

LAC+USC MEDICAL CENTER POLICY

Subject: MEDICATIONS AND SOLUTIONS LABELING: SAFE MEDICATION ADMINISTRATION	Original Issue Date: 6/10/08	Policy # 902
	Supersedes: 4/20/18	Effective Date: 9/15/21
Departments/Areas Consulted: Patient Safety Committee Pharmacy & Therapeutics Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer
		(Signature on File) Chief Executive Officer

PURPOSE

To establish a process that defines the proper identification and labeling of medication containers (syringes, medicine cups, basins) and other medication solutions in perioperative and other procedural settings, and thereby reduce the risk of unsafe medication practices.

POLICY

In perioperative and other procedural settings, all medications, medication containers, and other medication solutions removed from their original containers and placed into unlabeled containers on and off the sterile field shall be labeled in accordance with this policy. Medication containers include syringes, medicine cups, and basins and shall not be pre-labeled.

DEFINITIONS

Immediately administered medications are those medications that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process, i.e. the medication does not leave the hand of the individual.

PROCEDURE

- Staff authorized to administer medications upon the order of an authorized prescriber of medications in this facility are defined in the bylaws, rules and regulations or Medical Center policy.
- In perioperative and other procedural settings, both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being administered.
- In perioperative and other procedural settings, both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container. This includes when any medication drawn up by an individual leaves that individual's hand. In practice this means that labeling must occur in the event the container the medication was drawn is placed upon a counter.

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- In perioperative and other procedural settings, both on and off the sterile field, medication or solution labels include the following:
 - Medication name
 - Strength
 - Quantity (if not apparent from the container)
 - Diluent and volume (if not apparent from the container)
 - Expiration date when not used within 24 hours
 - Expiration time when expiration occurs in less than 24 hours
 - The date and time are not necessary for short procedures as defined by the hospital
- Verify all medications or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it, as required by policy. (medications prepared and labeled by a pharmacist do not require a second person verification). Documentation of this verification shall be in compliance with existing applicable policies.
- Label each medication or solution as soon as it is prepared, unless it is immediately administered.

Note: If the syringe is used on the same patient, then it can be re-used without re-labeling if it is the same solution for the same patient and it has not left the hand of the person both drawing up the medication and administering the medication.

- Immediately discard any medications or solution found unlabeled
- Remove all labeled containers, on and off the sterile field, and discard their contents at the conclusion of the procedure. This does not apply to the multiuse vials that are handled according to infection control practices.
- All medications and solutions, on and off the sterile field, and their labels are reviewed by entering and exiting staff responsible for the management of medications.

RESPONSIBILITY

Attending/Faculty, Fellows, Volunteers, Interns & Residents
Nursing Staff (RNs, LVNs)
Technical Staff
All applicable patient care staff (e.g., Nuclear Medicine Physicists,
Radiologic Technologists

REFERENCES

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1. The Joint Commission National Patient Safety Goals (NPSG 03.04.01).
2. The Joint Commission Manual - MM 05.01.09
3. Pharmacy Department Policy and Procedure Manual - Medication Administration Policy/Procedure #224
4. LAC+USC Medical Center Attending Staff Office Rules and Regulations

REVISION DATES

June 10, 2008; October 20, 2008, May 10, 2011; April 14, 2015; April 20, 2018; September 15, 2021