



Current Status: Active

PolicyStat ID: 6445257



**Origination:** 06/1987  
**Effective:** 06/2019  
**Last Approved:** 06/2019  
**Last Revised:** 06/2018  
**Next Review:** 06/2020  
**Owner:** Clifton Cahoon: Dir Pharmacy  
**Policy Area:** Patient Care Services  
**References:**  
**Applicability:** WA - Kadlec Regional Medical Center

## Medication: Safe Administration and Documentation, 650.11.05

**Document Type:** Policy, Procedure

### PURPOSE:

Define scope of practice for safe medication administration and documentation.

### DEFIINTIONS:

Technician - Nurse Technician: "Nursing technician" means a nursing student preparing for RN licensure who meets the qualifications for licensure under RCW [18.79.340](#) who is employed in a hospital licensed under chapter [70.41](#) RCW or a nursing home licensed under chapter [18.51](#) RCW, or clinic. The nursing student must be in a nursing educational program in the United States or its territories that is approved by the National Council Licensure Examination-RN. Approved nursing education programs do not include nontraditional schools as defined in subsection (27) of this section. These licensed individuals must meet requirements outlined in WAC 246-840.

Technologist - Licensed provider in Washington whose credentials are "technologist". For this policy this pertains to radiology technologists and no other licensees

Intern - A student of a health care educational institution licensed in Washington as such.

Extern - A student of a health care educational institution licensed in Washington as such.

### POLICY:

All medications will be safely administered by, or under the supervision of, appropriately licensed personnel in compliance with applicable laws and regulations and in accordance with approved policies and procedures of Kadlec Regional Medical Center.

All medications, except patient own medications, are property of KRMC or KC. Employees are expected to abide by code of conduct standards of performance, including following all policies and also health-care practice laws in Washington State. Employees who violate medication laws or policy are subject to appropriate corrective action and / or legal action.

## PROCEDURE:

- I. Medication administration to any patient generally requires a computerized order entry by a Medical Staff member or by other practitioners granted medication prescribing privileges at Kadlec Regional Medical Center.

When a medication order must be presented in handwritten form (discharge prescriptions, verbal orders, telephone orders, non-EHR work settings etc.) the lettering must be hand printed or typed to comply with Washington Department of Health regulations. Medication orders presented in cursive writing are considered illegible.

- II. All medication administration activities are performed by licensed personnel in accordance with KRMC medication management policies.

Persons authorized to administer medications at Kadlec Regional Medical Center include:

- A. All medical practitioners granted privileges at Kadlec Regional Medical Center included but not limited to MD, DO, DDS, PA, and Registered Nurse Practitioners.
- B. Registered Nurses may administer medications according to house-wide P&P guidelines. Certified nurse anesthetists working under the supervision of a medical center anesthesiologist may administer anesthesia medications as specified under Department of Anesthesia protocols and as allowable by Washington Law.
- C. Licensed Practical Nurses, LPNs, may administer oral medications, intramuscular, and/or subcutaneous injections, IV piggyback and IV maintenance solutions as allowable by Washington Law.
- D. Nursing Technician: The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:(1) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.(2) May gather information about patients and administer care to patients.(3) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.(4) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.(5) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.(6) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task. (Taken from WAC 246-840-070)
- E. Students / Interns / Externs (i.e., RT, nursing, pharmacy, medicine) may administer medications pertaining to their training when under the direct supervision of an approved and credentialed instructor from an educational contracted/education agreement with KRMC educational institution, or an approved Kadlec Regional Medical Center staff member licensed, trained, or credentialed to be a preceptor. (For nursing students see policy #607.60.00 Nursing Student Medication Administration)

