OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE

NUMBER: 246
VERSION: 8

SUBJECT/TITLE: MEDICATION ADMINISTRATION

POLICY: Approved licensed personnel shall administer medications in compliance with their practice guidelines. Medication administration is performed according to policies and procedures.

The licensed nurse is responsible and accountable for accurate transcription of all medication orders, proper dosage and administration, documentation, patient education, and assessment of effectiveness or any untoward side effects.

Only authorized providers (e.g., physicians, nurse practitioners, dentists) with furnishing privileges are allowed to submit medication orders. All medication orders submitted by a provider without furnishing privileges, (e.g., medical student, psychologist), must be co-signed by an authorized provider with furnishing privileges.

All medication orders written by a registered pharmacist must be in accordance with a Pharmacy & Therapeutics Committee approved pharmacy protocol.

PURPOSE: This policy defines the requirements for the administration, order verification and documentation of medications. Standard drug administration times are outlined to provide guidance to nursing staff.

DEPARTMENTS: All

DEFINITIONS: **Licensed Personnel Approved to Administer Medication Include:** Registered Nurses, Licensed Vocational Nurses, Psychiatric Technicians, Dentists, Podiatrists, Physicians, Nurse Practitioners, Respiratory Therapists and Physical Therapists.

Computerized Provider Order Entry (CPOE): A provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies and other auxiliary services) from a computer.

Medication Turnaround Time (TAT): Time from physician order to medication availability.

"STAT" Medication Orders: Reserved for Emergent medication needs (for example, Code Blue/Rapid Response emergencies).*

- The TAT for "STAT" medications is ≤ 30 minutes, with an expectation that medications will be procured and administered as quickly as possible.

"NOW" Medication Orders: Medications that are needed with some urgency but are not required emergently ("STAT"). *

- The TAT for "NOW" medications is ≤ 60 minutes.

Routine Medication Orders: Medication orders not otherwise specified as "STAT" or "NOW".

- The TAT for routine medication orders is ≤ 120 minutes.

*** Direct communication between ordering physician and patient's primary or covering nurse is required for all "STAT" and "NOW" medication orders.**

PROCEDURE:

I. MEDICATION ORDERS

1. Medication orders must be electronically submitted via CPOE or on a facility approved form.

2. A pharmacist is required to review and verify all medication orders prior to medication administration.

3. Medication orders will be reviewed to ensure all of the components of the order are appropriate including medication name, dose, route of administration, frequency and indication.

4. Nursing staff is required to acknowledge and review all medication orders submitted by an authorized provider.

II. MEDICATION ADMINISTRATION

1. Open a patient's chart and open the MAR (Medication Administration Record).

2. Verify that there are no contraindications or allergies before administering the medication. Any unresolved questions should be clarified with the patient's provider.

3. Explain each medication being given, advising patient or family of clinical indications, specific needs related to the medication(s) (e.g., increased fluid intake needed), and any applicable side effects or potential clinically significant adverse reactions about which to notify the nurse.
    a. If unfamiliar with the medication, dosage range, action, indication, contraindications, adverse reactions, or precautionary measures, refer to the drug reference manual, "Micromedex" or call the pharmacy.

4. Verify the patient's name and a second patient identifier, such as FIN (Financial Information Number) or date of birth. Scan the patient's wristband.

5. Verify the medication to be administered including medication name, dose, route of administration, expiration date and time of administration. Scan the medication barcode.

6. Observe the patient taking the medication. Complete all necessary fields in the computerized system to document medication administration and time on the MAR.

    a. For patients with suspected/confirmed Sepsis, Severe Sepsis or Septic Shock, crystalloid infusions (e.g. Sodium Chloride 0.9%, Lactated Ringers) are to be infused at a rate of 1000mL/hr unless otherwise specified by the provider.

7. The patient's response to all medications administered, including the first dose of a new medication, shall be monitored by the nurse by gathering the patient's own perceptions of side effects and efficacy, as well as by referring to information from the patient's medical record, relevant lab results, clinical response and medication profile.

8. Assessment and documentation of medication efficacy should be performed following the administration of all PRN medications. Post-administration assessment times may vary depending on route of administration.

Route of Administration	Assessment Time Guideline
Intravenous	15 – 30 minutes
Sub Q or IM	30 – 60 minutes
PO or PR	60 – 90 minutes

9. If the medication(s) was held, refused or not given.
    a. On the MAR, document 'not done'.
    b. In the 'Reason Not Done' box, select the appropriate reason from the list as to why the medication was not given.
    c. Notify primary physician per unit/service protocol: face-to-face discussion, telephone conversation or via message in the electronic medical record.
    d. Document notification in the electronic medical record (include name, and time and date of notification).
    e. Additional comments can be entered in the 'Comment' box.

III. TIMING AND SCHEDULING GUIDELINES

1. Appropriate timing of medication administration must take into account the complex nature and variability among medications. Factors including; indications for which they are prescribed; clinical situations in which they are administered; common drug interactions; and any specific needs of the patients ultimately influence the scheduling and administration times of medications

2. Accordingly, Olive View-UCLA Medical Center has developed the following medication administration scheduling and timing parameters to serve as a guide for scheduling and administering those medications which require exact or precise timing of administration, such as STAT or Now doses, on-call medications that are suitable for scheduled dosing times. For medications which are eligible for scheduled dosing times, the guidelines will distinguish between those which are time-critical and those that are not. Please contact Pharmacy for questions related to administration times and/or scheduling of medications not explicitly discussed within the policy.

A. Routine Scheduled Medications: All maintenance doses are 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, investigational drugs in clinical trials and PRN medications.

