Developmental Disabilities Nurses of New Hampshire
State Office Park South
105 Pleasant Street – Main Building
Concord, NH 03301
(603) 271-5034

FREQUENT QUESTIONS:

1) **When is the next Nurse Trainer Orientation**?
   a) Send a letter of request on agency letterhead requesting designation for your nurse as a NH Bureau of Developmental Services Nurse Trainer; and
   b) A copy of his/her current NH RN license; and
   c) A chronologically dated resume to: Stacy Colby, Bureau of Developmental Services – Main Building, 105 Pleasant Street, Concord, NH 03301. Orientations are then scheduled after requests are approved.
   d) **Please indicate if conditional designation is needed.** A 45-day conditional designation may be granted, per He-M 1201.09 (b), if requested. A nurse granted conditional designation cannot authorize or re-authorize providers to administer medications, but can supervise currently authorized providers per He-M 1201.09 (c). http://www.gencourt.state.nh.us/rules/he-m1200.html

2) **Suggestion from the Medication Committee Regarding How to Handle Prescription Changes When the Label on the Bottle Can't Be Changed by the Pharmacy:** When the licensed practitioner changes the dose or frequency of a medication and the personnel of the certified home are unable to obtain a new prescription label:
   a) Personnel will place the medication container in a resealable plastic bag along with a copy of the new medication order. The original container will be clearly and distinctly identified with a red mark on the label in a manner that does not occlude or modify the original pharmacy label. This indicates that there has been a change in the medication order.
   b) The licensee shall maintain a list in the front of the certified home's medication record that indicates the following:
      i) The name of any individual whose medication dose or frequency has changed as identified above;
      ii) The name of the medication that has been changed;
      iii) The signature of all personnel who administer medications, indicating that they are aware of the change in the medication dose or frequency.
   c) Personnel shall put a line through the changed entry and the rest of the month's corresponding spaces on the daily medication record, indicating that the dose has been changed, and transcribe the new order in the next space available on the medication record.
   d) This shall be allowed until the current supply of medication is exhausted (ie.30/60/90 days). (Approved by Medication Committee and Bureau of Health Facilities, 9-29-05).

3) **What is the practice with medication samples given from the practioner's office?** See Item #2 above (June 2006 DDNNH meeting).

4) **The He-M 1201 Training Curriculum,** 11/03 with 10/04 edits, is available on the DDNNH website:http://www.dhhs.nh.gov/DHHS/BDS/LIBRARY/Training+Material/ddnnh-training.htm

5) **Tests and Answer Keys**, 11/03 with 10/04 edits, must be obtained by requesting them from Stacy Colby: **Scolby@dhhs.state.nh.us** or 271-5033.

6) **Waivers** – The March 2005 He-M 1201 Waiver form must be utilized when applying for a waiver, to include the Area Agency signature. The form can be found on the DDNNH website: http://www.dhhs.nh.gov/DHHS/BDS/DDNNH. Please send He-M 1201 Waiver Requests to:
DHHS Bureau of Developmental Services
ATTN: Stacy Colby
105 Pleasant Street - Main Building
Concord, NH 03301

7) **Electronic Epi-Pen Waiver:** –In light of the many He-M 1201 waivers sought for the administration for the Epi-Pen, the Medication Committee has issued an electronic Epi-pen waiver. Dr. Camilla Jones has authorized the use of this electronic Epi-Pen waiver form with her typed name as official approval. Please read the form carefully. It can be used for one individual, or for an entire program. However: this Epi-Pen waiver presumes that the Nurse Trainer is aware of **each** individual's needs. The He-M 1201 Epi-Pen Waiver Form can be found on the DDNNH website: http://www.dhhs.nh.gov/DHHS/BDS/DDNNH (June 2006).

