CERTIFIED MEDICATION AIDES USE OF DISPOSABLE, INTEGRATED, MECHANICAL, MEDICATION DELIVERY DEVICES THAT ARE PREFILLED BY THE MANUFACTURER

N.J.A.C. 8:36 STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS allows the registered professional nurse to delegate the task of administering medications to certified medication aides.

In accordance with 8:36-11.5(b)(1)(i-ii) b) “The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter. 1. A unit-of-use/unit dose drug distribution system shall be developed and implemented whenever the administration of medication is delegated by the registered professional nurse to a certified medication aide."

However, the delegation of injectable medications is limited. The Chapter specifies at 8:36-11.5(b)(3)(i) that “(3) The certified medication aide shall not: i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above.”

After careful consideration the Department of Health will accept and review waiver requests by facilities that allow the registered professional nurse (RN) to delegate the administration of injectable medications other than insulin via disposable, integrated, mechanical, medication delivery devices that are prefilled by the manufacturer (commonly known as “pens”) to certified medication aides (CMAs).

The following is required, for any facility that plans to request this waiver.

Prior to allowing CMAs to administer medication via the “pen” method, policies and procedures must be developed for the use of the pens in the facility and for residents out on pass. Policies and procedures must address at a minimum the following:

A. Packaging and Storage

1. Original pharmacy box of pens / cartridges must be stored as specified by the manufacturer.

2. The pen / cartridge in use must be stored at the temperature specified by the manufacturer. If the recommendation is to store the medication at room temperature, store it in the medication cart up to the amount of time specified by the manufacturer. If the recommendation is to refrigerate the pen in use, check with the RN for specific storage details.
3. Pharmacy to label individual pens / cartridges with the resident’s name and provide space for the date that use starts. Label must be on the pen / cartridge body not the cap.

4. Safety needles must be used on the pens in accordance with N.J.A.C. 8:43E-7.

B. Training

1. Each pen type and medication is unique. The RN must instruct the CMA on the use of each type of pen and on any unique medication administration instructions.

2. Before allowing the CMA to administer any medication via a pen, the attached Instructor's Rating Sheet for Duty area 2.1(a) must be completed for the CMA for each type of pen they will be using.

3. Whenever an RN delegates the administration of a new medication via a pen to a CMA, the RN shall observe the first doses administered by the CMA. The RN shall remain on-site for at least four hours following administration of a new medication via the pen method to monitor for adverse side effects. The Facility shall establish a policy for the number of doses that the RN shall observe that is based upon the pharmaceutical manufacturers' recommendations. However, in no case shall the RN observe administration of less than the first three doses or the first three days; whichever covers a longer period of time.

4. The RN should review with the CMA the special instructions that will be entered on the MAR re: the pen including:
   
   i. Priming instructions.
   ii. Mixing instructions.
   iii. Duration requirements: Specify the amount of time that the needle is to remain in the injection site before withdrawal.
   iv. Site rotation requirements.

5. The RN should review with the CMA at least the following cautions & warnings.
   
   i. Pens can become contaminated with fluid, cells and particles from the resident. They must never be used on more than one resident.
   ii. A drop may remain on skin after administration. This may be from the priming dose or early withdrawal of the needle. Symptoms of inadequate dosage must be monitored.

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iii. Extreme care must be exercised in checking that the correct medication is being given. The names of medications are often similar.

iv. Do not rely on color-coding. There is no standard. Therefore, colors from different manufacturers may not match.

v. Priming methods can differ when using safety needles. Some require that the safety needle be pointed down, NOT up, when priming the needle. You cannot withdraw the needle guard to visualize the needle while priming. This will lock the guard over the needle preventing further use of that needle.

vi. Do not push in injector button without a needle on the pen.

vii. Needles lock closed after the injection or if the guard is pushed down. One brand of safety needle has a red band that appears after use indicating that it is locked, but others have no indicator.