

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **INPATIENT PHARMACY SERVICES**

SUBJECT: **TIMELY ADMINISTRATION OF
SCHEDULED MEDICATIONS**

CODE: 3.05.5

DATE: 4/8/14

REVISED: 4/19/22

APPROVED: Tinh Tran, Pharm. D

MEC APPROVED: 9/24/14

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PURPOSE

To identify and promote timely administration of scheduled medications. This expected practice guidance will identify those medications which require exact or precise timing of administration, e.g. STAT or Now doses, on-call medications, and therefore ineligible for scheduled dosing times. For medications which are eligible for scheduled dosing times, this expected practice will distinguish between those which are time-critical and those that are not and will govern timing of medication administration accordingly

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) has updated the hospital interpretive guidance concerning the timing of medication administration. Recognizing that it is no longer the standard of practice in the current hospital environment, CMS has removed the reference to the "30-minute rule" in the survey procedure portion of the guidance. Previously CMS established a uniform 30-minute window before or after the scheduled time for all scheduled medication administration. Instead, CMS has clarified in Appendix A of the State Operations Manual (SOM) that all hospitals must establish policies and procedures based on accepted standards of practice, as required by regulation at 42 CFR 482.23(c). The updated guidance allows hospitals the flexibility to establish policies and procedures for the timing of medication administration that take into account the nature of the prescribed medication, specific clinical need and patient needs.

DEFINITIONS:

Scheduled medications:

All maintenance doses administered according to a standard, repeated cycle of frequency (e.g. q4h, QID, TID, BID, daily). This does not include: STAT or Now doses, first dose or loading dose, specifically timed doses e.g. antibiotic for surgeries), on-call doses, time-sequenced or concomitant medications, drugs administered at specific times to ensure accurate drug serum levels, investigations drugs in clinical trials and PRN medications.

Time-critical scheduled medications:

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 therapy or pharmacological effect.

Non-time-critical scheduled medications:

Medications where early or delayed administration within a specified range of either an hour or two should not cause harm or result in substantial sub-optimal therapy or pharmacological effect.

Approved By: 

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EXPECTATIONS

1. These practices outline the expectations of the DHS Medication Safety Committee and the DHS Core Pharmacy & Therapeutics Committee. Medications which require exact or precise timing of administration are exempt from scheduled dosing times. Medications which fall into this category are those where timeliness of administration is critical, e.g. suspected sepsis patients requiring first dose of antibiotics, STAT or Now doses, loading doses, PRN medications, etc. Medications which are ordered for exact or precise timing will be identified when prescribed as:
 - STAT or Now doses
 - First doses or loading doses
 - One-time doses
 - Specifically timed doses (e.g. pre-operative antibiotics, drug desensitization protocols)
 - On-call doses (e.g. pre-procedure sedation)
 - Time-sequenced or concomitant medications (e.g. chemotherapy and rescue agents, n-acetylcysteine, and iodinated contrast media)
 - Drugs requiring pharmacokinetic drug serum monitoring
 - Investigational drugs in clinical trials
 - PRN medication doses
2. Time-critical scheduled medications will be administered at the indicated time or within 30 minutes before or after the scheduled time. The goal is to achieve and maintain therapeutic blood levels of prescribed medication over a period of time. Medications which are time-critical will be scheduled per hospital's standardized dosing times for administration. Medication administration record (MAR) entries will denote time-critical medications as notification to staff that these drugs must be administered within 30 minutes before or after the scheduled time. Medications which are considered time-critical are:

Time-Critical Scheduled Medications	
Therapeutic Drug Class	Formulary Agents
Meal-sensitive agents	<ul style="list-style-type: none">• Rapid and short-acting insulin• Sulfonylureas
Opioids	<ul style="list-style-type: none">• All scheduled, not prn, used for chronic pain and palliative care
Immunosuppressive agents	<ul style="list-style-type: none">• Cyclosporine or modified cyclosporine• Mycophenolate mofetil• Sirolimus• Tacrolimus
Other	<ul style="list-style-type: none">• Medications dosed every 4 hours or more frequently, e.g. q2h, q1h• Medications which must be administered apart from other medications due to drug-drug interactions, e.g. levofloxacin and antacids

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3. Non-time-critical scheduled medications which are prescribed more frequently than daily (but no more frequently than every 4 hours), daily, weekly or monthly are generally safe to administer within timeframe that exceed two hours. However, in efforts to prevent dose omissions that may result from delayed administration, scheduled administration medication times will be as followed:

Non-Time-Critical Scheduled Medications	
Frequency of Administration	Allowable Range for Timely Administration
Prescribed more frequently than daily, weekly, or monthly BUT no more frequently than every 4 hours	Within 1 hour before or after scheduled time

4. The Best Practice Recommendation: DHS Timely Administration of Scheduled Medications shall be reviewed at least annually, and updated as necessary by the DHS Medication Safety Committee and DHS Core P&T Committee. The committee shall continue to monitor this process to assure that appropriate processes are established for the timely administration of scheduled medications.

REFERENCES

1. Updated Guidance of Medication Administration, Hospital Appendix A of the State Operations Manual (SOM). Department of Health and Human Services, Centers for Medicare and Medicaid Services. November 18, 2011.
2. ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications. May 2011. <http://www.ismp.org/Tools/guidelines/acutecare/tasm.pdf>
3. Rapid Response Report NPSA/2010/RRR009: Reducing harm omitted and delayed medicines in hospital. National Patient Safety Agency. February 2010.