



## Policy: Medication of Children

**ChildNet Number: CN 003.041**

**Original Approved Date: June 1, 2003**

**Policy Revised Date(s): December 28; 2009, May 20, 2010; July 9, 2014**

**Policy Sunset Date:**

**COA Standard(s): RPM 3.01, 3.02, 3.03, 3.04, 3.05**

### Statement of Policy:

It is essential that ChildNet is able to ensure safe and uniform medication control and administration for the children served in out of home care.

**Board Chair's Signature:**

**Date:**

07-29-14



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### Definitions (If any):

**Emergency Medical Care and Treatment** - care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child

**Express and Informed Consent** – consent given voluntarily in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of coercion.

**Ordinary Medical Care and Treatment** – ordinary and necessary medical and dental examinations and treatments. Included in this definition are blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care. This does not include surgery, general anesthesia, provision of psychotropic medications, any invasive procedures or other extraordinary medical care and treatment.

**Out of Home Care** – the placement of a child, arranged and supervised by the Department of Children and Families or the designated Community Based Care Lead Agency, outside of the home of the child's parent or legal guardian. This includes placement in licensed (i.e.: shelter, foster home, group home, residential treatment center) and non-licensed (relative/non-relative) settings.

**Prescribing Practitioner** – a physician licensed under Chapter 458 or 459, Florida Statutes, or an advanced registered nurse practitioner licensed under 464, Florida Statutes.

**Psychotropic Medications** - any chemical substance prescribed with the intent to treat disturbances of reality testing, cognitive impairment, mood disorders, or emotional dysregulation; and those substances, which though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry or involve any of the medications in the categories listed below. The medications include, without limitation, the following major categories:

- A. Antipsychotics
- B. Antidepressants
- C. Sedative Hypnotics
- D. Lithium
- E. Stimulants
- F. Non-Stimulant Attention Deficit Hyperactivity Disorder medication
- G. Anti-Dementia medications and cognition enhancers
- H. Anticonvulsants and alpha-2 agonists; and
- I. Any other medication used to stabilize or improve mood, mental status, behavior, or mental illness



## **Statement of Procedure:**

This operating procedure establishes guidelines for Child Advocates/Dependency Case Managers (CA/DCM), Intake and Placement Advocates and caregivers in administering medications, the tracking of medications given, and the documentation required.

### **A. Psychotropic Medications**

See ChildNet Policy and Procedure CN 003.052: Psychotropic Medication for Children in Out of Home Care for specific protocols related to Psychotropic Medications.

### **B. Administration and Storage of Medication**

1. Prior to the administration of medication to a child in out of home care, consent consistent with ChildNet Policies and Procedures: CN 003.011 Consent for Medical Screening, Examination, and Treatment and CN 003.012 Consents by Parent/Legal Guardian/Child Related to Release of Information/Records and Medical Examination, Care and/or Treatment must be obtained.
2. Prescription medications are to be properly labeled and packaged, including the name of the person, dosage and name of medication, name of prescribing physician, expiration date, and number or code identifying the written order as applicable.
3. When children are receiving prescription medication, administration of over-the-counter medication is to be done in consultation with a qualified medical professional to identify any possible adverse interaction of medications. When individuals are receiving prescription medication, the CA/DCM will provide information to the qualified personnel about the medications the individual is taking at the time of each visit; and the CA/DCM will request that the prescribing clinician compares current medication the individual is taking at the time of each visit, including vitamins or other non-prescription medications, with new or changed medication orders to identify possible adverse interaction of medications. For over the counter medication providers should follow the dosing and administration recommendations of the manufacturer.
4. In accordance with 65C-14.015 in regard to facilities, "All medicines and drugs shall be kept securely locked and shall be administered only by agency staff. Prescription medications shall be prescribed only by a duly licensed person."
5. An accurate log is to be kept of the administration of all medications including the following:
  - a. Name of the child for whom it is prescribed
  - b. Doctor's name and reason for medication
  - c. Quantity of medication in container at admission
  - d. Method of administration of medication, that is used orally, topically, or injected
  - e. Amount of medication administered
  - f. Time of day the medication was administered
  - g. Signature of staff member or caregiver who administered the medication; and
  - h. any missed dosages with an explanation as to why the dosage was missed.
6. A child may never be given medication prescribed for another child.
7. Proper protocol and control procedures are to be followed that govern the administration and storage of prescribed and over-the-counter medication that include:



