

## LEGACY HEALTH

### UNITY CENTER FOR BEHAVIORAL HEALTH

Guideline 902.5204

Origination Date: JUL 2018

Last Review Date: MAR 2025

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### SECTION: UNITY CENTER FOR BEHAVIORAL HEALTH

### TITLE: Medication Administration Precautions

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#### FACILITY:

Legacy Emanuel Hospital and Health Center (as applicable:  LEMC only  RCH only  Unity only)  
 Legacy Good Samaritan Medical Center  Legacy Medical Group  
 Legacy Meridian Park Medical Center  Legacy Urgent Care  
 Legacy Mount Hood Medical Center  Legacy Visiting Nurse Association (Hospice)  
 Legacy Salmon Creek Medical Center  Legacy Lab Services  
 Legacy Silverton Medical Center  Legacy Research Institute  
 Administrative / System Support Services  Other:

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#### POPULATION: Adult Pediatric Neonate

(Adult > 18 years of age; Pediatric 0-18 and adult patients under care of a pediatric specialty physician at RCH; Neonate 0-28 days and continued hospitalization in the NICU)

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#### PURPOSE:

1. Identify factors that place a patient at risk for misusing prescribed medications.
2. Describe precautions for patients at risk for medication misuse (e.g.; cheeking, palming and/or regurgitating medications upon or after administration).

#### RESPONSIBLE STAFF:

Staff RN, Licensed Independent Practitioner (LIP)

**PRACTICE GUIDELINE:** The following precautions will be implemented based on patient history or upon clinical judgement. The need to follow precautions will be communicated via Medication Administration Precautions orders.

#### A. RISK IDENTIFICATION:

1. Medication administration precautions are designed to prevent patients from concealing prescribed medications upon administration.
2. Common forms of medication misuse include: cheeking, palming, and regurgitation.
  - a. Cheeking medication: when medication is taken into the mouth, but not swallowed.
  - b. Palming Medication: when medication is taken in the hand by a patient, who may pretend to put it in their mouth.
  - c. Regurgitating medication: when patient spits medication into the cup holding water after administrating medication, or intentionally purges shortly after swallowing medications.
3. Signs of medication misuse may include: refusal to speak, quickly turning away from staff, moving toward their room/restroom immediately after medication administration, moving tongue inside of mouth, or other behaviors intended to discretely conceal medications.
4. Assess patient's reasons for medication non-adherence and address underlying concerns.

#### B. MEDICATION MISUSE PREVENTION

1. Monitor for signs of medication misuse.
2. Follow the best practices outlined in [900.3102 MEDICATIONS: ADMINISTRATION](#)
3. If a patient is suspected of misusing medication, the RN or LIP will place a Medication Administration Precautions order (see the documentation section for details).

#### C. MEDICATION ADMINISTRATION PRECAUTION INTERVENTIONS

1. Required Interventions:
  - a. Change all medications to liquid, crushed, or dissolvable where possible (required)
  - b. Medication administration precautions (required):
    - (i) 6-8 oz. of water to swallow after medication administration
    - (ii) After medication administration, request patient to open mouth and stick out tongue
2. Optional Interventions:
  - a. Lock room door for a minimum of 30 minutes after medication administration- do not allow patient into room until past 30 minutes.
  - b. Comprehensive Room Search Daily
  - c. Pharmacy Consult

**KEY POINT:** *Changing ordered scheduled and PRN medications may necessitate consulting with pharmacy to evaluate the appropriateness of formulation modification. The intended formulation modification (solid, liquid, crushed, or dissolvable) must be clearly indicated in the patients MAR.*

#### **D. DOCUMENTING MEDICATION ADMINISTRATION PRECAUTIONS**

1. If a patient is identified as at risk for misusing medication, LIP or RN will enter a Medication Administration Precautions order in the electronic health record (EHR)
  - a. If the RN places the Medication Administration Precautions Order, the LIP must be notified within one hour. The RN will document this provider notification of critical result in the EHR.
  - b. Medication Administration Precaution interventions will be documented in the order. Required interventions will always be selected. Optional interventions may be selected.
  - c. Discontinuation of Medication Administration Precautions may ONLY occur upon the order of the LIP.
2. If staff confirm that a patient has cheeked, palmed, or regurgitated prescribed medications:
  - a. Document ICARE.
  - b. Document event in EHR.
  - c. Notify the patients LIP and place a Medication Administration Precaution Order in the EHR.
  - d. Send found medications (if applicable) to pharmacy for identification.

**KEY POINT:** *Adhere to the Legacy Drug Administration policy #900.3102 and Legacy Informed Consent, Verification of Refusal, Verification of Release #900.4058 when administering medication.*

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Approval: CSR  
NEC

References:

Jayasree A, Shanmuganathan P, Ramamurthy P, Mc A. **Types of medication non-adherence & approaches to enhance medication adherence in mental health disorders: A narrative review** Indian J Psychol Med. 2024;46(6):503-10.

Laranjeira C, Carvalho D, Valentim O, Moutinho L, Morgado T, Tomás C, Gomes J, Querido A. **Therapeutic adherence of people with mental disorders: An evolutionary concept analysis** Int J Environ Res Public Health. 2023;20(5).

Lin Y, Yen W, Hou W, Liao W, Lin M. **Mental health nurses' tacit knowledge of strategies for improving medication adherence for schizophrenia: A qualitative study.** Healthcare (Basel). 2022;10(3).