

Ten Common Mistakes Observed in Medication Administration

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Disclaimer

- Athletic Trainer
- Compensation for SportPharm
- States Vary
- No Holiday Inn last night

Do you currently have Rx medications in your ATR?

1. Yes
2. No
3. Don't Know

0%

Yes No Don't Know

If you were to give your program a grade for medication administration what would it be?

1. A
2. B
3. C
4. D
5. F

0%

A B C D F

Federal - State Jurisdictions

- Occupational Health and Safety Administration (OSHA)
- Drug Enforcement Administration (DEA)
- Food and Drug Administration (FDA)
- State Board of Pharmacy (SBOP)
- State Board of Medicine (SBOM)
- State Board of Athletic Training (if applicable)

Introduction

Adherence to Drug-Dispensation and Drug-Administration Laws and Guidelines in Collegiate Athletic Training Rooms
L Kahanov et al - San Jose State Univ
Journal of Athletic Training 2003;38(3):252-258

Continued...

Results: Adherence scores were collected from 168 college and university ATCs. The data suggest that ATCs in most athletic training rooms are still not complying with federal drug laws.

Conclusions: Athletic trainers should work in conjunction with members of the sports medicine team to review federal and state laws and revise institutional drug policies and procedures to comply with regulations in order to provide the best health care to student athletes in a legal and safe manner.

Introduction

Consensus Statement: Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility

L Kahanov et al

NATA News January 2009:14-16



Consensus Statement Writing Group

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Ten Common Mistakes Observed in Medication Administration

Not in any particular order.
Frequency vs. Severity

10. Policy and Procedure Manual

- Highly advisable - more detailed is better
- Contain all documentation/signatures
- Updated annually with physician(s)
- Only licensed person can dispense (MD, NP, PA-C)
- Authority is not transferable
- Administer vs. Dispense
- Athletic trainer NEVER allowed to dispense
 - Distribute
 - Assist

Do you have a policy and procedure manual for Medication Administration?

1. Yes
2. No

0%

Yes No

Definition of Dispensing

- Receiving an order from a physician.
- Interpreting the order.
- Selecting the appropriate medication.
- Counting, pouring and filling the container.
- Affixing the label.
- Furnishing the drug to the patient.
- Counseling the patient.
- Pharmacy vs. Physician Stock of Medications

9. OTC Record Keeping

- Often overlooked
- Can be challenging
- Provides protection for institution/organization

8. Storage

- Simple solutions can work well
- Chain of custody for security must be clear
- Access must be limited
- Written documentation

Storage:

- Environmental Control
- OTC and prescription medications should be stored in a locked metal cabinet that is environmentally controlled (dry temperature between 59 - 86° F) and secured by tamper-proof locks.
- Keep them in Special Location
- Controlled substances must be stored separately from other medications within the locked cabinet, as must manufacturers' samples.
- Accessibility
- Storage area should be inaccessible to athletes (and other unauthorized individuals).
- Access (keys) limited to the facility's personnel. (ATC, MD, DO, PA, etc)



7. Record Keeping

- Administration/dispensing records must be kept
- Must be accurate
- Must be readily-retrievable for three years

Documentation:

- Distribution of both prescription and OTC medication should be recorded at the athletic training facility to maintain inventory control and include:
 - Patient's name
 - Injury/illness
 - Medication given
 - Dose
 - Quantity
 - Lot number (if possible)
 - Date administered or dispensed.
- All patient-specific information should be transferred to the individual's chart.
- Iontophoresis or phonophoresis medications should be prescribed specifically to the patient/athlete receiving treatment and the details should be noted in the individual patient's daily treatment log.

