



Policy Title:	Refused or Omitted Medications
Policy #:	04-003-0060
Effective Date:	06/5/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Medical Services
Responsible Leader:	Dr. Brandon Moore, Medical Director
Policy Owner:	Megan DeStefanis, Nursing Supervisor
Applies to:	Community Agency Contractor, Contracted Network Providers, Directly Operated Programs, Specialized Residential Providers,

Purpose: To guide actions and required documentation in instances of refused or omitted medication.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to provide guidelines for situations when a prescribed *medication* is refused or omitted.

II. Standards

- A. An individual has the right to refuse treatment and services, including the taking of medications.

III. Procedures, Definitions, and Other Resources

A. Procedures

Actions – Refusal of Medications

Action Number	Responsible Stakeholder	Details
1.0	Supervisor/Qualified Staff	<ol style="list-style-type: none">1. Explain the purpose of the medication and its intended benefits, when an individual refuses a medication.2. Wait up to *one-half hour and try again to administer the medication. (See step 3) <p>* Note, the window for medication administration is ½ hour</p>

Action Number	Responsible Stakeholder	Details
		<p>before and ½ hour after the designated to time to take the medication.</p> <ol style="list-style-type: none"> 3. Implement the instructions on form #0029 Standing Medication Order - Missed (SMMO) and/or contact the Prescriber for instructions if SMMO does not cover situations such as the individual continuing to refuse the medication. 4. Fill out form #0057 Incident Report if the medication is not administered. 5. Notify the Case Manager the same week that the refusals occur or as soon as possible, if this becomes a frequent issue such as, two or more days of refusals of the same medication within the same week. Present the information to the Treatment team.

Actions – Omitted or Held Medications

Action Number	Responsible Stakeholder	Details
1.0	Supervisor/Qualified Staff	<ol style="list-style-type: none"> 1. Contact the Prescriber and follow instructions if the individual is vomiting. Do not administer the medication until instructions are given. 2. Do not administer stool softeners or laxatives when diarrhea associated with flu-like symptoms is present. 3. Do not administer DIGOXIN/LANOXIN if pulse is below 60 beats per minute unless instructed otherwise by the Prescriber. Document the pre-administration pulse rate on form #0055 Health Care Chronological (HCC), on a facility-created vital signs log, or in space transcribed/designated on the Medication Administration Record (MAR). Contact the Prescriber for instructions if the medication is not administered and it is not covered on SMMO. 4. With the exception of marijuana use, contact the Prescriber for instructions regarding administration of oral medications if the individual is suspected to be intoxicated; do not administer medication until instructions are given. In the case of marijuana use, proceed with scheduled dose. 5. Hold medications per Prescriber parameters as ordered, for example, blood pressure medications, insulin.

Action Number	Responsible Stakeholder	Details
		6. Document any held or omitted doses, the reason it was held/omitted, and any Prescriber contact and their instructions on form #0055 Health Care Chronological (HCC).

Actions – Documentation Requirements

Action Number	Responsible Stakeholder	Details
1.0	Supervisor/ <i>Qualified Staff</i>	<ol style="list-style-type: none"> 1. Mark “R” in the appropriate box on the MAR, indicating this to be a refused dose, and initial this notation in ink. (Some electronic MAR’s automatically circle refused doses, instead of using the letter, “R.”) 2. Document on individual’s form #0055 Health Care Chronological what took place, including the reason given for the refusal (if reported), action taken, usage of SMMO, and/or Prescriber contact in the HCC. Include any instructions from the Prescriber. 3. Observe the individual and take necessary action, if applicable.

B. Related Policies

N/A

C. Definitions

1. *Qualified Staff*: A person who has been qualified to administer medication by completing and passing criteria (training procedure) set forth by the appropriate accrediting body and/or SCCCMH. All Prescribers (doctors, nurse practitioners, etc.) and Registered Nurses (RNs and LPNs) are qualified staff according to licensure and are exempt from the training process.
2. *Medication*: A drug used in the treatment or prevention of a disease or relief of pain, which includes prescription and over-the-counter drugs.

D. Forms

[#0029 Standing Medication Order - Missed](#)

[#0055 Health Care Chronological](#)

[#0057 Incident Report](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. Michigan Mental Health Code, "Rights of Recipients of Mental Health Service".

IV. History

- Initial Approval Date: 05/1988
- Last Revision Date: 04/2025 BY: Megan DeStefanis
- Last Reviewed Date: 07/2024 BY: Karen Recker and Jennifer Dugger
- Non-Substantive Revisions:
- Key Words: Refused, refuse, held, omit, omitted, intoxicated, marijuana, medication, drug, incident