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Medication: Safe Administration and Documentation, 650.11.05

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SUPERSEDES: 5/13, 7/07, 05//07, Combined policy 607.1.4 with this policy, 11/06, 4/06, 4/05, 6/02, 3/98, 3/96, 6/87 (Nsg. 11.00.06 Meds Safety)

PURPOSE:

Define scope of practice for medication administration, safe administration and documentation.

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.

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.

- C. Licensed Practical Nurses, LPNs, may administer oral medications, intramuscular, and/or subcutaneous injections, IV piggyback and IV maintenance solutions.
- D. Nurse Techs: May administer medications within the limits of their education up to their skill and knowledge, but **may not** administer: chemotherapy/biotherapies, blood/blood products, IV meds (including meds via central line), or scheduled narcotics. Nurse Techs may administer maintenance IV fluids that do not contain additives.
- E. Students (i.e., RT, nursing) may administer medications pertaining to their training when under the direct supervision of an instructor or Kadlec Regional Medical Center Nursing staff member. (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 technicians 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 physical therapists and/or other technical may be allowed to administer topical medications according to written procedural guidelines.

NURSING 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 AcuDose drug cabinet, 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.

RESPIRATORY CARE MEDICATION ADMINISTRATION PROCEDURES:

- A. Prior to the procedure use the electronic health record to evaluate the patient's allergies, adverse drug event history, and present clinical status for treatment contraindications. Follow-up with the prescriber if a patient safety concern is identified.
- B. Procure the inhaled medication from an AcuDose drug cabinet or other approved storage location. Inhalation therapy medications are stored in non-public, locked supply rooms. Drugs are dispensed immediately prior to administration and may not be carried in clothing pockets or left unattended in non-approved locations. On inpatient units, use the pharmacy order display profile to withdraw all inhalation therapy doses (except in emergency situations). Verify that the pharmacy order reconciles with the transcription entry on the respiratory care patient kardex.
- C. Remove medications for only one patient per administration cycle. Take the prescribed drug products to the patient's room. Explain the inhalation treatment and potential adverse effects to the patient (or a responsible family member).
- D. Identify the patient by scanning his/her identification armband. In a setting where patient armband scanning is not feasible, check two patient identifiers (patient name and patient birth date) before administering medications.
- E. Scan the drug package barcode(s) to confirm that the procured dosage forms reconcile with the patient's current medication orders. Do not remove doses from unit dose packaging until patient identity and drug identification checks are completed.
- F. Check the patient's heart rate, respiration rate, breath sounds, oximetry status, and physical appearance immediately before the dose administration.

- G. Administer the treatment and then chart the dose administration within the electronic medication administration record.
- H. After a nebulizer dose is administered, securely return or dispose any unused inhalation medications (per Policy and Procedure 655.10.12).
- I. If an adverse drug reaction or a medication error occurs, notify the prescriber and initiate a quality review report.

MEDICATION ADMINISTRATION DURING SURGERY OR OTHER INTERVENTIONAL PROCEDURES:

- A. Evaluate patient allergies, adverse drug event history, and clinical status for therapy contraindications.
- B. Confirm the patient's identity during the safety check timeout immediately preceding the procedure.
- C. During the procedure, all medications are either given by a licensed medical care provider or administered by a nurse under direct supervision of a licensed medical provider.
- D. Procure the required medication(s) from an AcuDose drug cabinet, an anesthesia procedure cart, a pharmacy medication box, a drug refrigerator, or other approved stock location. Medications are stored in non-public areas under a lock security system when not in use. Only persons who can legally handle medications are permitted unsupervised access to drug products. Medications may not be stored in clothing pockets or left unattended in non-secure locations.
- E. 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 is attached to the syringe. (See policy 699.54)
- F. In non-emergency situations, follow aseptic procedures during injectable syringe preparation. Wash hands prior to the procedure start. After removing vial cap(s), use a 70% isopropyl alcohol wipe to clean the vial stopper. Draw intended medication dose(s) into the syringe without contaminating the sterile tip.
- G. When a medication is transferred to a holding container, the container is labeled immediately after the transfer is completed.
- H. Identify the patient by scanning his/her identification armband. In a setting where patient arm band scanning is not feasible, check two patient identifiers (patient name and patient birth date) before administering medications
 - I. Immediately prior to dose administration, check the product or container label to verify medication name and strength.
- J. Administer the dose and then chart the drug administration in the procedure clinical record.
- K. When a controlled medication is withdrawn but not given, it may be returned to a secure pharmacy return bin at the end of the procedure (if tamper evident packaging is intact) or wasted per witnessed destruction procedure.
- L. Unopened non-controlled medications are returned to pharmacy control at the end of the procedure. When the packaging seal has been broken, the drug product is discarded in compliance with organizational medication waste guidelines (refer to Policy and Procedure #650.10.12).
- M. A dosage form that is formulated for single dose administration may not be used to treat more than one patient.
- N. Anesthesia providers may carry appropriately labeled medication syringes during the care and transport of a patient. When the handoff of care is completed, the unused injectable doses must be discarded.

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

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