



Current Status: Active

PolicyStat ID: 4059025



Implementation: 08/1975
 Effective: 10/2017
 Last Reviewed: 10/2017
 Last Revised: 10/2017
 Next Review: 10/2020
 Owner: Yvonne Strader: CNO St Mary Med Ctr
 Policy Area: Patient Care Services
 References:
 Applicability: WA - Providence St. Mary MC

Medication Administration and Disposition, 8720.5480

POLICY

Medication administration is accomplished safely by verifying

1. correct patient
2. correct medication
3. correct dosage
4. correct time
5. correct route
6. correct indication

Medications will be administered in a manner that ensures maximum efficacy and safety. Additionally, medication administration will be documented in the EMR. Staff will scan medications at the bedside in clinical areas identified as in-scope for BMV. All staff that administers medications in the in-scope areas will maintain a **minimum** scanning average of 90%.

PURPOSE

Ensure safe administration and appropriate documentation of medications.

DEFINITIONS

EMR: Electronic Medical Record

eMAR / MAR: Electronic Medication Administration Record or Medication Administration Record. The eMAR/MAR is generated from the medication order entry system. The eMAR/MAR is used to document medication administration by nursing.

BMV: Bedside Medication Verification—the use of bar code technology to verify the correct patient, the correct medication, dose, route, and time.

In Scope Unit: Clinical areas where BMV is implemented for verification and documentation of medications.

Out of Scope Unit: Clinical areas where BMV is not implemented.

ADM: Automated Dispensing Machine - a unit that is a part of a decentralized medication distribution system that provided computer-controlled storage, dispensing, and tracking of medications.

PROCEDURE

MEDICATION ADMINISTRATION

1. Registered Nurses may administer all medications except:
 - General Anesthetic Agents
 - Radioactive Isotopes
 - Investigational drugs not overseen by pharmacy. See Pharmacy policy 7170.8510 *Investigational Drugs*.
2. Before administration, the individual administering the medications does the following:
 - Verifies that the medication(s) is being administered to the correct patient.
 - i. Patient identity is verified visually and/or verbally. In BMV In-Scope units the patient identity is also verified by scanning the patient identification arm band.
 - Verifies that the medication selected matches the medication order and product label.
 - i. The medication name and strength will be verified visually. In BMV In-Scope units the medication will also be verified by scanning the barcode imprinted on the packaging.
 - Visually inspects the medication for particulates, discoloration, or other loss of integrity.
 - Verifies that the medication has not expired.
 - Verifies that no contraindications exist.
 - Verifies that the medication is being administered at the proper time (see #8 below), in the prescribed dose, and by the correct route.
 - Discusses any unresolved concerns about the medication with the patient's licensed independent practitioner (LIP), prescriber (if different from the LIP), and/or staff involved with the patient's care.
3. Medication packaging will be opened at the patient bedside immediately prior to administration.
4. Medications will be documented at the time of administration. In BMV In-Scope units, the barcode scanning process also creates documentation in the electronic system.
5. Medications may be transported by nurses from an automated dispensing device to an area without an automated dispensing device when needed, such as from the Cardiac Cath lab to the MRI or CT area, as long as the medications remain in control of the nurse until administered, returned, or wasted.
6. An independent double check by two nurses to verify the computation or dose will be performed for pediatric patients and certain high risk medications. See policy 7170.5425 *High Alert Medications / Look-Alike Sound-Alike (LASA) Medications* for a list of medications that require an independent double check.
7. Before administering a medication new to the patient, the patient or family will be informed about clinically significant potential adverse drug reactions or other concerns regarding administration of a new medication. Written patient medication information can be printed from available online resources.
8. Patient or caregiver self-administration will be allowed only in specific circumstances. See Pharmacy policy 7170.5040 *Self-Administration of Medications* and 6080.5270 *Self Medication Program*.

9. Routine, scheduled medications will be administered at standard administration times set as default by the Electronic Medical Record (EMR) unless non-standard times are ordered by the prescriber, the manufacturer or medical literature recommends specific non-standard administration times, or patient specific factors require non-standard times (e.g. multiple IV medications due concomitantly, patient requests same times as home therapy).
10. Non-Time-Critical Scheduled medications may be administered up to one hour prior or one hour after the due time. See policy "Timely Administration of Scheduled Medications" for guidelines on administration of Time-Critical Scheduled Medications and Non-Time-Critical Scheduled Medications.
11. If the medication is not given when due the RN caring for the patient must document "not given" and the reason for the omission (e.g. patient off unit, patient already took the medication at home). If the medication is administered at another time (after the documentation of "not given") the RN will document that administration as "unscheduled."
12. **STAT/NOW ORDERS:** New medications orders written to start "STAT" or "NOW" will be given as soon as available.
 - STAT medication(s) will be processed by pharmacy within 15 minutes of receipt of the order by pharmacy, and must be administered to the patient within 30 minutes of the time the order is written.
 - NOW medication(s) will be processed by pharmacy within 30 minutes of receipt of the order by pharmacy, and must be administered to the patient within 60 minutes of the time the order is written
13. Range and/or titrate orders for non-opioid medications will be addressed per *Attachment 2, Multiple PRN Medications Order of Use and Range Orders*. For pain medications, see policy, "Multiple Pain Medications Policy". Additionally, the PHS *Guideline: Order of Use with Multiple PRN Pain Medications AND Range Orders* can be accessed via hyperlink from the eMAR.
14. Adverse drug events (ADEs) (errors or unexpected reactions) will be reported and addressed per Pharmacy policy 7170.5427 *Adverse Drug Events*.
15. Medications will be administered as an intervention in response to an ADE only upon receipt of an order from an authorized prescriber, unless
 - administered by the Code Team under ACLS guidelines
 - the intervention is approved for emergency treatment per Patient Care Services policy
 - 8720.5901 *Anaphylaxis, Emergency Treatment*
 - 8720.5410 *Naloxone (Narcan) Protocol*
 - 8720.5409 *Emergency Hypoglycemia Protocol*

