**Basic Responsibility**

## Licensed Nurse, Certified Medication Aides

**Purpose**

1. To define the schedule for administering medications recognizing resident choices and activities to the degree possible.
   1. The American Society of Consultant Pharmacists has recognized the cry for resident/patient centered medication times. They now offer an educational session on the topic “*What a Concept! The Flexible Resident-Centered Medication Pass.”* (Reference: <http://www.ascp.com/education/meetings/2009/midyear/FlexibleResidentCenteredMedicationPass.cfm> Program # 203-000-09-014-L01-P)
2. Recognize that certain, specified medications must be administered within in one hour before or after a specified administrative time (ex: 8 AM, 12 PM.)

# **Procedure**

1. The Medical Director at each community has approved the use of the following Resident Centered Care-Based Medication Times.
   1. Early Morning: per facility protocol
   2. Mid-Morning: per facility protocol
   3. Early Afternoon: per facility protocol
   4. Mid-Afternoon: per facility protocol
   5. Early Evening: per facility protocol
   6. Late Evening: per facility protocol
2. Medication instructions written by the attending physician for a number of times a day such as QD (every day), BID (twice a day), TID (three times a day), will be assigned to a time using the Resident Centered Care-Based Medication Times.
3. QID will be assigned specific administration times.
4. Medications requiring specified times will be assigned a specific time of administration.