

# IHS BCMA – Timely Admin Policy Sample

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## Timely Administration of Scheduled Drugs

### Sample Policy

SUBJECT: Timely Administration of Scheduled Drugs	REFERENCE #:
	PAGE: 1 OF: 4
DEPARTMENT: Pharmacy	EFFECTIVE DATE: 8/16/12
POLICY TYPE: Pharmacy	REVISED DATE: 8/14/12
APPROVED BY: pharmacy/ nursing units/ medical staff	References:  1. ISMP acute care guidelines for timely administration of scheduled medications. Institute for Safe Medication Practices. Horsham (PA): 2011.  2. Drug information: Lexicomp. UpToDate, Inc. 2012

### FORT DEFIANCE INDIAN HOSPITAL BOARD, INC. (FDIHB)

- I. **Purpose:** The Institute for Safe Medication Practices (ISMP) developed guidelines for the timely administration of scheduled medications in response to a survey of nurses in 2010 regarding the CMS “30-minute rule”. The CMS Interpretive Guidelines require the administration of medications within 30 minutes before or after the scheduled time, however nurses reported in the survey the pressure to comply with the “30-minute rule” has led to more errors, and relatively few medications require exact timing of administration. This policy is based on the ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications and includes a hospital-specific list of time-critical scheduled medications.
- II. **Policy:** Medications are required to be administered in a timely fashion based on their category: time critical medications or non-time critical medications.
- III. **Procedure:**
  - A. **Scheduled Medications:** All maintenance doses administered according to a standard, repeated cycle of frequency (e.g., Q4h, QID, TID, BID, daily, weekly, monthly, annually). Scheduled medications are categorized as time critical and non-time critical, (see tables 1 and 2).
    1. Does not include:
      - a. STAT and Now doses
      - b. First and Loading doses
      - c. One-time doses
      - d. Specifically timed doses (e.g., antibiotic for surgical patient to be given a specific amount of time before incision, drug desensitization protocols)

## IHS BCMA – Timely Admin Policy Sample

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- e. On-call doses (e.g., pre-procedure sedation)
  - f. Time-sequenced or concomitant medications (e.g., chemotherapy and rescue agents, n-acetylcysteine, and iodinated contrast media)
  - g. Drugs administered at specific times to ensure accurate peak/ trough/ serum drug levels
  - h. Investigational drugs in clinical trials
  - i. PRN medications
- B. **Time-Critical Scheduled Medications:** If 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. Because of this, these medications should be given within 30 minutes of the scheduled time (see Table 1).
- 1. Medications administered around mealtimes require nursing judgment regarding the actual scheduled time of administration, which may fluctuate based on meal delivery time, actual consumption of the meal, and the patient's condition.
  - 2. Any scheduled medication can be designated "time-critical" by prescribers, pharmacists, or nurses by indicating on the medication order or electronic medication administration record (eMAR) entry.
- C. **Non-Time-Critical Scheduled Medications:** Early or delayed administration within a specified range of either one or two hours should not cause harm or result in substantial sub-optimal therapy or pharmacological effect (see Table 2).
- D. **First Doses:** For certain types of medications, it is essential to ensure the patient receives the first dose of the medication in a timely manner. To provide for this, CMS has created guidelines to follow. These guidelines are shown in Table 3.

# IHS BCMA – Timely Admin Policy Sample

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## TABLES

**Table 1: Time Critical Medications**

Time-Critical Scheduled Medication	Reason “Time-Critical”
Dosing schedule more frequent than every 4 hours	Small dosing intervals require timely administration to avoid toxicity or sub-optimal therapy.
Opioids	Scheduled use for chronic pain or palliative care (not PRN); Fluctuations in the dosing interval may result in unnecessary break-through pain.
Antibiotics (IV)	For specific diagnosis/ indications (e.g., worsening sepsis).
Tacrolimus (Prograf) Cyclosporine (SandIMMUNE)	Prevention of solid-organ transplant rejection; Administer with or without food; be consistent with timing and composition of meals if GI intolerance occurs and administration with food becomes necessary (per manufacturer). If dosed once daily, administer in the morning. If dosed twice daily, doses should be 12 hours apart. If the morning and evening doses differ, the larger dose (differences are never >0.5-1 mg) should be given in the morning. If dosed 3 times/day, separate doses by 8 hours.
Fluoroquinolones	Medications must be administered at least 2 hours before or 6 hours after antacids or other products containing calcium, iron or zinc.
Itraconazole Ketoconazole	Antacids may decrease serum concentrations of itraconazole and ketoconazole. Administer itraconazole at least 1 hour after or 2 hours before antacids, and ketoconazole at least 2 hours before antacids.
Insulin glulisine (Apidra) Insulin aspart (NovoLOG) Insulin lispro (HumaLOG)	Requires administration within 15 minutes before meal, insulin aspart immediately before meals (within 5-10 minutes).
Acarbose	Administered with the first bite of each main meal.
Nateglinide (Starlix), Repaglinide (Prandin)	Requires administration within 30 minutes before meals.
Sulfonylureas, oral hypoglycemic agents	Administer once daily with breakfast or first main meal of the day.
Pancrelipase (Creon)	Requires administration with meals.

## IHS BCMA – Timely Admin Policy Sample

Time-Critical Scheduled Medication	Reason “Time-Critical”
Alendronate (Fosamax) Other bisphosphonates	Requires administration on empty stomach, 30 minutes prior to food or drink other than plain water.
Levothyroxine (Synthroid)	Requires administration in the morning on an empty stomach, at least 30 minutes prior to food.
Pyridostigmine (Mestinon) Neostigmine (Prostigmin)	Short duration of action; For treatment of myasthenia gravis - timely administration required to maintain symptomatic benefit.

**Table 2: Non-Time Critical Medications**

Non-Time-Critical Scheduled Medications	Timing
Daily, weekly, monthly medications	Administer within 2 hours before or after the scheduled time; to prevent accidental omission of doses that might be more easily forgotten if delayed more than 2 hours.
Medications prescribed more frequently than daily, but not more frequently than every 4 hours	Administer within 1 hour before or after the scheduled time

**Table 3: First Doses**

First/ Loading doses	Targeted time frame for administration
Antibiotics (IV)	Within 15 minutes of medication order.
Anticoagulation (IV)	tPA for PE or Stroke – within 15 minutes of order.
Antiepileptic agents (IV)	Within 15 minutes of medication order.
Stat doses	Within 15 minutes of the medication order.
Now doses	Within 30 minutes of the medication order.

**SIGNATURES:**

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Chief Pharmacist

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Date

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Chief Nursing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman P&T/Chief Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date