisting with medical medications (when a client is not on any psychotropic medications)
- Services provided when a client is in a psychiatric (IMD) hospital

Storing and Logging of Medications Forms

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Temperature Log



Medication Room Temperature Log

Month and Year:

Program: Reporting Unit:

Day	Room Temperature	Refrigerator Temperature	LVN/PT Signature
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			

Refrigerator Temp. 36° to 46°

Room Temp. 59° to 86°

rev. 2/2021

Pacific Clinics Medication Room Temperature Log Instructions

1. **Month & Year:** The month and year this form is covering.
2. **Program Name:** Indicate program patient is in.
3. **Reporting Unit:** Indicate the report Unit number.
4. **Room Temp:** The temperature of the medication room or storage area.

   **Monitored and recorded daily when the clinic is open.
5. **Refrigerator Temp:** The temperature of the medication refrigerator.

   **Monitored and recorded daily when the clinic is open.
6. **LVN/PT/RN Signature:** The signature of the medical staff.

   *This form is to be saved for 3 years.

Medication Destruction

Medication Destruction Log

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Program Name: **Reporting Unit:**

Date Destroyed	Client Name	Medication Name	Dosage	Prescription/ Lot #	Exp. Date	Amount	Signature Staff #1	Signature Staff #2	MWS P/U Date

Rev 2/21

Destruction Log Instructions

1. **Program Name:** Indicate program patient is in.
2. **Reporting Unit:** Indicate the report Unit number.
3. **Date Destroyed**: The date that you are documenting disposal of medications.
4. **Client Name**: Indicate the name of the client whose medications you are destroying. If samples indicate Sample Medication.
5. **Medication Name**: Name of medication being destroyed.
6. **Dosage**: Indicate the dosage being destroyed.
7. **Prescription/Lot#:** Indicate prescription # (or lot # for sample medications).
8. **Expiration Date:** Expiration date of medication being disposed.
9. **Amount**: Number of pills being placed in incineration bins.
10. **Signature #1**: Signature of medical staff documenting destruction of medications.
11. **Signature #2**: Signature of medical staff co-signing as a witness that medication was destroyed.
12. **MWS Pick up Date**: Indicate the date that MWS picked up waste. Attach receipts to binder

**** These guidelines apply to oral medications including samples, injectable and supplies.*** *This form is to be saved for 3 years.*

Medication Inventory

Pharmacy Delivery/Recording Log for Medication and Injectables

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Reporting Unit:

Program Name:

Name:

Medication Name & Dosage:

Patient ID #:

Route:

Prescriber:

Ordering Date	Receive Date	Name of Issuing Pharmacy	Lot / Prescription #	Expiration Date	QTY Received	QTY Given	Balance	Time	Route/ IM Site	O-Office F-Field	Record Date	Staff Signature

Rev. 2/2021

Instructions for Delivery/Recording Log

Purpose: This form is to keep track of all medications that are kept in the medication room for medication monitoring and or clinic stock supply. The quantity of medication should be updated anytime that the quantity changes (i.e., medications are handed out, administered, or delivered by the pharmacy).

Instructions: Staff will log one medication per sheet for every medication that is prescribed by the psychiatrist/MD/NP and kept in the medication room. When medications are handed out to the client/administered, staff will deduct the amount and indicate new balance. When the pharmacy delivers medications, staff will log in the medication accordingly. If the medication changes, staff will D/C the old medication sheet and make a new sheet to indicate changes in dosage, new lot # and quantity. **Do not leave any blank spaces on the log, all fields need to have complete information (do not use quotations to indicate "repeated info").** Staff should keep a binder organizing inventory by client name (for clinic stock, binder will be by medication name). This form should indicate when medication is discontinued, disposed, or destroyed and balance removed should correspond with amount indicated in destruction log. Log should have no blank spaces. Discrepancies in inventory should be discussed with program director to determine the need for an incident report.