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2. Scheduling: Unless otherwise noted; all routine medications shall be scheduled according to the Routine Medication Administration Schedule.

3. Administration: Unless otherwise noted; all routine medications shall be administered within one (1) hour before or after scheduled time.

4. Documentation of administration within these time frames does not

require noting the exact time the medication was given.

Routine Medication Administration Schedule

Order	Administration Times
Twice daily / BID	1000 and 1800
Three times a day/TID	1000, 1400, and 1800
4 times per day	1000, 1400, 1800, and 2200
One time per day / Daily	1000
Every morning / qAM	1000
Every evening / qPM	1800
Every night / qHS	2200
Every 2 hours /q2 hr	0600, 0800, 1000, 1200, 1400, etc.
Every 4 hours / q4 hr	0600, 1000, 1400, 1800, 2200, etc.
Every 6 hours /q6 hr	0600, 1200, 1800, 2400
Every 8 hours /q8 hr	0600, 1400, and 2200
Every 12 hours /q12 hr	1000 and 2200

5. If the first dose of medication administration was started outside of the standard medication administration time, please follow the Medication Administration Time Schedule Guide to ensure safe administration times of subsequent medication (Attachment 1).

6. The following medications are an exception to the attached administration "catch up" schedule. Once started, these medications should continue to be administered as close to their original schedule as possible.
    a. All medications ordered as q24 hours (e.g., started at 0730, continue to be given daily at 0730)
    b. All antimicrobials (oral and intravenous)
    c. Low molecular weight heparin (e.g., enoxaparin [Lovenox] and unfractionated heparin
    d. Chemotherapy
    e. Investigational medications

7. Cardiac/Hypertensive meds – Call MD about staggering meds if any questions and record comments in MAR.

8. Medications may be staggered if there are too many IVPB being administered at one time. If they are staggered, they should be numbered or timed. NEVER piggyback one antibiotic onto another unless compatible.

B. Time-Critical Medications: Medications where early or delayed administration of maintenance doses of greater than 30 minutes before or after the schedule dose may cause harm or result in sub-optimal therapy of pharmacological effect.

1. Time-critical or time-sensitive medications; regardless of patient location, are medications that require exact or precise timing of administration. In general, these medications are not eligible for scheduled dosing times and should be administered as close to their scheduled administration times as possible.

2. Olive View-UCLA Medical Center defines the window for administration of time-critical medications as no greater than 30 minutes before or after scheduled administration times.

3. Examples of Time-critical medications include:
    a. Non-PRN, scheduled opioids for chronic pain or palliative care
    b. Medications that must be administered apart from other medications (e.g., antacids and fluoroquinolones)
    c. Medications ordered more frequently than every 4 hours (i.e., q 1, 2 or 3 hour intervals)
    d. Medications that require administration within a specified period of time before, after or during meals, etc. (e.g., rapid, short, or ultra short-acting Insulins and Sulfonylureas).
    e. First dose and loading dose antibiotics for all critically ill and Neutropenic patients.

C. Non-Time-Critical 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.

1. Scheduling: Unless otherwise noted; all Non-time-critical medications shall be scheduled according to the Routine Medication Administration Schedule.

2. Administration: Unless otherwise noted; all Non-time-critical medications shall be administered within one (1) hour before or after scheduled time.

3. Examples of Non-time-critical medications include, but are not limited to:
    a. Medications ordered daily, weekly, monthly, etc.
    b. Medications ordered q 4 hours or more

IV. DOCUMENTATION

1. Documentation of all administered medications will be recorded on the MAR (Medication Administration Record).

2. Analgesics are recorded on the 24 hour Pain Flow Sheet (inpatient), and the Multidisciplinary Pain Management Form (outpatient). Refer to this form on the MAR.

3. For Patients on the Alcohol Withdrawal Protocol, document on the Alcohol Withdrawal Severity Assessment Scale. Refer to this form on the MAR.

4. Document initial IV Fluids and/or continuous infusions on the MAR. Titration of IV Fluids or infusions is documented on the 24 hour Flow Sheet/I&O in the ICU, or online computer record.

5. The nurse will document all medications provided to physicians and hemodialysis nurses.

6. Respiratory Therapists will document the administration of respiratory products in the MAR.

Key Related Policies and Procedures:

- Adverse Drug and Vaccine Reaction Reporting – Policy #1596
- Automatic Drug Stop Order – Policy #235
- Banned (Unapproved) Abbreviations – Policy #1613
- Black Box Warning – Policy #1590
- Guidelines for Medication Orders – Policy #1599
- High Alert Medications – Policy #240
- Intravenous Administration-Adult – Dept. of Nursing Policy #1046
- Intravenous Therapy-Adult – Dept. of Nursing Policy #1048
- 24-Hour Physician's Order Check – Dept. of Nursing Policy #1018
- Look-alike/Sound-alike Medications and Patient Safety – Policy #241
- Medication Errors – Policy #1592
- Multiple Dose Vials – Policy #1587
- Patient's Own Medications – Policy #1670
- Prescribing and Administration of Drugs – Policy #1661
- PRN Medication – Policy #234
- Pyxis MedStation Automated Dispensing Machine – Policy #1636
- Pyxis Override Medications – Policy #1605
- Verbal/Telephone Orders – Policy #1037
- Insertion of Feeding/Enteral Tubes, Enteral Feeding and Medication Administration: Adult - Policy # 1487
- Controlled Substances - Policy # 384

References: Joint Commission Standards on Medication Management	
Approved by: Bonnie Bilitch (Chief Nursing Officer), Carol Ostrom (Medical Staff Coordinator), Judith Maass (Chief Executive Officer), Shannon Thyne (Chief Medical Officer)	Date: 09/22/2017
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