8) **Frequency of QA's:** Per H-M 1201.08 (b), Nurse Trainers perform QA's on a semi-annual basis at family residences where 3 or fewer individuals are receiving residential/personal care services. Separate day programs under He-M 507 require monthly QA's. In those cases where individuals receive their day services pursuant to He-M 507 through the family residence (i.e. "whole-life" service arrangements), semi-annual (or more frequently if necessary) QA's are permissible if deemed sufficient by the Nurse Trainer. (Memorandum of Understanding 10-03-05).
   a) **Are QAs required to occur on a specific day of the month, month after month, rather than anytime during the month?** No, monthly means at least once every month so that there is some flexibility as to when a monthly QA in accordance with He-M 1201.08 (b) (2) can be done. For example, a monthly QA could be done on January 1, 2006 and then on February 28, 2006 and still be within regulation. (April 2006 DDNNH meeting)
   b) **Define semiannual QAs:** He-M 1201.08 (b) states that Quality Reviews shall be performed semiannually (for residences with 3 or fewer individuals and services provides through He-M 521 or He-M 524). Semiannually means: for example, the time between December 1, 2005 and May 31, 2006 and then June 1, 2006 through November 30, 2006. (May 2006 DDNNH meeting)

9) **"Mock" authorizations**: The purpose of clinical observation is to determine the authorized provider's competency to safely administer medication. Evaluation of competency requires that providers show they have the "knowledge, skills and judgment" to safely administer meds. Please refer to He-M 1201.03 (i) and especially He-M 1201.05 (g) that references the Nurse Practice Act and delegation. http://www.gencourt.state.nh.us/rules/he-m1200.html
http://gencourt.state.nh.us/rules/nur.html

10) "**Respite" and medication administration**: When we talk about "respite," we can mean when an individual goes home with their family, and medication is administered by the family. Some agencies write and "F" with a circle in the med log, signifying that the med was administered by the family. When respite care is provided by employees of an area agency or a subcontracted agency, and services are provided in a residence certified under He-M 1001 or He-M 521, the provider needs to be trained in accordance with He-M 1201. The practice of bringing the individual who is receiving services outside of their certified home and saying they are on "respite" so an unauthorized staff person can administer medications is unacceptable (Bureau of Developmental Services).

11) **60-day grace period**: In those situations where an individual's annual health assessment is being delayed *because of a cancellation by the physician or the individual being hospitalized*, and either of these two reasons is clearly documented, a 60-day grace period applies before a deficiency is cited. For all other situations, the 30-day grace period still applies to He-M 1001.06 (a). (Memorandum of Understanding 10-03-05).
    a) **Define annual health assessment:** The intent of He-M 1001.06 is for individuals to receive a professional and complete health assessment one time per year, unless the health care provider specifies otherwise or the exam is declined by the individual/guardian. This should occur once within a 365-day period of time with the grace periods allowed in item #12 above. (May 2006 DDNNH meeting)

12) **30-day grace period**: Self-Med Assessments. A 30-day grace period has been approved for He-M 1201.04 (d) regarding annual assessments of individuals who self-medicate, allowing flexibility for re-assessment scheduling. The expectation remains that assessments shall occur more frequently as necessitated by the need of the individual who is receiving services (February 2010 Medication Committee; concurred with the Bureau of Health Facilities Feb. 2010).

13) **What is the definition of "medically frail?"** Individuals in frail health are those who have an acute and/or chronic medical problem that results in an inability to perform their normal activities of daily living or their daily routines, and which requires ongoing monitoring to prevent deterioration. (NH DHHS April 2005).

14) **"Stable client"** from NUR 401 means a client whose health status is under control and raises no expectation that the client's symptoms, vial signs or reactions to medications will suddenly change. NH Board of Nursing Part 400 rules can be found at: http://gencourt.state.nh.us/rules/nur100-900.html#nur400

15) **OTC drugs** - as of December 2, 2008, the NH Medicaid Pharmacy Program (First Health Services) will no longer cover medication not listed on the Non-Legend (OTC) Drug List and all cough and cold preparation, both legend and non-legend. The exception form will no longer be valid. Notices posted by the NH Medicaid Pharmacy Program can be found at: **http://newhampshire.fhsc.com/providers/ptac.asp**

    The NH Medicaid Clinical Prior Authorization (PA) Program was implemented to improve quality and manage drug classes that have been identified as requiring additional monitoring. This program is also intended as a means of ensuring that drugs are being prescribed for the right patients and for the appropriate reasons, while still monitoring drug expenditures.

