

LOS ANGELES GENERAL MEDICAL CENTER DEPARTMENT OF NURSING SERVICES POLICY

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Subject: GENERAL MEDICATIONS POLICY		Original Issue Date: 08/91	Policy # 900
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Departments Consulted: Pharmacy	Reviewed & Approved by: Professional Practice Committee Pharmacy & Therapeutics Committee Nurse Executive Council Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To describe the general nursing policies and procedures to support prescribing, ordering, and administration of medications to ensure their safe, clear, and legal use for the Los Angeles General Medical Center (LA General MC) patient population.

POLICY

I. GENERAL

Allergies:

- An allergy is obtained and documented at the time of admission and can be added by nursing, pharmacists or providers during the hospital stay or clinic visits. Medications will not be dispensed or transcribed until presence or absence of allergy is documented except for emergency situations.
- Every possible attempt must be made to obtain patient allergy with the patient and/or family member.
- The provider obtains this information and records it in the admitting orders or in subsequent orders.
- If the history is unobtainable and an emergency exists, medications may be given without this information.
- Licensed Nurses must document allergies in the electronic health record (EHR) and place allergy wrist band on the patient:
 - Inpatient: in the EHR and place allergy wrist band
 - Outpatient: in the EHR [Certified Medical Assistant's (CMA's) may document allergy].
 - Emergency Department: in the EHR

Weight:

- Dosing weight must be documented upon admission.
- Any dosing weight change in Powerchart requires a provider's order.
- Dosing weight is only documented by registered nurses, pharmacists and providers.

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- Prior to medication administration, all pediatric patients are to be weighed in kilograms (including outpatient and ambulatory clinics) or within four hours of admission in an emergency situation.
- In an emergency situation, weight will be estimated using Broselow Tape.

II. COMPETENCY

Licensed Nurses

- Licensed nurses: Registered Nurse (RN) and License Vocational Nurse (LVN), who have satisfactorily completed the Medication and I.V. Policy and Procedures Modules may administer medications. See Nursing Policy, "*Intravenous Therapy*" for RNs/LVNs intravenous administration policies.
- All newly-hired licensed nurses with less than one (1) year recent experience in a similar to current assignment must successfully complete the Medication and I.V. Clinic Evaluation.
 - Exception:** LA General MC -CON graduates who graduated within one (1) year prior to hire
- Instructors in affiliating nursing programs must satisfactorily complete the Medications and I.V. Policy and Procedure Modules and must complete the Medication and I.V. Clinic Evaluation before they can supervise affiliating nursing students in medication administration.

Certified Medical Assistants

- Certified Medical Assistants (CMA's) who have satisfactorily completed the Medication Module may administer over the counter medications and vaccinations.

Nursing Students

- Students enrolled in a program which prepares them for the national licensing examination for nurses, may administer medications under the supervision of a nursing instructor.
- Medications must be administered according to the Medication and IV Therapy policies outlined in the Nursing Policy Manual.
- The instructor must be present the first time the student prepares and administers medications and every time until the instructor evaluates the student to be competent. The instructor will continue to review all medications with the student prior to administration to ensure ongoing competency and patient safety.
- The instructor must review and approve the administration of all high-alert medications, IV push medications, and drugs that require weight-based calculations.
- The instructor /designee will sign off on student medication administration in the electronic medical record by the end of the shift.

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III. MEDICATIONS

Automatic Stop/Renewal Orders

The provider will complete a medication reconciliation to continue or discontinue medications when a patient is transferred to a different unit.

The following are automatic stop times for medications:

- Controlled substances: Seven (7) days
- PCA: Seven (7) days
- Ketorolac: Five (5) days
- Propofol: One (1) day
- Oral and Intravenous anti-infective agents: Fourteen (14) days
- All other inpatient medications: 60 days unless otherwise specified for a shorter duration by the practitioner

Borrowing Medications from Other Patients

- Medications **may not** be borrowed from other patients
- Complete Pharmacy Discrepancy form if medications are missing.

Control of Drugs:

- All drugs used in the LA General MC must be controlled by the Pharmacy Department.
- Only drugs dispensed and medication orders reviewed by LA General MC Pharmacy shall be administered to patients.
- The Pharmacist must review all medication orders prior to nursing administration of drug.