PARENTERAL DOSAGE FORMS ADMINISTRATION

1. Only preservative free, sterile diluents (e.g. normal saline, sterile water for injection) will be administered to pediatric patients under the age of 2 years.
2. Parenteral multidose and single dose vials will be handled per Pharmacy policy 7170.5230 Parenteral Products.
3. Volume of administration is limited based on the route of the administration.
 - a. Intramuscular (IM)
 - i. Pediatric

	Location	Maximum Volume (mL)

Newborn	Anterolateral thigh	0.5
Infant (1 to 12 months)	Anterolateral thigh	1
Toddler (13 to 36 months)	Deltoid	0.5-1
	Anterolateral thigh	1-2
Ventrogluteal	1-2	
Preschool and older	Deltoid	0.5-1
	Anterolateral thigh or Ventrogluteal	2-3
Adolescent	Deltoid	1-2
	Anterolateral thigh or Ventrogluteal	2-3* in small adolescents 2-5 in larger adolescents

i. Adult

1. Buttocks: 5 mL (>3 mL can be painful)
2. Other muscles: 1 mL

b. Subcutaneous (SC, SQ, SubQ, Subcut)

i. Pediatric

1. Up to 0.5 mL

ii. Adult

1. 0.5 mL

ORAL LIQUID ADMINISTRATION

All oral or enteral liquid medications will be administered **only** with an oral syringe. All oral or enteral liquid medications sent up from pharmacy will be delivered in an oral syringe.

LABELING OUTSIDE OF PHARMACY

All medications removed from the original packaging and not administered immediately must be labeled with

- medication name
- medication strength and amount (if not apparent from the container)
- the expiration date if not used within 24 hours
- the expiration time if expiration occurs in less than 24 hours. (See Pharmacy policy 7170.5230 *Parenteral Products* for expiration dating requirements for parenteral products.)

DISCONTINUED MEDICATIONS, CURRENT INPATIENT

1. Any discontinued, bulk medication on the inpatient units will be removed from the patient room lock box (if stored there) by the RN caring for the patient.
2. Medications removed from the lock box will either be sent to pharmacy or placed in the patient specific med bin in the Pyxis MedStation Tower.
3. All discontinued medications will be segregated in the patient specific med bin from active medications. This is accomplished by the nurse placing the discontinued medication(s) in a paper bag that is then

stored in the patient specific med bin. These medications will be retrieved by pharmacy during their regular medication delivery rounds. The same process will be followed for any remaining doses of a one-time medication.

DISCHARGED PATIENT MEDICATIONS

1. The Nurse is responsible for retrieving medications of discharged patients from the patient room lock box or any medications left in the patient specific med bin in Pyxis.
 - As described for discontinued medications, above, these medications will be placed in a paper bag and segregated from any new patient's medications in the patient specific med bin. Pharmacy staff will retrieve the bag containing the medication(s) during normal medication delivery rounds (see #3 below for exception).
2. Pharmacy staff will not place new patient specific medications in the Pyxis patient specific bin until all medications are removed from the bin of the previously discharged patient.
3. Multi-dose medications such as inhalers or creams that are to be continued at home must be relabeled for outpatient administration by pharmacy prior to being given to the patient or family. See Pharmacy policy 7170.5125 *Relabeling Inpatient Medications for Discharge*.

A PRESCRIBER ORDER FOR RELABELING IS NOT REQUIRED. Discharge Medication Reconciliation forms with the order to continue the medication after discharge will be accepted as the order for relabel.

REFERENCES

- Revised Code of Washington Chapter 18.79 *Nursing Care*
- Revised Code of Washington Chapter 69.41 *Legend Drugs – prescription drugs*
- Washington Administrative Code, Chapter 246-840 *Practical and registered nursing*
- The Joint Commission, *Hospital Accreditation Standards, Medication Management*
- Sanders, MJ (2007). *Mosby's Paramedic Textbook* (Revised 3rd Ed.)
- Wong's Clinical Manual of Pediatric Nursing, 8th ed. Copyright 2011, Mosby

Attachments:

[Multiple PRN Medications Order of Use](#)

Approval Signatures

Approver	Date
Susan Blackburn: Chief Administrative Officer	10/2017
Yvonne Strader: VP CNO St Mary Med Center	10/2017
Anita Treis: Director of Pharmacy	09/2017
Somashaker Masuram: Pharmacist	09/2017

Applicability

WA - Providence St. Mary MC