Clinical Prior Authorization Request Forms can be found at:
http://www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/LIBRARY/Form/pdl-prior-authorization-form.htm

16) **Guidelines for use of Homeopathic Remedies** are available on the DDNNH website: http://www.dhhs.nh.gov/DHHS/BDS/LIBRARY/Training+Material/ddnnh-training.htm

17) The **Bulletin Board** can be found at the DDNNH website. He-M 1201 forms and instructions, DDNNH Meeting Minutes and Agendas, the training curriculum, and waiver forms are posted there: http://www.dhhs.nh.gov/DHHS/BDS/DDNNH. It is no longer interactive secondary to spamming issues.

18) Please get on our quasi-listserve **email list** where Questions and Answers are regularly exchanged. Send your email address to: JButterworth@dhhs.state.nh.us or 271-5657.

DDNNH Nursing Practice Issues

Nurses have the statutory right and moral responsibility to make independent nursing assessments and to plan and carry out nursing care according to their own knowledge, skill, and judgment. New Hampshire Board of Nursing: http://www.nh.gov/nursing/

NURSING DELEGATION STANDARDS are clear on training requirements, competency, supervision requirements, and documentation. How a nurse approaches delegation of tasks outside of He-M 1201 is built on **NH Board of Nursing Rules NUR 404** regarding what kind of documentation is in place, including documentation of training, competency, supervision, and rescinding if not competent. For example, a good standard of nursing care would be to document that Jane Doe was trained on (date), proved competency on this (date), is provided supervision via (state how), is reauthorized annually on this (date), and shall be rescinded after one written warning if no longer competent.
http://gencourt.state.nh.us/rules/nur100-900.html#nur400

A. **When authorizing and reauthorizing staff to administer medications in accordance with the He-M 1201 Curriculum, will the new abbreviations (i.e. daily, not qd) be in use in per JCAHO standards?** Although the NH Board of Pharmacy has not taken a position on this issue as of February 2007, the NH Board of Nursing voted on February 15, 2007 to adopt the JCAHO position on abbreviations, and stated that the JCAHO ruling is appropriate and applies the element of patient safety important to the BON.
www.jointcommission.org/PatientSafety/DoNotUseList/

B. **How much nursing judgment is the Nurse Trainer expected/allowed to use when developing the PRN protocol for unlicensed staffs' use?**
   i. While the Nurse Trainer cannot change a practitioner's order, s/he can clarify and interpret for non-licensed staff, which is within the scope of his/her Registered Nurse practice. Not only does the Medication Committee believe that Nurse Trainers should use their judgment in deciphering and individualizing medication orders, it is also understood to be an inherent aspect of their job. Although the Nurse Trainer can neither alter nor limit the practitioner's order, it is up to the Nurse Trainer to interpret

medication orders for unlicensed persons as long as the nurse is not changing the essence of the practitioner's order.

ii. In the event that an ordering practitioner does not include specific instructions, or, indicates "use as directed," the Nurse Trainer will, in accordance with He-M 1201.03 (g) provide a PRN protocol that identifies the specific conditions(s) for which the medication is given; a maximum daily dosage; and any special considerations. If there is concern about any aspect of the order, the Nurse Trainer should clarify the ordering practitioner's expectations.

iii. The Nurse Trainer can also request to be notified by med authorized staff at a particular point prior to medication administration (Medication Committee response March 2005).

iv.

C. **When a practitioner orders med for am, pm, or hs, are nurses writing down specific times on the med logs?** Sometimes because of a particular individual's life it is more useful to have a "freer" interpretation of time than the 1/2hr window. If the prescribing practitioner does not have specific times in mind, then we (nurse/provider) may choose to be more natural in our supports of allowing a time variance. In that case the 1st box of the time space on the med log says AM and under it (for reminding purposes) is written the word Time and then in the 3rd box down is written either PM or HS and in the 4th box the word Time again. Next to AM on each day of administration the provider initials and then below it documents the actual time of administration. A discussion between the provider(s) and nurse trainer occurs at the onset for acceptable time frames but this mechanism allows a much wider "window" - maybe some days the individual has to get up particularly early for work or stay out late for community events or school and on the w/e likes to sleep in. Without changing the prescribing practitioner's order, we allow safe flexibility within the expected guidelines (June 2006 DDNNH meeting).