1. **Reporting Unit-**Indicate the report Unit number.
2. **Program Name-** Indicate program patient is in.
3. **Name**- The name of individual for whom you are tracking medications.
4. **Medication and Dosage**- Indicate the name and dosage of the medication being tracked.
5. **Client ID#** - Welligent ID for the individual.
6. **Route and Prescriber Name**- Indicate the route of this medication IM or PO and the Prescribers name
7. **Ordering Date** - Indicate the date that MD ordered medication.
8. **Received Date** - Indicate the date that the medication was received from the pharmacy.
9. **Name of Issuing Pharmacy** - Name of Pharmacy that issued the medication.
10. **Lot #/Prescription #** - Lot # or Medical Prescription #.
11. **Expiration Date** - Indicate the expiration date of this medication.
12. **QTY Received** - Indicate how many pills were received/brought in. If logging in Injectables indicate amount in CC/ML.
13. **QTY Given** - Indicate the amount of mediation that you administered or assisted consumer with i.e., 21 tabs, 1.5 ml etc.
14. **Balance** - The amount that you have left over after you have added or deducted medications.
15. **Time** - Indicate the time that you met with the consumer for Medication Monitoring, or the time that you received this medication from the Pharmacy.
16. **Route/IM Site** - Indicate the route or the IM site of the medication you gave on this date
17. **Office/Field**- Indicate the place of this service.
18. **Record Date** - Indicate the date that you recorded the amount given out to the consumer or received.
19. **Staff Signature** - Name of the staff who logged medication in or out.

Staff should continue to keep track of Samples in Sample Log, and Controlled Meds in Controlled Log*. This Log to keep track of Stock medications (P.O. and Injectables) and Med supply for individuals on Med Monitoring*

Sample Medication Log

Pharmaceutical Sample Control Log

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Program:	Reporting Unit:	
Medication Name:	Dosage: Quantity/#PKS: # of Tabs:	Expiration Date: Lot #:

Date Ordered	Patient Name	Patient ID #	Qty Given: #Pk & #Tabs	Qty Remaining: #Pk & #Tabs	Signature of Prescriber	Printed Name of Prescriber	Time	Date Dispensed

Name of Pharmacy Rep. ______ Date: ______

Accepting Prescriber: ______ Date: ______

Logged in by: ______ Date: ______

Disposed by: ______ Date: ______

Rev. 2/2021

Sample Log Instructions

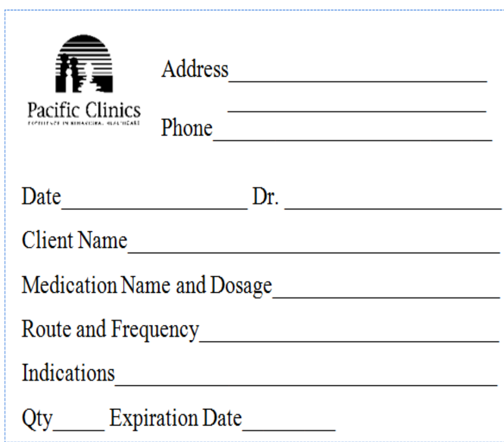
1. **Program Name:** Indicate program patient is in.
2. **Reporting Unit:** Indicate the report Unit number.
3. **Medication Name:** Name of the medication received, (e.g., Zyprexa) (AdderallXR).
4. **Dosage:** The dose of the medication, (e.g., 100 mg). If it is a starter pack, list the dosage range in the starter pack, (e.g., Lamictal starter pack from 25 mg to 100 mg).
5. **Quantity # of PKS:** List the number of packages of meds received from the MD/NP for clinic stock.
6. **Quantity # of Tabs:** List the number of pills received from the MD/NP in # of pills. (e.g., 4 packages = 28 tablets).
7. **Expiration Date:** Indicate the date that the medication expires, listed on the individual package/bottle/box, each lot number should have the same expiration date.
8. **Lot #:** Write the complete lot number shown on the packaged sample medication, (e.g., 15345A) different lot numbered medication must have a separate log sheet.
9. **Date Ordered:** Indicate the date that MD ordered samples for consumer.
10. **Patient Name:** The full name of the consumer who is receiving the sample medication.
11. **Patient ID#:** The Welligent number of the consumer who is receiving the sample medication.
12. **Quantity Given /# of pks & # of tabs:** Write the amount of sample medication given to the consumer, (e.g., 2 bottles = 14 tablets) (e.g., One starter kit = 14 capsules).
13. **Quantity Remaining/# of Tabs:** List how many boxes/bottles/packages are remaining including the number of tablets/capsules, (e.g., 4 packages = 28 tablets).
14. **Signature of Prescriber:** Signature of the MD/NP/DO who has dispensed the sample medication. Must have a MD/NP/DO signature each time a consumer is given sample medication.
15. **Printed Name of Prescriber:** Print the name of the MD/NP ordering the sample medication.
16. **Time:** Indicate the time that consumer was provided with medication samples.
17. **Date Dispensed:** Date that the MD/NP/DP provided the sample medication to the consumer.
18. **Name of Pharmacy Rep and Date:** Indicate the full name of the Pharmacy Representative that distributed samples.
19. **Accepting Prescriber and Date:** Signature and date of the accepting MD/NP/DO, all sample medication will be authorized by a MD/NP/DO to be kept in our clinic.
20. **Logged in by and Date:** The signature and date of the licensed medical personnel who completed the sample medication log sheet.
21. **Disposed by and Date:** The licensed medical personnel who destroyed/wasted the remaining sample medication and date destroyed. (This information should correspond with entry in destruction log).