Exceptions:

- Where the provider controls the dispensing and administration (e.g. ER, OR, PAR, cardiac cath lab, clinics, anesthesia, procedural sedation).
- In case of emergency the nurse can override the pharmacy review.

Drug Approval:

- The Formulary contains a listing of approved drugs.
- RNs and LVNs may only administer drugs which are listed in the formulary, non-formulary approved drugs, investigational drugs approved by the Institutional Review Board (IRB) and patients own medication with a provider's order.

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Inspections:

- The Pharmacy Department conducts at least monthly inspections of all nursing units to monitor drug administration and storage practices.
- The Clinical Nursing Director is responsible for corrective actions as indicated.

Medication Reconciliation:

- Providers and nursing staff in the inpatient setting will document medication history under the menu bar, in the Orders section.
- Providers will do medication reconciliation during transfers and discharges.

Pill Cutting:

- Pill cutting is only done by pharmacy unless the tablet is a controlled substance or if it will cause a significant patient care delay.

Placebos:

- Administration of placebos is prohibited unless it is done within the context of an IRB-approved clinical trial.

Preparation / administration of syringes with medications or solutions:

- Syringes prepared by the staff with medications or solutions must be labeled if not administered immediately.
- Syringes must be labeled if more than one syringe is being administered at one time.
- Medication vials/syringes must be inspected for any discoloration, contamination prior to administration.
- A 5 micron filter needle must be used when a medication is removed from a glass ampule.

PRN Medications:

- The provider order must specifically state the criteria for administration for each prn medication to be administered.
- Reassess effectiveness less than one hour after intervention or as clinically indicated.

Recall:

- The Medical Center Pharmacy through the Clinical Nursing Director for each area initiates Drug recalls.
- The Clinical Nursing Director is responsible for assuring that recalled drugs are returned to the Pharmacy.

Restricted-approved drugs and non-formulary drugs:

- These drugs will require a provider's order.

Samples:

- No sample drugs of any kind shall be administered (sample drugs are defined as drugs obtained from all sources other than pharmacy).

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Security:

- The security of drugs, including discharge medications, shall be maintained at all times.
- The nurse in charge of a unit or area is accountable for the security of drugs and solutions maintained in the area. Only authorized personnel are allowed in the medication room.
- Access is limited to licensed staff assigned to that unit. Any other staff needing access to the medication room must be under the constant observation of the nurse in charge of the unit or an assigned licensed staff member.
- Medication cabinets/rooms are to be locked when not in use.
- Medication trays must be under constant observation by the nurse using them.
- Medications must be secured until they are to be administered.

Storage and Return of Medications

- Refer to Nursing Policy “*Management of Medications*”
- There will be no storage of discharge medications in the nursing units.

Prescriptions

- Under no circumstances may any kind of prescriptions (i.e. unsigned, pre/post signed or dated) be stored by nursing.

**IV. Medication Administration
RESPONSIBILITY**

RNs and LVNs may NOT

- Prescribe or dispense medications
- Administer non-FDA approved drugs **except** research drugs (See Nursing Policy, “*Research and Investigational Drugs*”)
- Administer medications prepared by someone other than the Pharmacy or themselves

LVNs may NOT administer:

- Research drugs
- Rho (D) Immune Globulin
- Intravenous medications
- Intravenous infusions with additives

LVNs may administer the following in designated clinical areas, under specified conditions:

- Digitalizing doses of Digoxin, Digitalis – Cardiology service
- Insulin SQ
- Anticoagulants, PO and SQ only
- Medications requiring weight and age for dosage calculation for pediatric patients
- Oral antineoplastic agents – in Oncology/Hematology service (requires certification by Education and Consulting Services)

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Medication Administration Schedule

Timely Administration

- Time-critical medications that require timely administration 30 minutes before or after scheduled times include:
 - Antacids
 - Fluoroquinolones
 - Immunosuppressant's for prevention of solid-organ transplant
 - Insulins
 - Medications dosed more frequent than Q4H
 - Oral antidiabetic agents
 - Scheduled opioids for chronic pain or palliative care

- Non-time-critical scheduled medications must be administered 60 minutes before or after scheduled time.