D. Is it acceptable to maintain a **PRN medication order** without transcribing it to the med log? The December 2005 Medication Committee meeting clearly interpreted the intent of safe medication administration in accordance with He-M 1201 requires that all orders should be on the log.

E. Is it appropriate for a staff person authorized to administer medication to document the effects of a PRN medication administered by another med authorized staff person? YES! Not only is it appropriate but also practical as the authorized person who administered the med may not be there to document the effects, as is standard practice in health care settings. (The person documenting the effects must be med authorized).

F. **G-tube feedings**: G-tube feedings have historically been reported in an optional way to the Medication Committee; however, the He-M 1201s do not mandate medication authorization for G-tube feedings. How do we know people are receiving their enteral feedings? There also has been discussion around other MD orders (not medications) as to whether or not they should be documented in the same way.

i. G-tube feedings are clearly a delegated task under the NUR 404s, which call for the same standard of care, as would any other procedure. It is reaching beyond the 1201 rule http://www.gencourt.state.nh.us/rules/he-m1200.html to require medication authorization for g-tube feedings (NH BON Fall 2005).

ii. Nurses can make the decision if they want non-authorized people signing on the med log, as long as non-authorized people are not signing off on medications, as 1201

applies to med administration only. **Many use a treatment sheet.** (December 2005 DDNNH meeting).

G. **First Aid:** What is the policy for First Aid? The majority at the February 2006 DDNNH meeting concurred that anything beyond soap and water and a band-aid constitutes the need for an ARNP/MD's order and nursing delegation standards (April 2006 DDNNH meeting).

H. **What is the standard on the use of hydrogen peroxide to clean ears?** It should be considered a treatment, requiring ARNP/MD orders and nursing delegation standards (DDNNH listserve May 2006).

I. **Bugspray/Sunscreen:** The medication committee's recommendation regarding the use of sunscreen and bugspray has been consistent in that we recommend that doctor's orders and/or protocols be obtained for these substances only if the individual's health condition indicates the need for a specialized product and/or physician evaluation (ie: in the case of an individual with a skin condition or history of allergic reaction or sensitivity to topical preparations or pesticides). Otherwise, a doctor's order is not necessary. (August 2000 Medication Committee).

J. **Non-prescription lotions:** Regarding the use of non-prescription lotions, the medication committee recommends that doctor's orders and/or protocols be obtained for these substances only if the individual's health condition indicates the need for a specialized product and/or physician evaluation (ie: in the case of an individual with a skin condition or history of allergic reaction or sensitivity to topical preparations). Otherwise, a doctor's order is not necessary. (February 2010 Medication Committee).

K. **Can a nurse transcribe telephone orders from a pharmacist? NH Board of Nursing response:** Several comments and additional information have been received and the board revisited the question. At the 3/16/06 board meeting the board opined it is within the scope of the licensed nurse practice to accept a doctor's order that has been documented or clarified by the licensed pharmacist.http://www.nh.gov/nursing/

L. **Can a person be self-medicating and not be able to open the medication containers?** The answer is yes; a person can be self-medicating if there are mechanical problems around opening containers as long as He-M 1201.04 requirements are met. (April 2006 DDNNH meeting)

M. **What if medication orders expire prior to the annual assessment?** Many nurses write up a continuation order for the health care provider to sign, making the medication orders valid until the appointment. (May 2006 DDNNH meeting).

N. A**re saline nasal spray and natural tears treated as medications?** The majority of the November 2005 meeting voted "yes."

O. **How to document coumadin orders**: Have the order read "give according to blood level indications," and having the dosages chart directly in the MAR (June 2006 DDNNH meeting).

P. **How to document special diets**: – for example, an order for a NAS diet – have written documentation of diet and place in MAR or in a treatment book, with documentation of nutritional consult (June 2006 DDNNH meeting).

