



**Origination:** 12/2012  
**Last Approved:** 05/2013  
**Last Revised:** 12/2012  
**Next Review:** 04/2016  
**Owner:** Chase Walters: Director,  
 Education  
**Policy Area:** Patient Care Services  
**References:**

## Medication Administration Timing Precision, 650.11.06

**Document Type:** Policy, Procedure

**POLICY:**

Timing precision requirements with drug administration are affected by the nature and variability of medications, the indications for which they are prescribed, the clinical setting in which they are administered, and the needs of patients receiving them. This policy identifies drug products and clinical situations where patients accrue noteworthy safety or service quality benefits by receiving medication doses within a 30 minute time window that precedes or follows each scheduled dose administration time.

**PROCEDURE:**

**INCLUDED MEDICATION REGIMENS**

The following medications, dosing regimens, and specialized patient care situations require drug administration to occur within 30 minutes of dose administration schedule directives.

1. Injectable antimicrobial drug regimens with a dosing interval less than 6 hours.
2. Any oral or injectable drug regimen with a dosing interval less than 4 hours
3. Intermittent IV or subcutaneous heparin, enoxaparin, or fondaparinux -all dosing regimens
4. Oral dopamine agonist medications when administered to Parkinson's disease patients
5. Immunosuppressive drugs when used for the prevention of solid organ transplant rejection.
6. Immunosuppressive drugs when used to treat myasthenia gravis
7. Two or more closely spaced medications that must be administered with a one hour minimum time separation (e.g. fluoroquinolones and antacids)
8. Insulin or other diabetes medications that require dose administration to be precisely coordinated with eating times.
9. Scheduled (not prn) opioid medications when used for palliative care or a chronic pain syndrome.

**ELECTRONIC MEDICATION ADMINISTRATION RECORD TIMING COMPLIANCE PROCEDURES**

1. Scheduled medication orders that fall into one or more of the above categories are flagged (on the Electronic MAR) as 30 minute precision drug regimens.
2. If a nurse (or other licensed care giver) is unable to administer a scheduled medication dose within a 30 minute accuracy frame, the variance reason is documented on the MAR in the administration window indicating why the medication was not administered. If an appropriate reason is not available select other and enter a note in the comment field.
3. If a nurse (or other licensed care giver) identifies a significant adverse effect symptom, it is always acceptable to hold 30 minute rule drug therapy pending consultation with the medical care provider. The hold reason is subsequently documented on the MAR in the administration window indicating why the medication was not administered. If an appropriate reason is not available select other and enter a note in the comment field.

#### TIMING PRECISION REQUIREMENTS FOR NON-THIRTY MINUTE RULE DRUG REGIMENS

1. The general precision requirement for non-30 minute rule medication regimens is to complete drug administration within 60 minutes preceding or following each scheduled dose time.
2. Dose administration variances exceeding 60 minutes which may be caused by procedural breakdowns, patient availability issues, or drug safety concerns require a documented action of "Not Given" and may need to reschedule the dose.
3. Routine inhaled/aerosolized medications may fall within a 60 minute timeframe that precedes or follows dose administration time. If unable to administer within this timeframe the variance will be documented on the MAR indicating why it was given late, or missed.

---

### **Attachments:**

No Attachments