Sample Instructions for Labeling

*It is not within the scope of practice of the PT or LVN to dispense medication. Dispensing medications is defined by the Board as compounding, packaging, preparing, counting, labeling or in any way filling a prescription. Dispensing includes counting stock medications, placing them in a container, labeling the container with the patients name and dosage, and giving the container to the patient. Dispensing would also include medication transfer from a "bubble pack" to another container. LVN/PT/RN may **assist** the MD/NP with dispensing sample medications only if the **prescriber visually checks the packaged medication and initials the label.***

1. Labels on the sample medications will include the date, MD/NP name, medication name, complete directions, address of the clinic, and the prescriber'sinitials (see sample below).
2. Staff will present the labelled medication to MD/NP for review and approval.
3. MD/NP will review medication, initial medication label, and sign the PharmaceuticalSamples Control Log.
4. Nursing staff will create a session note. The session note must explain how the LVN/PT/RN **assisted** the prescriber with sample medications.
5. Nursing staff will indicate Verbal Orders given and list the MD/NP as second staffing session note.
6. Session Notes will be forwarded to MD/NP for co-signature.

   Please refer to Sample Medication Workflow for further instructions on assisting with Sample medications.


Pacific Clinics

Address____________________

____

Phone______________________

Date________________ Dr. __________________

Client Name_____________________________________

Medication Name and Dosage__________________

Route and Frequency______________________

Indications_____________________________________

Qty_____ Expiration Date_________

You can print these labels (8 to a page) by using Avery Mailing Labels No. 5395 which comes in 400 per pack.

Locate Labels template by going to PC Web, clinical, resources, medication room documents, labels. Download template to your H Drive. Insert your site address into to the template and insert blank labels into your printer to print.

Controlled Medications

Controlled Medication Count Record

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Patient Name: ____________________ **Patient ID#** ________________

Drug Name: __________________ **Strength:** __________ **Dose:** __________________

Prescription # __________________ **Exp Date:** ____________

Prescriber Name: __________________________

Program Name: __________________________ **Reporting Unit:** __________________

Date	QTY Administered	Start QTY Balance	O-Office F-Field	Time Administered or Counted	Signature of PT/LVN/RN

rev2_21

Controlled Medication Log Instructions

Instructions: This log is to be used when the client is on centralized medications and the controlled substance has been dispensed by the pharmacy in an individual package i.e., Bubble packed by itself or botted by itself. This medication needs to be stored in the medication room, double locked and reconciled daily. All records will be kept for a minimum of 3 years. Any discrepancies will be reported to supervisor immediately.