6. Unsecured Medications

- Emergency medications
 - EpiPen, albuterol, etc.
- Medications administered per treatment protocol (Ionto/Phono treatment meds)
- Bench kit
- Travel bag

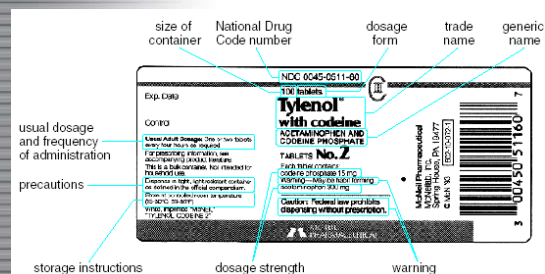
5. Repackaging

- Must be licensed specifically by the FDA
- Filling a prescription is not repackaging
- Large (bulk) container to smaller container
- Stored for distribution to end-user
- No athletic trainer can be licensed
- Physicians can be licensed
 - Labeling requirements often ignored

Packaging/Labeling:

- OTC medications should be maintained in single-dose packets, complete with information required by the FDA's 7-point label guideline:
 1. Name of the product
 2. Name and address of the manufacturer; packet or distributor
 3. Net contents of the package
 4. Established name of all active ingredients and the quantity of certain other ingredients, whether active or not
 5. Name of any habit-forming drug contained in the preparation
 6. Cautions and warnings needed to protect the consumer
 7. Adequate directions for safe and effective use

Reading the Label



4. Agency and Authorization

- Documentation
- Physician and Pharmacist
- Physician and Athletic Trainer
- Athletic Trainer and Athlete

3. Samples

- Highly regulated
- Can only be received/distributed by the physician
- Separate records
- Separate storage
- Regulators will look closely when samples present
- Can not transport

Do you have samples in your ATR?

- 1. Yes
- 2. No
- 3. Don't Know

0%

Yes No Don't Know

2. Controlled Substances

- DEA certificate REQUIRED wherever meds are stored, received, administered, or dispensed
- Require separate storage
- Must be stored securely & access limited
- CURES reporting (CII-IV) - CA, AZ
- Never order/accept in ATC's name for distribution to others

1. Expired Medications

- Violates state and federal statutes
- Do NOT become the property of ATCs
- Strict rules for disposition - not to be flushed
- Controlled substances require extra documentation
- Reverse wholesalers

Do you have any expired medications?

- 1. Yes
- 2. No

0%

Yes No

Disposal:

- Expired prescription and OTC medication should be disposed of properly, as recommended by the pharmacist from whom the medication was ordered.
- Do not flush or remove for personal use any medication, but especially controlled substances.
- Outline the disposal process in the *Policy and Procedure of Medication Use*.

Consequences of Non-Compliance

- Consequences for non-compliance range in severity.
- State, federal laws and DEA regulations can be used to determine non-compliance and any penalties or discipline derived thereof.
 - Specific federal regulations include the Prescription Drug Marketing Act 21 CFR; Food, Drug, and Cosmetic Act 21 USC and 15 USC; and the Federal Controlled Substance Act 21 USC.
 - State laws can also dictate the consequences of non-compliance.
- Additional consequences beyond state and federal law may be extended through the Board of Certification Inc., and the state licensure board.
- This Consensus Statement should not be relied upon as legal advice, but rather as a guideline for best practices and a tool to help avoid foreseeable pitfalls.

If you were to give your program a grade for medication administration what would it be?

- 1. A
- 2. B
- 3. C
- 4. D
- 5. F

0%

A B C D F

Resources

Corson, Patel, Navitskis, Reifsteck, Ward, Policies and Procedures in Athletic Training for Dispensing Medication. Athletic Therapy Today, Jan 2005

Houglum, Harrelson, & Dunn, Principles of Pharmacology for Athletic Trainers, SLACK

Mangus & Miller, Pharmacology Application in Athletic Training, FA Davis



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Program Components

- Compliance
 - Forms
 - Policy and Procedure
- Software Tracking System
- Rx and OTC Medication
 - Online / Software Ordering
- Prescription Reimbursement

- Cost: \$500 for software and the school gets an immediate \$500 credit with the pharmacy.

Thank You