- F. Licensed respiratory therapists may administer inhalation medications according to departmental policy and procedure guidelines.
- G. Certified radiology technologists with appropriate training may administer those oral and IV medications pertaining to Diagnostic Imaging when working under the direct supervision of a physician. However, all medications for conscious sedation must be administered by a physician or a registered nurse certified in conscious sedation.
- H. Certified Cardiovascular Invasive Specialist (Perfusionist)
  - I. Certified physical therapists and/or other technically trained licensed individuals may be allowed to administer topical medications according to written procedural guidelines.
- J. Physical Therapists may administer and order medications according to their allowable practices defined by state and federal law.
- K. Licensed and credentialed pharmacists employed by KRMC and Kadlec Clinics may administer medications within KRMC or Kadlec Clinics. Training and competencies related to specific or general medication administrations as required by Washington Law requirements related to their administration must be met prior to participating in administration. (i.e. vaccinations)

## **MEDICATION ADMINISTRATION PROCEDURES:**

- A. Evaluate patient allergies, adverse drug event history, and clinical status for therapy contraindications. Follow-up with the prescriber if a patient safety concern is identified.
- B. Review active medication orders within the patient electronic health record. Then procure the drug from an Automated Drug Dispensing Device, the patient cassette drawer, the medication room drug refrigerator, or other approved storage location. Medications are stored in non-public, locked supply rooms or in medication carts that are locked when not in use. Only persons who can legally handle medications are permitted unsupervised access to drug products, drug storage compartments, or drug dispensing equipment. Medications are dispensed immediately prior to administration and may not be carried in clothing pockets or left unattended in non-secure locations.
- C. It is always best to remove medications for only one patient per administration cycle. **When time constraints make it necessary to remove medications from the automated drug cabinet for more than one patient at a time, each medication (in unit dose packaging) is placed in a sealable plastic bag that is labeled with the patient's name and date of birth.**
- D. When a medication is drawn into a syringe and the dose is not given immediately after the syringe is prepared, a label with the drug name and drug strength must be attached to the syringe. (See policy 699.54).
- E. Follow aseptic procedures during injectable syringe preparation. Wash hands prior to handling the dosage form or the syringe. After removing the vial cap, use a 70% isopropyl alcohol wipe to clean the rubber stopper. Draw the prescribed dose into the syringe without contaminating the sterile tip.
- F. Take the prescribed drug products to the patient's room. Do not remove doses from unit dose packaging until patient identity and drug identification checks are completed.
- G. Advise the patient (or a responsible family member) of noteworthy adverse reaction risks and/or explain other clinically significant concerns regarding the drug.
- H. Identify the patient by scanning the identification armband barcode. When arm band scanning is not feasible, use at least two patient identifiers (patient name, patient birth date or patient barcode) before

administering medications. Policy # 699.07.00

- I. Scan the medication package bar code to verify that the pharmaceutical product, dose quantity, administration route, and scheduled administration time reconcile with the prescriber's order and the electronic medication administration record.
- J. Verify drug stability by checking the labeled expiration date and looking for signs of degradation and/or visual particulate contamination.
- K. Administer the dose and then electronically chart the drug administration.
- L. If a non-controlled dosage form is not administered, but will be given within the next 2 hours, it may be temporarily stored in the patient's medication room cassette drawer (if available). If the dose is not administered within 2 hours, it is returned to pharmacy control (provided the package seal is intact). If the package security seal is broken, the non-returnable dosage form is safely discarded per directives presented in Policy and Procedure 650.10.12.
- M. When a controlled medication is withdrawn but not given, it must be immediately returned (within one hour) to a locked pharmacy return bin (provided the tamper evident packaging remains sealed). Unsealed controlled dosage forms are wasted within one hour per KRMC witnessed destruction procedure. (Refer to Policy and Procedure 607.43.00).
- N. If an adverse drug reaction or a medication error occurs, notify the prescriber and initiate a quality review report.

## **MEDICATION SELF-ADMINISTRATION:**

Patients may not self-administer medications unless there is compliance with the criteria presented in the Bedside Medication Policy and Procedure (607.01.02).

## **Attachments**

No Attachments

## **Approval Signatures**

<b>Approver</b>	<b>Date</b>
Kirk Harper: VP, Nursing & CNO	06/2019
Heather Shipman: Executive Assistant	06/2019
Clifton Cahoon: DIR PHARMACY	05/2019

## **Applicability**

WA - Kadlec Regional Medical Center