- a. Locked, supervised storage with access limited to authorized personnel.
- b. Packaging in child proof container and labeling with the name of person served, medication name, dosage prescribing physician name, date it was dispensed, and number or code identifying the written order.
- c. If the child is taking unlabeled medication or prescription information is insufficient, the Child Advocate/ Dependency Case Manager is to contact the prescribing physician to ensure the proper identification and labeling of the medication or to arrange for a medical evaluation in order that treatment is not interrupted.
- d. Appropriate disposal of out-of-date or unused medication, syringes, medical waste, or medication prescribed to former children served.
- e. A record of who received medications, what medications were administered, and when and by whom medications were administered. ChildNet staff and caregivers are to utilize a Medication Log Form for purposes of this documentation. The log may be ChildNet's or issued by the foster care/residential provider. Any medication dosages missed, and the reason why, are to also be recorded on this form, which must be signed by the ChildNet staff person or caregiver administering the medication.
- f. ChildNet and its subcontracted providers, are prohibited from dispensing drug samples without a prescription for the specific medication.
- g. Record of all appointments scheduled and related to the medications are to be documented in the SACWIS and the child's case file within 2 business days by the Intake and Placement Advocate or the CA/DCM.

### **C. Placement Change**

If a child taking medication is removed from an out-of-home placement and placed into another out-of-home placement, the Child Advocate/DCM is to obtain the Child Resource Record and any prescription medication that the child is currently prescribed.

- I. The Child Advocate/DCM is to obtain the medication in labeled medication bottles, inventory the medications provided, and transport the medications to the child's new caregiver at the time of placement. At no time is the medication to be handed to the child.
- II. The Child Advocate/DCM must provide the caregiver receiving the child with sufficient information about the medication to ensure that the medication is continued as directed by the prescribing physician. The information is to include, at a minimum:
  - a. The full name of the child for whom the medication is prescribed
  - b. The condition and purpose for which the medication is prescribed
  - c. The prescribing physician's name and contact information
  - d. The pharmacy from which the prescription was obtained and the contact information
  - e. The prescription number
  - f. The medication(s) name and dosage(s)
  - g. The times, frequency, and method of administration, and if the dosages vary at different times



- h. Any identified side effects, risks, contraindications, or monitoring instructions (including possible side effects of stopping the medication)
- i. The physician's plan to reduce and/or eliminate ongoing administration of the medication
- j. Any other specific instructions regarding the medication; and
- k. The caretaker will sign and date the Medication and Durable Medical Equipment Confirmation form to indicate receipt of the child's medication and understanding of instructions regarding medication and equipment
- l. If the child is taking unlabeled medication or prescription information is insufficient, the Child Advocate is to contact the prescribing physician to ensure the proper identification and labeling of the medication or to arrange for a medical evaluation in order that treatment is not interrupted
- m. The complete and up-to-date Child Resource Record (CRR) is to be provided to the caregiver on the date of placement and is to include a copy of the current Medical Report, which the Child Advocate/DCM is to review with the caregiver

#### **D. Documentation**

Documentation pertaining to medication provided to a child in out of home care is to be entered into the SACWIS and the child's case file by the Intake and Placement Advocate or the CA/DCM within 2 business days of the action taken.

- E. ChildNet and its subcontracted providers, will assess the effects of medications on the person served based upon: documentation in the person's case record; his/her medication profile; the observations of personnel, the person served, and his/her family; and medical tests that are necessary to determine the impact of the medication on the person served. The CA/DCM will ask about the effects of medication on the service recipient during contact with the caregiver and consult with medical professions, as necessary.
- F. For each child entering shelter or foster care who does not have a valid Medicaid number (due to alien status, coming into care for the first time, or returning to care) as verified by the Intake and Placement unit (SafePlace), emergency prescriptions are available through an agreement with a designated pharmacy.

#### **G. Caregiver Information**

At the time of placement, the Intake and Placement Advocate or CA/DCM is to deliver the child's medication to the caregiver in the properly packaged and labeled bottle. Administration instructions including name(s) of medication, dosages, times of administration, number of pills in bottle, and prescribing physician's name and contact information are to be provided to the caregiver and documented by the Intake and Placement Advocate or the CA/DCM.

#### **H. Training**

ChildNet personnel and subcontracted provider personnel directly involved in medication control and administration are qualified by a license or receive training and demonstrate competence in medication control and administration, and knowledge of applicable legal requirements.

**President's Signature:** \_\_\_\_\_

**Date:** 5/2/12