First Dose Turnaround Time

- First dose administration time is the time from order entered to the time of administration.
 - Routine: 120 minutes or less
 - Now: 60 minutes or less
 - Stat: 15 minutes or less

Standard Medication Administration Schedule

(See Unit Policies for specified administration schedules)

QID - four times a day	1000 - 1400 - 1800 - 2200
TID - three times a day	1000 - 1400 - 1800
BID - two times a day	1000 - 1800
Daily	1000
QAM – every morning	1000
QHS – every hour of sleep (bedtime)	2200
Q4H – every four hours	0600 - 1000 - 1400 - 1800 - 2200 - 0200
Q6H – every six hours	0600 - 1200 - 1800 - 2400
Q8H – every eight hours	0600 - 1400 - 2200
Q12H – every twelve hours	0600 - 1800 or 1200 - 2400 or 1000 - 2200
Every other day	1000

Q24H – every twenty-four hours (Administer once daily at time appropriate for specific medication, e.g., Insulin administered once daily at 0730, anticoagulant administered once daily at 1800).

Exception:

- When medications are administered before, with or after meals

- Antibiotics (see below)
 - It is preferable to obtain cultures first.
 - The first dose of antibiotics (PO /IV) must be administered within 1 hour from the time of the provider's order, and subsequent doses should be administered based on when the first dose was started.

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Education

- Provide education on new medications that the patient is receiving for the first time and document in the EHR.

Bedside Medications

- Patients are not allowed to self-medicate during hospitalization. Patients may not self-administer medications including orals, topicals, ophthalmics or otc preparations. Patients educated on self-medication and the use of patient -controlled infusion pumps (e.g. PCA) administration are excluded.

Controlled Substances

- Refer to Nursing Policy, "*Management of Controlled Substances*"

Herbal Medications

- Per Pharmacy Department Policy #237, no herbal medications of any kind may be administered to patients.

High Alert Medications

- Refer to Nursing Policy, "*High Alert Medications*"

Research and Investigational Medications

- Refer to Nursing Policy, "*Research and Investigational Drugs*"

Medication Administration Record (MAR)

- The Medication Administration Record (MAR) is reviewed daily and updated as necessary in collaboration between pharmacy and nursing.
- RN reviews the MAR:
 - at the beginning of shift.
 - throughout the day for new orders, changes, and discontinuations
 - to ensure administration times for scheduled and PRN medications

Process of Medication Administration

Medications are to be administered by a licensed nurse who prepares them. These medications are administered to the patients as soon as they are prepared. The nurse administering the medications is responsible for the accuracy of administration and documentation.

- Review the MAR, orders, allergies
- Assess patient's condition, or any potential contraindications, prior to giving medication. If warranted, hold medication, notify and consult with provider.
- Remove medication from the storage device
 - Do not remove unit dose medication from the package until at the bedside
 - Check the expiration date and visually inspect the appearance of medication for particulates or discoloration.
- Take the medication to the bedside

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- Comply with the eight (8) rights of medication administration:
 - Open the Medication Administration Wizard (MAW) verifying:
 - Right patient, using two patient identifiers
 - Right medication
 - Right time
 - Right route
 - Right dose
 - Right reason
 - Right response
 - Right documentation
 - Scan the patient's ID band barcode (with the exception of clinics where arm bands are not utilized).
 - Scan the medication barcode (with the exception of clinics where arm bands are not utilized).
- Give the medications
- Document any required fields in the EHR
- Sign

Patient Refusal of Medication(s)

If a patient refuses ANY medication, the provider must be notified of the refusal and documented in the EHR.

Certified Medical Assistants- Verifying Medication and Dosing

- If a medication ordered by a provider requires a dosing calculation, the provider (or other licensed person) must perform the dosing calculation for the CMA and verify prepared medication prior to administration by the CMA.
- Before administration of medications the CMA will verify the correct medication/dosage with the provider or other licensed person.