1. **Patient Name:** Name of Patient.
2. **Patient ID#:** Welligent Identification number for the client.
3. **Drug Name:** Indicate the name of the controlled substance
4. **Strength:** Indicate the strength of the drug.
5. **Dose:** Indicate how the medication is to be taken.
6. **Prescription #:** Indicate the medical prescription number or lot number.
7. **Exp Date**: List the expiration date of the controlled substance.
8. **Prescriber Name:** List the Name of the prescriber for this medication.
9. **Program Name:** Name of the program
10. **Reporting Unit:** Indicate the reporting unit
11. **Date:** List the date, complete the form for a full month as it will be checked daily.
12. **Qty Administered:** If any medications were given out today indicate quantity given. If you are just counting for today, indicate zero.
13. **Start Qty/Balance:** indicate the balance on hand initially and after administering the medication. The quantity listed should match the medication quantity that you always have on hand.
14. **Office/Field:** Indicate if the medication was administered or counted while in the office or out on the field.
15. **Time Administered or Counted:** List the time that the medication was administered or counted.
16. **Signature of PT/LVN/RN:** Sign to verify that medication was counted and is accurate.

- Please note that you still need to complete a Pharmacy Delivery/Recording Log for Medications and Injectables to track delivery of this medication.

Other Forms

Signature Log

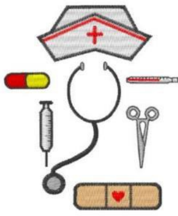
Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Medication Room Staff Signature Identifying Sheet

- This form will be used to identify all signatures that will be noted on forms in the medication room, no staff other than Licensed Medical staff will need to sign this form. This form will stay in the medication storage area at all times.

Program Name: ____________ Reporting Unit ____________

Date	Staff Printed Name	Title	Staff Signature	Staff Initials



Medication Room Supplies Inventory

Medication Room Inventory of Supplies

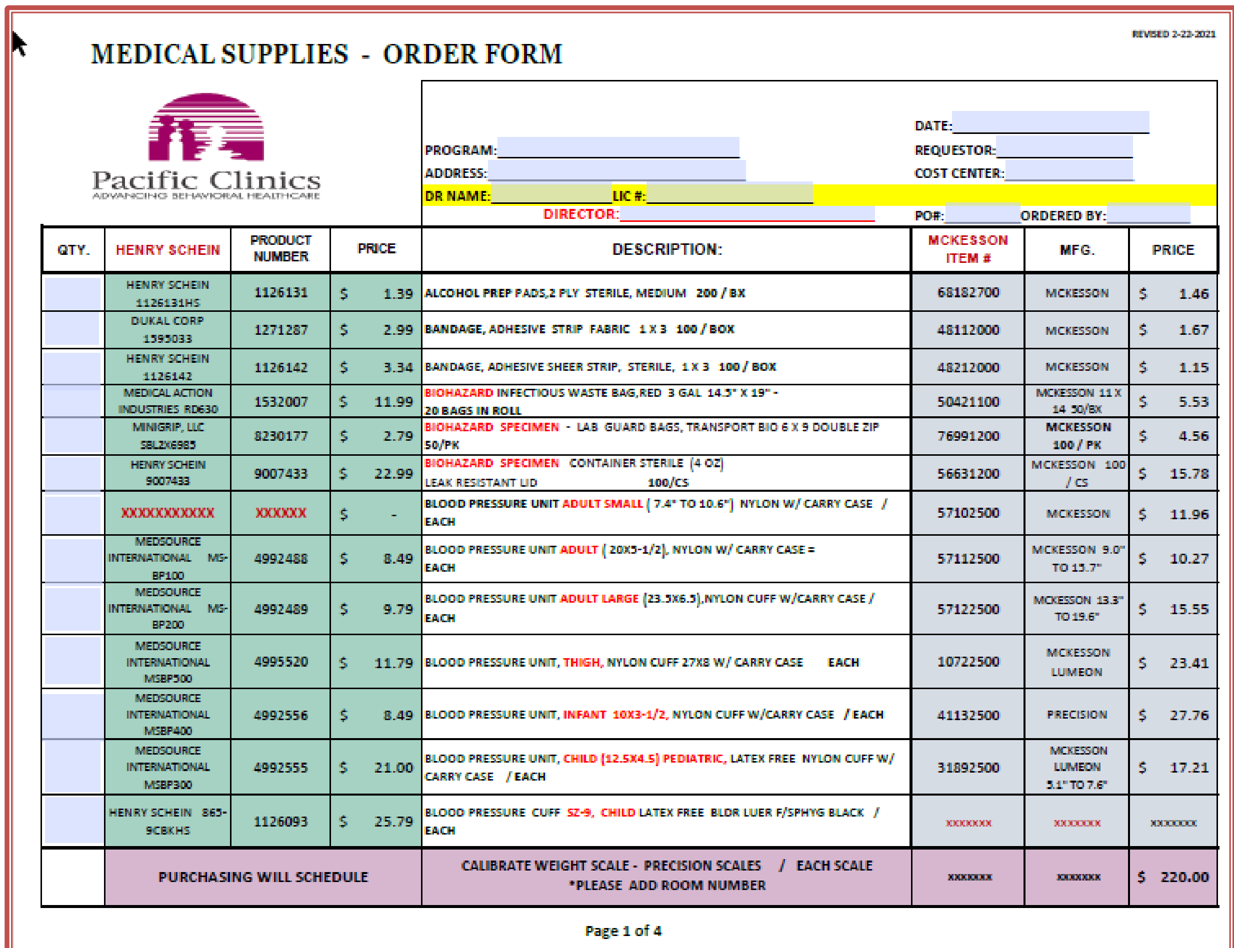
Program Name:
Reporting Unit:

