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Owner: Darcy Dixon: Mgr Unit
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Medication Double Check Requirements, 600.03.02

Document Type: Policy, Procedure

PURPOSE:

Definitions:

Primary Licensed Caregiver: An individual who can perform drug administration as allowed by WAC and RCWs for prescribed drugs allowed within the healthcare setting. For purposes of this KRMC policy, the following are considered primary licensed caregivers: Registered Nurse, Registered Pharmacist, Registered Licensed Independent Practitioner (LIP).

This policy identifies the medications associated with, and the process for, verification or double check by a second healthcare provider prior to administration and at hand off of care for the purposes of safety and accuracy. The policy also outlines the process and documentation related to this double check.

Intra-operative or procedural medications administered by LIPs fall outside the scope of this policy.

POLICY:

A medication double check is required:

- Prior to administration of selected high-risk medications
- As a **nursing safety check for all IV medications and IV fluids** at the time of shift change or any hand-off of care

High Alert medications requiring a double check will be designated as such on the Medication Administration Record (MAR). Documentation of the double check will be recorded on the MAR or on any other document where the medication administration is recorded.

Of the two verification checks for safety performed and documented in the MAR, one of the verification checks must be completed by a primary licensed person (nurse, pharmacist, LIP)

The **second check** may be conducted by a primary licensed person or an individual who is licensed and credentialed to administer medications, and must be credentialed in Washington to administer the medication they are serving as a second witness to. (i.e. a nurse technician or pharmacy intern may perform one of the checks for subcutaneous insulin administration if the other verification check is completed by a primary licensed caregiver).

Note - only nursing, prescribers (MD, DO, ARNP, PAs), pharmacists may serve as a witness to controlled substance wastes or double check requirements related to controlled substances.

The following medications require dual verification in **all patients**:

- IV anticoagulants for systemic anticoagulation (e.g., heparin drip, heparin IV bolus, argatroban, bivalrudin)
Note: heparin flushes and 2 unit/mL infusions are excluded.
- IV insulin and IV insulin infusion
- SQ insulin at concentrations greater than U-100. Examples include, but are not limited to, U-200, U-300, U-500
- Thrombolytics (excluding catheter clearance with "intracatheter" route)
- Chemotherapy (including monoclonal antibodies used as antineoplastic)
- Opioid infusions (includes PCAs)
- Epidural and intrathecal medications (excluding contrast media)
- Magnesium sulfate infusions (OB setting only)
- Sodium chloride IV at concentration of 3% and higher
- Eptifibatide (INTEGRILIN)
- Abciximab (REOPRO)
- Epoprostenol (nebulized)
- Benzodiazepine Infusions
- Ketamine Infusions

Additional medications requiring dual verification in **all patients < 18 years of age**:

- Subcutaneous insulin
- Intermittent IV electrolytes (excluding NS 0.9% blouses)
- Continuous infusions of IV cardiac medications*
- Continuous infusions of narcotics and benzodiazepines.
- Single doses and infusions of paralytics
- Ketamine single doses and infusions
- TPN/lipids
- CRRT Solutions (e.g., PrismaSol)

• Additional medications requiring dual verification in patients in **NICU/nursery** departments:

- All continuous infusions
- PO and IV cardiac medications*
- All heparins, including low molecular weight heparins (excluding heparin flushes with "intracatheter" route)
- Any controlled substance, IV or PO
- TPN and lipids
- Cardiac Medications (Epic"Pharm Class")
 - Antianginal Agents
 - Antiarrhythmics
 - Antihypertensives
 - Beta blockers
 - Calcium Blockers
 - Cardiotonics
 - Cardiovascular
 - Isoproterenol

- Lidocaine
- Pressors
- Vasopressin

Select locations in EPIC do not require dual verification. These locations include:

- Intra OP/OR
- XRAY
- CT/CAT Scan
- ENDO
- Cath Lab

PROCEDURE:

1. For initial dose or initiation of a new infusion:

A. The primary health care provider preparing to administer medication will prepare the medication and prepare/retain the following items for use by a second provider who will double check the medication preparation:

1. The original medication package with labeling intact or vial from which the medication was drawn.
2. The Medication Administration Record or, if the medication is a new order, the Physician's Order in the patient's chart.
3. The prepared medication ready for administration with labeling intact.

B. A second "check" provider will assure the following:

1. The medication is prepared according to the order (using the MAR or the original Physician's Order)
2. The medication prepared for administration matches the five rights.
 - i. Right medication
 - ii. Right dose or rate, including double check of any calculations and verification of pump settings
 - iii. Right route, including line reconciliation
 - iv. Right frequency
 - v. Right patient
3. In some instances, the medication packaging or vial must also be present to check that the prepared medication is correct, e.g., insulin doses
4. Once the second provider performs the double check and both providers are satisfied that the medication is accurate, the double check will be documented on the MAR. For areas that do not document on the MAR, the double check will be recorded on the same document where medication administration is recorded.
5. The double check will be conducted PRIOR to the medication being administered.

2. For Nursing Safety Check, shift change or any hand off of care:

A. The receiving provider will assure the following:

1. The medication currently being administered matches the five rights as determined by the MAR

or original medication order.

- i. Right medication
- ii. Right dose or rate and verification of pump settings
- iii. Right route, including line reconciliation
- iv. Right frequency
- v. Right patient

B. Once the Safety Check is complete and the nurse is satisfied that the medication(s) are accurate, the double check will be documented in the Electronic Health Record.

Attachments

No Attachments

Approval Signatures

Approver	Date
Kirk Harper: VP, Nursing & CNO	08/2019
Heather Shipman: Executive Assistant	08/2019
Jennifer Milleson: Registered Nurse	08/2019
Clifton Cahoon: DIR PHARMACY	08/2019

Applicability

WA - Kadlec Regional Medical Center