Kansas Administrative Regulations

Kansas Department for Aging and Disability Services

Article 52.—Crisis Intervention Centers

26-52-20. Medication administration; prescribing other treatments.

(a) Each licensee shall develop and implement policies and procedures for medication administration and prescribing other treatments for each patient's physical health, mental or behavioral health, and alcohol and substance abuse problems pursuant to K.S.A. 59-29c10, and amendments thereto. Each licensee, in consultation with the clinical director, shall develop and implement policies and procedures that include the following:

(1) Medication and other treatments shall be prescribed, ordered, and administered only in conformity with generally accepted clinical practice;

(2) medication shall be administered only upon the written order or verbal order of a physician, physician's assistant, or advanced practice registered nurse, and each verbal order for administration of medication shall be noted in the patient's medical records and subsequently signed by the prescribing physician, physician's assistant, or advanced practice registered nurse;

(3) each patient's medication and treatment regimen shall be regularly monitored by the prescribing physician, physician's assistant, or advanced practice registered nurse for the occurrence of adverse symptoms or harmful side effects;

(4) each prescription written for psychotropic medication shall contain a termination date not exceeding 30 days following the date of the prescription, but the prescription may be renewed by the prescribing physician, physician's assistant, or advanced practice registered nurse in accordance with the requirements of K.S.A. 59-29c10, and amendments thereto, and this regulation;

(5) documentation and consent required for prescribing medication and other treatments for voluntary patients admitted pursuant to K.S.A. 59-29c04, and amendments thereto;

(6) documentation and consent required for prescribing non-psychotropic medication and other treatments for the physical health of each involuntary patient admitted pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto;

(7) documentation and processes required to prescribe psychotropic medication over the objection of an involuntary patient admitted pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto;

(8) documentation and consent required for each patient for surgery or administration of experimental medications;

(9) documentation of consultations with each patient's guardian or legal representative; and

(10) documentation of consideration of views expressed in each patient's wellness recovery action plan or psychiatric advance directive.

(b) Each licensee shall develop and implement policies and procedures to establish requirements for storage of medication, including the following:

(1) Safe storage of prescription and nonprescription medications in a locked cabinet or locked room located in a designated area accessible to and supervised by authorized staff members only;

(2) Medications requiring refrigeration shall be stored in a locked refrigerator, in a refrigerator in a locked room, or in a locked medicine box in a refrigerator located in a designated area accessible to and supervised by authorized staff members only.

(3) Medications taken internally shall be kept separate from other medications and in a designated area accessible to and supervised by authorized staff members only.

(c) Each licensee shall develop and implement policies and procedures to establish requirements for accounting for medication, documentation of medication administered to each patient, and proper disposal of medication, including the following:

(1) All unused medications shall be accounted for and disposed of in a safe manner, including being returned to the pharmacy, transferred with the patient upon discharge, or safely discarded;

(2) medication counts of controlled prescription medication shall be conducted no less than daily by two professional staff members;

(3) disposal of unused prescription medication shall be properly documented including the name of the prescription medication disposed, the amount disposed of each prescription medication, and the method of disposal of each prescription medication;

(4) two professional staff members shall be involved in the disposal of controlled substances to deter the opportunity for drug diversion; and

(5) each center shall have policies and procedures on processing patient discharges against medical advice (AMA) or when a patient otherwise discharges without taking prescribed medication with them, including whether any follow-up will occur with the patient or their emergency contact and an explanation how medication left by a patient will be recorded, counted, returned to inventory, or discarded to minimize opportunities for drug diversion.

(d) Professional staff members shall receive training in the proper methods of recording, accounting for, and administration of, prescription and nonprescription medication.

(e) An authorized physician, physician's assistant, or advanced practice registered nurse shall be contacted at the time of admission for any patient who is taking a prescribed medication to assess the need for continuation of the medication.

(f) An authorized physician, physician's assistant, or advanced practice registered nurse shall order each change of prescription medication or directions for administering a prescription or nonprescription medication.

(1) Copies of each written order from an authorized physician, physician's assistant, or advanced practice registered nurse adding a prescription medication, changing a prescription medication, or changing instructions for administration of a prescription or nonprescription medication shall be kept in the patient's record.

(2) A verbal order issued for medication administration or other treatment must be noted in each patient's medical record. The prescribing physician, physician's assistant, or advanced practice registered nurse shall review and sign all notations of verbal orders in the patient's medical record within 48 hours of issuance of the verbal order.

(g) Nonprescription and prescription medications shall be administered only by designated professional staff who have received training on medication administration.

Each administration of prescription and nonprescription medication shall be documented in the patient's record with the following information:

(1) The name of the designated staff member who administered the medication;

(2) the name and amount of the medication administered;

(3) the date and time the medication was given;

(4) each change in the patient's behavior, response to the medication, or adverse reaction;

(5) each alteration in the administration of the medication from the instructions on the medication label and documentation of the specific alteration administered; and

(6) each missed dose of medication and documentation of the reason the dose was missed.

(h) Prescription or nonprescription medications or herbal or folk remedies shall not be used to manage or control a patient's behavior unless prescribed for that purpose by an authorized physician, physician's assistant, or advanced practice registered nurse. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024; effective, T-26-6-10-24, June 10, 2024; effective June 28, 2024.)