Month & Year:

	Items	Qty On Hand	Staff Initials	Date
1	Gloves			
2	Alcohol Swabs			
3	Cotton Balls			
4	Band-Aids			
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Medical Supply Order Form

***Supplies on this form are subject to change, please refer to PC Web for most updated form. Please follow instructions on the form for submission.**



REVISED 2-22-2021

MEDICAL SUPPLIES - ORDER FORM

Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

PROGRAM:
ADDRESS:
DR NAME: LIC #:
DIRECTOR:
DATE:
REQUESTOR:
COST CENTER:
PO#: ORDERED BY:

QTY.	HENRY SCHEIN	PRODUCT NUMBER	PRICE	DESCRIPTION:	MCKESSON ITEM #	MFG.	PRICE
	HENRY SCHEIN 1126131HS	1126131	$ 1.39	ALCOHOL PREP PADS,2 PLY STERILE, MEDIUM 200 / BX	68182700	MCKESSON	$ 1.46
	DUKAL CORP 1595033	1271287	$ 2.99	BANDAGE, ADHESIVE STRIP FABRIC 1 X 3 100 / BOX	48112000	MCKESSON	$ 1.67
	HENRY SCHEIN 1126142	1126142	$ 3.34	BANDAGE, ADHESIVE SHEER STRIP, STERILE, 1 X 3 100 / BOX	48212000	MCKESSON	$ 1.15
	MEDICAL ACTION INDUSTRIES RD630	1532007	$ 11.99	BIOHAZARD INFECTIOUS WASTE BAG,RED 3 GAL 14.5" X 19" - 20 BAGS IN ROLL	50421100	MCKESSON 11 X 14 50/BX	$ 5.53
	MINIGRIP, LLC SBL2X6985	8230177	$ 2.79	BIOHAZARD SPECIMEN - LAB GUARD BAGS, TRANSPORT BIO 6 X 9 DOUBLE ZIP 50/PK	76991200	MCKESSON 100 / PK	$ 4.56
	HENRY SCHEIN 9007433	9007433	$ 22.99	BIOHAZARD SPECIMEN CONTAINER STERILE (4 OZ) LEAK RESISTANT LID 100/CS	56631200	MCKESSON 100 / CS	$ 15.78
	XXXXXXXXXXX	XXXXXX	$ -	BLOOD PRESSURE UNIT ADULT SMALL (7.4" TO 10.6") NYLON W/ CARRY CASE / EACH	57102500	MCKESSON	$ 11.96
	MEDSOURCE INTERNATIONAL MS-BP100	4992488	$ 8.49	BLOOD PRESSURE UNIT ADULT (20X5-1/2), NYLON W/ CARRY CASE = EACH	57112500	MCKESSON 9.0" TO 13.7"	$ 10.27
	MEDSOURCE INTERNATIONAL MS-BP200	4992489	$ 9.79	BLOOD PRESSURE UNIT ADULT LARGE (23.5X6.5),NYLON CUFF W/CARRY CASE / EACH	57122500	MCKESSON 13.3" TO 19.6"	$ 15.55
	MEDSOURCE INTERNATIONAL MSBP500	4995520	$ 11.79	BLOOD PRESSURE UNIT, THIGH, NYLON CUFF 27X8 W/ CARRY CASE EACH	10722500	MCKESSON LUMEON	$ 23.41
	MEDSOURCE INTERNATIONAL MSBP400	4992556	$ 8.49	BLOOD PRESSURE UNIT, INFANT 10X3-1/2, NYLON CUFF W/CARRY CASE / EACH	41132500	PRECISION	$ 27.76
	MEDSOURCE INTERNATIONAL MSBP300	4992555	$ 21.00	BLOOD PRESSURE UNIT, CHILD (12.5X4.5) PEDIATRIC, LATEX FREE NYLON CUFF W/ CARRY CASE / EACH	31892500	MCKESSON LUMEON 5.1" TO 7.6"	$ 17.21