Administering Digitalis

- Before administering any preparation of digitalis or its derivative, the nurse counts the apical pulse one (1) full minute and records on the MAR. If the rate is below sixty (60) or above one hundred (100), the nurse checks with the nurse in charge or provider before proceeding. The nurse checks for specific guidelines regarding pediatric administration of digitalis or its derivative drugs

Medication Administration via Enteral Feeding

- Enteral tube feeding will be held for one hour before and following enteral tube administration of phenytoin.
- Medications must be administered one at a time with water flushes between each medication

Subcutaneous Injections (S.Q.)

- Rotate anatomical sites for injections
- Document site on medication administration record.

Injectable Medications in Ambulatory Care

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- Ambulatory Care staff may not administer injectable medications brought in by the patient from either the Los Angeles General Medical Center pharmacy or a community pharmacy.

Vaccines / Immunizations

Prior to administering specific vaccines, patient shall be provided with Vaccine Information Statement(s) (VIS) that meet the requirements of the National Vaccine Act of April 1992.

- Vaccinations are included in the general consent.
- Provide patient/parent with specific VIS. Document the following:
 - Vaccine
 - Dose
 - Route
 - Manufacturer
 - Lot number
 - Any adverse reaction:
 - Complete an Event Notification Report into the Safety Intelligence (SI) by the end of the shift of occurrence or becoming aware of the event. List the event as an adverse drug reaction.
- Ask the patient if they would like their vaccination information tracked in the California Immunization Registry.
- Document in the EHR
- Document in both the EHR and CAIR2 (Ambulatory Care Clinic)

V. DISCHARGE MEDICATIONS

- Discharge medications will not be obtained from floor stock
- Patients discharged to other County facilities or acute care hospitals will not be discharged with medications or prescriptions
- Food –Drug Interactions - Nutritional Services may be consulted for the food-drug interaction information prior to a patient's discharge upon the request of a provider or licensed nurse when given 24 hour's notice.
- The nurse will reinforce food-drug interaction information.

Discharge Medication Pick-Up

- Patients will pick up discharge medications from Pharmacy after being discharged from the hospital.
 - Exceptions:**
 - Patients unable to ambulate will be taken down to Pharmacy via wheelchair by nursing staff or gurney by emergency medical technicians. After picking up medications patient will be taken to await transportation.
 - Patients going to shelter will have nursing staff pick up medications. Nursing staff will:
 - Sign for medications picked up from Pharmacy
 - Provide medication discharge instructions
 - Have patient sign pharmacy form and return to pharmacy via pneumatic tube system
- Controlled Substances

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- Only licensed staff (RN, LVN) will be allowed to pick up a patient's scheduled (CII-CV) medications.
- Licensed nursing staff must print their name and employee number and signature on a pharmacy form which will be kept with the prescription receipt.
- Licensed staff must present their LA General MC identification badge to Pharmacy staff in order to pick up the controlled substance medication.
- Licensed staff will not be allowed to pick up a patient's refill medications for schedule (CII-CV).
- If submitting a new prescription to the pharmacy, nursing staff must print their name and employee number on back of all prescriptions when submitting the patient's prescription to Pharmacy.

ADVERSE DRUG REACTIONS

- Any of the following circumstances involving a drug constitutes an adverse drug reaction:
 - Requires discontinuing the drug.
 - Requires changing the drug therapy.
 - Requires modifying the drug dosage (except minor dosage adjustments).
 - Requires admission to a hospital.
 - Prolongs the stay in a health care facility.
 - Requires supportive therapy
 - Significantly complicates diagnosis.
 - Negatively affects prognosis.
 - Results in harm, disabilities, or death.
- If a suspected adverse drug reaction occurs:
 - Report and document any adverse drug reaction to provider in order to make a confirmation if patient had developed a new allergy to a medication.
 - Document new confirmed allergy on the patient's medical record
 - Complete a Safety Intelligence Report.

REFERENCES

The Joint Commission (2023). *The Joint Commission Perspectives*, 43(3).
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 Pharmacy Department Policy & Procedure Manual
 Los Angeles General Medical Center Policy #900
 Los Angeles General Medical Center Nursing Policy "High Alert Medications"
 California Code of Regulations, Title 22, Section 70263
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Safe Medication administration practices, general. Lippincott Procedures. May 2023.

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REVISION DATES

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