



Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 237
VERSION: 1

SUBJECT: MEDICATION ADMINISTRATION GUIDELINES

PURPOSE: To provide guidelines for clinical staff involved in medication administration.

POLICY: Clinical staff administers medications safely by observing the 8 rights of medication administration; the right time, right patient, right medication, right dose, right route, right documentation, right instruction, right effect/response.

PROCEDURE:

A. MEDICATION GUIDELINES

1. A provider's (physician or nurse practitioner) order is required prior to administering any medication to a patient and must contain the following:
 - a. Patient name
 - b. Patient's medical record number
 - c. Date and time of order
 - d. Signature of ordering provider
 - e. Name of pharmaceutical/medication
 - f. Dosage
 - g. Route of administration
 - h. Time to be administered and/or frequency of administration*
 - i. PRN orders must include specific parameters or conditions that trigger the administration of the medication.

***Note:** All orders are one-time-only orders, to be executed only once, unless specifically stated otherwise.

2. All orders that are incomplete, unclear or contain unapproved abbreviations must be returned to the provider for clarification.
3. Clinical staff will note/sign orders in appropriate space on order form.
4. The clinical staff shall perform the following procedures prior to administration to ensure that all medication orders are correct, appropriate and have been accurately transcribed.

- a. Verification of medication name, dose, route of administration, and administration time.
 - b. Checking the label on unit dose medication(s) or medication container three (3) times during medication preparation.
 - When comparing medication with the provider's orders
 - Before opening container
 - After medication is removed from container
 - c. Medication integrity and the expiration date must also be reviewed.
 - d. Clinical staff must verify that there are no contraindications or allergies before administering the medication.
 - e. Verification of correct medication and dosage, prior to administration, will be performed by a licensed physician, mid-level provider, registered nurse, or licensed vocational nurse in the clinical area.
5. The clinical staff administering medications must be aware of the following information:
- Indications for and therapeutic action of the medication
 - Side effects and adverse reactions
 - Route and frequency of administration
 - Normal dosage and maximum safe dosage
 - Precautions and contraindications
6. Any medication that the clinical staff is unfamiliar with must be researched in using the drug reference manual, "Micromedex" or the staff may call the pharmacy.

B. MEDICATION PREPARATION GUIDELINES

The clinical staff preparing the drug should do the following:

1. Remove the correct amount of medication for the individual dose to be given at the present time.
2. Clinical staff must not recap if needle is used to administer medication and use safety needles.
3. All syringes and needles are single use only. Use one needle for one patient; never change a needle and reuse the syringe on the same or a different patient.
4. Discard syringes and needles into sharps containers, located in all work areas.

5. Always disinfect the rubber septum on a multi-dose vial with alcohol, used for more than one patient, prior to each entry.
6. Multi-dose vials, once opened or punctured, are safe to use for 28 days following the opening, or the manufacturer's expiration date, whichever comes first (manufacturers' expiration date expressed as "month/year" will be interpreted as the product will expire on the last day of the month).
7. Refrigerate any vial once punctured, unless indicated otherwise by manufacturer.
8. Once a multi-dose vial is open, label with the expiration date and the clinical staff initials.

C. ADMINISTRATION

The nurse administering the medication must:

1. Verify patient identity, using two identifiers (patient name and date of birth).
2. Ensure hand hygiene (soap or use of alcohol gel) prior to administering medication.
3. Remain with the patient until the medication is taken or administration is complete. If the medication has been opened and refused by the patient, it is disposed of in the pharmaceutical waste container. If a medication is refused, document the refusal in the medical record and notify the ordering provider.
4. Heparin and Insulin (High Alert Medications): Verify dosages with a second nurse prior to administration. Following administration, document the name of the drug, the dose, the route, and the time administered, the second nurse documents "dose verified by" and signs her/his name and title.
5. Ensure that ointments, gels or lubricants are used for single patient, whenever possible.

D. DOCUMENTATION

The clinical staff administering the drug must:

1. Following administration, document in the medical record either manually or electronically where available.
2. Advise the patient or, if appropriate, the patient's family about any potential clinically significant adverse reaction or other concerns when administering a new medication.

POLICY NO: 237	SUBJECT: MEDICATION ADMINISTRATION GUIDELINES	Page 4 of 4
--------------------------	---	--------------------

3. Document date, time, medication, dose, route (or site of injection is documented on the progress note, using approved anatomical landmarks) and the effects or patient's response of the medication in the medical record.
4. Report adverse drug reactions immediately to the ordering provider. Complete a SI report and notify supervisor. Vaccine adverse reactions must be communicated to the immunization project by completing a Vaccine Adverse Event Report (VAER) report in California Immunization Registry (CAIR).
5. Report Errors in medication administration immediately to the ordering provider. Complete a SI report and notify supervisor. The actual medication administered is documented on the progress notes.

REFERENCE:

Kowalak, J., (Ed.) (2016). Lippincott's nursing procedures (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
 Department of Health Services Core Competency, 2017
 The Joint Commission, Standards on Medication Practice – National Patient Safety Goals

Approved By: Susan Knapp (CHIEF NURSING OFFICER I)	
Date: 11/15/2013	Original Date: 12/01/2002
Reviewed: 05/21/2018	Next Review Date: 05/21/2019
Supersedes:	