	HENRY SCHEIN 865-9CBKHS	1126093	$ 25.79	BLOOD PRESSURE CUFF SZ-9, CHILD LATEX FREE BLDR LUER F/SPHYG BLACK / EACH	XXXXXXX	XXXXXXX	XXXXXXX
	PURCHASING WILL SCHEDULE			CALIBRATE WEIGHT SCALE - PRECISION SCALES / EACH SCALE *PLEASE ADD ROOM NUMBER	XXXXXXX	XXXXXXX	$ 220.00

Page 1 of 4

Medication Room Key Points

1. Only authorized personnel may have access to the medication room/storage area. Authorized personnel include: LVN, PT, MD, DO, and NP. Each authorized person may receive his/her own copy of the medication cabinet key. Such authorized persons are responsible for the security of their cabinet key at all times and may not re-assign the key to non-authorized persons.
2. Medication Room/Storage area will always be kept clean and neat.
3. The Signature Identifying Sheet will be signed by all medical staff. This log will be kept in the Medication Room at all times.
4. Only clients who are being prescribed psychotropic medication from a Pacific Clinics prescriber should receive Medication Support Services from PT/LVN's staff.
5. All medication that is kept in the medication room will be inventoried.
6. No sharing of medications between clients is allowed.
7. No medical medication will be kept in the medication room cabinets.
8. Staff should not alter any labels or packaging on medications or samples. If the medication is dispensed in error, the nurse will contact the pharmacy for exchange/return.
9. Inventory of medication room supplies should be taken monthly.
10. All medication room logs must be complete with information. No blank spaces or white out is allowed. All logs will be kept for 3 years.
11. Medication rooms will be kept in the DMH temperature guidelines (59-86 degrees). Medication refrigerator temperature will be kept in the DMH guidelines (36-46 degrees). Medication room and Refrigerator temperature will be monitored and recorded daily while the clinic is open. Monitoring logs will be kept for 3 years
12. Vitals Signs will be entered in session notes and in the Vitals Module. MD/NP will be notified of all results including abnormalities. The nurse will consult with the prescriber if client is due for an injection and the blood pressure result is out of range.
13. Outside Medication Module will be used to record any outside (medical) medications

reported to PT/LVN. Staff should notify MD/NP that this information was gathered and attain a consent to attain/release information from PCP if applicable.

