



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

LICENSED INDEPENDENT PRACTITIONER REVIEW OF PATIENT MEDICATION REGIMEN

Effective Date: August 1, 2012

Policy #: PS-03

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I. PURPOSE: To ensure patients at Montana State Hospital (MSH) are free from unnecessary or excessive medications as per Montana Codes Annotated (M.C.A. 53-21-145).

II. POLICY:

- A. The attending licensed independent practitioner (LIP) is responsible for all medications given or administered to a patient.
- B. A medication may not be administered unless there is a written order by an LIP.
- C. Notation of each individual's medication must be kept in the individual's medical records.
- D. Review of a patient's drug regimen by the attending LIP will be done no less than weekly.
- E. Medications may not be used as a punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program.

III. DEFINITIONS:

- A. MAR - Medical Administration Record, which lists all medications that a patient is taking at the given time.
- B. LIP -- Attending physician or advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing.

IV. RESPONSIBILITIES:

- A. The attending LIP is responsible for reviewing the MAR weekly to determine the appropriateness of all medication administered.
- B. Pharmacy and Nursing department will ensure each patient's MAR is updated as needed and reflects all the current medications.

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V. PROCEDURE:

- A. In accordance with current Montana statute, the attending LIP will review the drug regimen of each patient admitted under his or her care on a weekly basis.
- B. On a weekly basis, the attending LIP will review the MAR on each patient (see sample attached). At that time, the LIP will initial the MAR to document the drug regimen has been reviewed and is appropriate. If changes are necessary, this will be recorded on the Progress Notes and signed by the LIP. The date the review takes place will also be recorded on the MAR.

VI. REFERENCES: M.C.A. 53-21-145

VI. COLLABORATED WITH: Director of Nursing Services, Medical Director, Pharmacy Director

VIII. RESCISSIONS: #PS-03, *Practitioner Review of Patient Medication Regimen*, dated July 13, 2009; #PS-03 *Practitioner Review of Patient Medication Regimen* dated August 22, 2006; #PS-03 *Practitioner Review of Patient Medication Regimen* dated June 6, 2003.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AND REISSUE DATE: August 2015

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS: MAR

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

Medication Administration Record

Page _____



Notations

*Self
Med
Program*

Patient Picture Here	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	
	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	
	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	
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WEEKLY CHECK OF ALL MEDS:				PLEASE CHECK COMPLETE ENTRIES - VERIFY AND INITIAL			
				Nurse's Signature			
PHYSICIAN	Tocher, Marlene			WEIGHT	AGE	SEX	PT. CODE
DIET	regular diet double portions				58	M	
DIAGNOSIS	schizoaffective, substance abuse			ADMISSION DATE		UNIT	
ALLERGIES	Dust ** Cat hair ** Cat Dander ** ASA ** Watermelon ** PCN **			2/27/01		D Unit	
				DATE OF BIRTH		SOC. SEC. NUM.	
				2/27/51		123456789	
				MEDICARE NUMBER			
				WCY123456ACG			

Charting for: 7/1/2009 through 7/31/2009

PATIENT: AAA, Test G

Pt. #: 01010