

Madison Area Rehabilitation Centers

Client Medication Administration Services Summary 2009

- ✓ **What if I need help to take my medications while attending MARC programs?**
 - Discuss all your medical needs with your Program Director to determine if MARC staff have the training and skills necessary to safely administer or assist in administration of your medications. All medication administration services provided by MARC staff must have prior approval from the Program Director.

- ✓ **What paperwork is required for MARC staff to assist me with my medications?**
 - Consent to Administer Medications form
 - Current medication list
 - Written and signed order from physician
 - **ALL** medications **MUST** be properly labeled and packaged

- ✓ **How do I make sure that my prescription medications are properly labeled and packaged?**
 - **Labels** MUST include the following:
 - Client Name
 - Medication Name
 - Time of Dosage
 - Route of Administration (i.e. by mouth, inhaled, etc.)
 - Expiration Date
 - Name of Prescribing Physician (if a prescription medication)
 - ALL INFORMATION **MUST** BE LEGIBLE!!!
 - **Packaging** MUST be one of the following:
 - Unit Dose or Unit Time Packets
 - Blister Pack
 - Multi-day Pill Holder or similar device
 - ALL PACKAGING **MUST** BE LABELED BY A PHARMACIST (if a prescription medication)

- ✓ **What if my medication is an Over-the-Counter, Homeopathic, or other like Aspirin, Tylenol, cough syrup or hydrocortisone cream.**
 - Talk to the Program Director about requirements and approval.

- ✓ **Can I store my medications at MARC facilities?**
 - By law, different medications have different storage requirements, talk to your Program Director to determine if required storage is available.

- ✓ **What if my medication needs change while attending MARC programs?**
 - Discuss all medication changes with your Program Director to ensure the ability for MARC staff to continue to safely provide medication administration services.

See Program Director for more information and complete policy!

Labels **MUST** include the following:

- ✓ Client Name
- ✓ Medication Name
- ✓ Time of Dosage
- ✓ Route of Administration (i.e. by mouth, inhaled, etc.)
- ✓ Expiration Date
- ✓ Name of Prescribing Physician (if a prescription medication)
- ✓ ALL INFORMATION **MUST** BE LEGIBLE!!!

Packaging **MUST** be one of the following:



Blister Pack



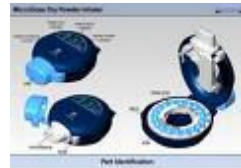
Unit Dose



Multi-day Pill Holder



Unit Time Packet



Multi-Unit Dose

ALL PACKAGING MUST BE LABELED BY A PHARMACIST (if a prescription medication)