14. An E-Prescription will need to be created and placed on hold asap when PT/LVN is given a verbal order resulting in changes in medication orders.
15. Labs will be ordered as requested by MD/NP. Any follow ups by PT/LVN's should be documented in session notes. Nursing staff will not interpret lab results. All abnormal results will be discussed with treating psychiatrist for follow up.
16. All services provided must be documented on billable or non-billable session notes. If it is not documented, it did not happen.
17. Ensure that you have completed consents to release information on file when you are releasing client information to the health plan for prior authorizations.
18. Substance Use and Safety questions need to be addressed in every session note.
19. No cloning is allowed. Each documented session note should stand alone and meet medical necessity.
20. All verbal/telephone orders must be forwarded to MD/NP for co-signature as soon as possible.
21. Only sample medications that are listed in the DMH formulary will be accepted and kept in the medication room cabinets. Sample medications will be logged in and stored in a locked cabinet in the medication room. Sample medications will be monitored using the appropriate Pharmaceutical Medication log.
22. Staff should never alter any labels or packaging on medications or samples.
23. Injection medication in vials will be stored on a separate shelf from the oral medications in the medication cabinet. Once a multi-dose vial is opened it will have the date opened and the initial of the person opening the vial. The multi-dose vial of medication will be destroyed 30 days from the open date per DMH policy.
24. The prescriber may not make routine orders or standing orders for injections (for example Haldol Dec. 100mg/ml 1 time a month) when the client is not seen on a regular basis. The prescriber should write an order for injection every time he/she sees the client and indicate the exact date the injection is to be administered.
25. If an injection is to be administered on a day different from the day of the evaluation/ordered the administrator should assess the client prior to giving the injection and

contact MD/NP for a verbal order if needed.

26. It is recommended that staff indicate the lot# and expiration date of injectable medication in his session note when administering medications.

27. Each medication room will have sharps container locked in the medication cabinet and should not be more than ¾ full.

28. Sharps Containers and Medication Disposal Bins will be picked up as scheduled by Medical Waste Services (MWS). Receipts will be filed with Destruction Log.

29. Medication Disposal bin may be available at each site. The container will be locked in the medication cabinet.

30. Medication Disposal bins will contain only destroyed/discarded/expired medication. No trash, pill containers, bubble packs or glass should be placed in disposal containers.

31. No expired or discontinued medication may be kept "on-hand".

32. PT/LVN will have a Medical Waste Services calendar on hand displaying pick up dates for sharps and disposal bins. PT/LVN will be available on the day of pick up.

33. Prescription copies and pads will be stored according to Pacific Clinic procedures and will be saved for a minimum of 3 years.

34. Controlled Substances that are not dispensed as part of t multi dose bubble packing system will need to be stored in a double locked cabinet. Due to their high risk for abuse, they will need to be inventoried daily using the Pacific Clinics Controlled Medication Count Record.

It is the PT/LVN's responsibility to read and understand Pacific Clinics Medication Rooms Policies 116-119

Links

DMH Drug Formulary
http://file.lacounty.gov/SDSInter/dmh/1071320_LACDMH_Formulary_02_28_2020_2.pdf

PBM Pharmacy List:
http://file.lacounty.gov/SDSInter/dmh/1071317_202002_MagellansLACDMHPharmacyNetwork.pdf

Board of Vocational Nursing and Psychiatric Technicians:
http://www.bvnpt.ca.gov/

LACDMH Policies & Procedures:
https://secure2.compliancebridge.com/lacdmh/public/index.php?fuseaction=app.main&msg=

LACDMH: https://dmh.lacounty.gov/

Medical Waste Services: http://www.mws-1.com/

Medication Room Forms, Manual and Sample Notes:
http://pcweb.pacificclinics.org/qic

Primex Laboratories: https://primexlab.com/

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