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**Owner:** Timothy Shafer: Mgr Clinical Pharmacy Svcs  
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**Applicability:** WA - Kadlec Regional Medical Center

## 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.

#### Definitions:

**STAT:** A medication with an immediate onset of action that is needed for a potentially life-threatening, emergency situation. Dose is available for administration within 15 minutes.

**NOW:** A medication needed as a high priority to address an acute or rapidly changing but not yet urgent patient condition. Dose is available for administration within 60 minutes.

**Routine Non-time Critical Scheduled Medications:** Those medications where early or delayed administration within a specified range of 2 hours should not cause harm or result in substantial sub-optimal therapy or pharmacological effect.

**Routine Time Critical Scheduled Medications:** Those medications where early or delayed administration of maintenance doses of greater than 30 minutes before or after the scheduled dose may cause harm or result in substantial sub-optimal or pharmacological effect.

### PROCEDURE:

#### INCLUDED MEDICATION REGIMENS

The acuity level of a particular patient or disease state may necessitate a more precise dosing regimen than required under the routine scheduled medications definition. In these instances, the LIP may designate "time critical" in the administration comments of any medication order to indicate that administration should take place no greater than 30 minutes before or after the scheduled time.

#### ELECTRONIC MEDICATION ADMINISTRATION RECORD TIMING COMPLIANCE PROCEDURES

1. 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.
2. 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

### Approval Signatures

Approver	Date
Kirk Harper: CNO	04/2020
Heather Shipman: Executive Assistant	03/2020
Clifton Cahoon: Dir Pharmacy	02/2020
Timothy Shafer: Mgr Clinical Pharmacy Svcs	02/2020

### Applicability

WA - Kadlec Regional Medical Center