Q. **Camp Nursing Rules** are Part Env-Ws 1120 RULES PERTAINING TO THE OPERATION OF YOUTH RECREATION CAMPS. It is advised that the policies of the camp be determined and followed. Camps that are operated for campers who are physically or mentally disabled require that a NH Registered Nurse, LPN, MD, or ARNP/PA be present. Each camper shall have a health history and statement of health status prepared by an MD, ARNP/PA prior to attendance.

R. **Med Assessment in Day Programs:**

i. Rules governing Day Services are He-M 507. A medication review sheet for each individual is required for each medication administered; therefore, if the individual is not receiving any medications, they will not have a medication review sheet.

ii. However, each individual is required to have a current health assessment. A health assessment is defined as, "an evaluation of a person's health status done by a physician or other licensed practitioner for the purpose of making recommendations regarding strategies for promoting and maintaining optimum health." Communication needs to start at the Agencies so that nurses are aware of new people coming into program. Nurses should be a part of the intake process

S. **What is the difference between a person authorized to administer medications under He-M 1201 and a Medication Nursing Assistant**?

i. Nursing Assistants are licensed by the NH Board of Nursing, must be supervised by a LPN or RN and their scope of practice is specifically regulated by the NH Board of Nursing through the NH Nurse Practice Act, the Nursing Administrative Rules (primarily in section Nur 700) and through advisory rulings made by the Board. In order to remain active-in-practice, the LNA must work as a LNA, within the appropriate scope of practice and under the supervision of a RN or LPN, for 200 hours within the 2 years preceding license renewal or reinstatement. Licensed Nursing Assistants may not, according to Nur 404.04(b)(4), be delegated the task of medication administration unless they hold a certificate, issued by the Board of Nursing, pursuant to Nur 900. Licensed Nursing Assistants who work as unlicensed personnel cannot utilize the hours worked in this role toward meeting LNA active-in-practice requirements and cannot represent themselves, when working in an unlicensed role, as a LNA. Information about the activities included in the scope of practice of the Licensed Nursing Assistant (LNA) can be found online at: http://www.state.nh.us/nursing/faqlna.html

ii. Medication Nursing Assistants (MNA's) are Licensed Nursing Assistants who have completed a NH Board of Nursing approved Medication Nursing Assistant educational program consisting of a minimum of 60 hours of theoretical and clinical training. MNA scope of practice is also specifically regulated by the NH Board of Nursing through the NH Nurse Practice Act, the Nursing Administrative Rules (primarily in section Nur 900) and through advisory rulings made by the Board. MNA's, like LNA's must be supervised by a RN or LPN. Medication Nursing Assistants may not administer injectable medications, determine the need for a P.R.N. medication or calculate a dosage. Information about the activities included in the scope of practice of

the Medication Nursing Assistant (MNA) can be found online at: http://www.state.nh.us/nursing/faqmedication.html.

iii. Unlicensed personnel who provide personal care, health-related supports and/or nursing-related tasks such as bathing, continence care, catheter care, blood glucose monitoring, enteral feedings, etc., do so through delegation by a RN or LPN pursuant to Nur 404. Unlicensed personnel who are authorized to administer medications do so pursuant to the Nurse Practice Act, RSA 326-B: 43, VI, Nur 404 and He-M 1201. Nursing supervision is required for LNA's, MNA's and unlicensed personnel to whom nursing-related tasks have been delegated. The type of supervision (either direct or indirect) and the amount of supervision is determined by the delegating nurse based on the health condition and needs of the care recipient, the complexity of the task(s), the overall competence of the person to whom the care has been delegated and factors in the environment that may impact the outcome of the delegated task(s). Decisions about delegation must be based on Nur 404.04. The NH Board of Nursing Administrative Rules can be found online at: http://gencourt.state.nh.us/rules/nur100-900.html#nur100 and the Nurse Practice Act, RSA 326-B, can be found online at: http://www.state.nh.us/nursing/lawsrules.doc. (From Lorene Reagan, NH Board of Nursing, February 2006).