# POLICY AND PROCEDURE

**Subject:** Medication Administration by RN **Latest Revision:**

Organizational Level: Inpatient Unit Next Review:

## PURPOSE:

To define responsibility and delineate processes for safe administration of medications by nursing personnel.

## POLICY:

1. Introduction: Nursing personnel shall ensure the safe and effective administration of medications.
2. Definitions:
   1. High Risk Medication: High risk medications as defined by ZCCHC Pharmacy and The Joint Commission guidelines are those that carry a higher risk of causing patient harm if given in error, or are associated with a greater risk of error in prescribing, dosing, preparation, dispensing, or administration.
   2. Medication Error: Incorrect administration of a medication including but not limited to, administration of the incorrect drug; administration to the incorrect patient; wrong administration time, route, dose; administration outside the two-hour window without justification documented in Bar Code Medication Administration (BCMA), or outside and incorrectly ordered medication or a medication not ordered..
   3. Narcotic Discrepancy: When the narcotic dose documented as given plus the narcotic dose documented as wasted does not equal the narcotic dose documented as withdrawn.
   4. Order Verification: Confirmation that a medication order includes the required information (medication, dose, route, frequency, indication, allergies, etc.) and that this information is clear, accurate and appropriate.
   5. Time Limited Medications: Medications whose administration is mandated to begin within a defined timeframe as outlined in ZCCHC timeframe for administration of medications policy and procedure, Joint Commission Guidelines, or otherwise indicated as a best practice. Example: Azithromycin 500mg iv q24h for pneumonia, first dose now (Now = within 1 hour)

## PROCEDURE:

1. Medication Orders:
   1. A physician or authorized practitioner shall enter all orders for medication into the Electronic Health Records (EHR).
   2. A physician or authorized practitioner shall enter a Medication Order into the EHR for any treatment containing medication.
   3. An RN may take a Verbal or Telephone order from a practitioner and enter it into EHR in an emergency situation. In the process of emergencies, where a delay would cause increased pain or harm to the patient, an RN may take telephone or verbal orders to expedite patient care.
   4. The RN shall write all verbal and telephone orders and shall read the order back to the ordering physician or authorized practitioner for confirmation of accuracy.
   5. Medication order components shall include the name of the medication, the dose, the route, the frequency, and the indication.
   6. The RN shall check for Allergies and Adverse Drug Reactions at the time of the verbal/telephone order.
   7. The practitioner must verbally confirm order’s accuracy and sign order in EHR within 48 hours.
2. Medication Administration:
   1. Prior to administration, the Nursing staff member administering the medication shall ensure that the following steps are accomplished.
   2. Verify the medication selected matches the order and label.
   3. Visually inspect the medication for particulates, discoloration, or other loss of integrity.
   4. Verify the medication has not expired.
   5. Verify the medication is being administered at the proper time, in the prescribed dose, and by the correct route.
   6. Resolve any concerns about the medication with the Provider, prescriber, and/or staff involved with the patient’s care.
   7. Before administering a new medication, assure that the patient and/or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication.
   8. Refer to Medication Administration Policy.
   9. The nursing staff member shall administer medications using the BCMA system.
3. Medication Administration Times:
   1. Medication should be administered within 60 minutes before or after the scheduled time. A comment must be entered any time medication is given outside the 120-minute administration window.
   2. Standardized medication times are specified for administration of medications.
4. Patients Response to Medications:
   1. Monitor response to all medications. This includes medication related problems, adverse effects, patient perceptions, and when appropriate, perceived efficacy, i.e., relief of symptoms.
   2. Consider information from laboratory test results, clinical response, and the patient’s medication profile in monitoring the patient’s response to medication.
   3. Document medication adverse effects immediately in EHR.
   4. Enter PRN (as needed) effectiveness into BCMA for all PRN medications within one hour after administration. At the end of the nursing shift double check for any missing PRN effectiveness documentation. If a PRN medication is administered immediately prior to the end of the shift, the off going nurse shall notify the oncoming nurses of the need for PRN effectiveness assessment and it will be the oncoming nurses’ duty to document the PRN effectiveness. When assessing PRN effectiveness of pain medications documentation will include a pain score and whether the patient’s level of pain is acceptable and the time the assessment was done.
5. Missing Medication: Notify the Pharmacy immediately to fill the order during regular inpatient pharmacy hours. After hours, retrieve the medication from the medication night cabinet. If the medication is not available in the medication night cabinet, alert the Supervisory Clinical Nurse, the provider, or designee to contact the on-call Pharmacist for further instruction.
6. Controlled Substances:
   1. The RN withdrawing a narcotic dose from the Narcotic Medication Cabinet shall document the date, time, patient name, dose, and signature on the narcotic medication administration log. The RN shall administer that dose in accordance the BCMA medication administration procedure outlined in this policy.
   2. If any portion of the narcotic unit dose withdrawn must be wasted, the RN shall perform a witnessed waste of the medication.
   3. Two RNs may waste or be the witness of the waste of the controlled substance.
   4. At change of shift, an off going and an oncoming RN shall count the medications in the Narcotic Cabinet for any discrepancies. Any discrepancies must be resolved and appropriately documented prior to any licensed staff leaving the unit.
   5. Report losses and discrepancies immediately through appropriate channels:
   6. Notify Supervisory Clinical Nurses (SCN).
   7. Notify Pharmacy.
   8. Document explanation of loss or discrepancy in the WebCident. The complete signature and title of persons conducting the count of scheduled drugs must verify this explanation.
7. Medication Patches:
   1. Initial, date, and time patches at the time of application. In addition document the site of patch placement.
   2. Document removal of the old patch in BCMA.
   3. Discard the used patch by folding over onto itself and place in the sharps container.
8. High Risk Medications:
   1. Two RNs must verify High Risk continuous intravenous infusions including, but not limited to, heparin, potassium chloride for injection, magnesium sulfate for injection, and insulin. Refer to the ZCCHC Pharmacy Formulary for a full listing of high-risk medication. The administering nurse shall enter a comment in the BCMA system indicating that a second nurse has verified infusion solution, additive medication, concentration, and infusion rate in BCMA and include the second nurse’s initials.
   2. Two licensed nurses must verify all insulin doses prior to administration. The administering nurse shall add a comment in BCMA, including the initials of the verifying nurse. The insulin doses shall be drawn up in the medication area from the multi-dose vial with the verifying nurse present, a barcode label will be attached to the insulin syringe and the barcode scanned at the patient’s bedside. The dose shall be administered as per the BCMA nurse medication administration process and the administration shall be verified in BCMA by the (2nd RN) verifying nurse at the patient’s bedside.
   3. When a medicated IV infusion is mixed in a patient care area, two RNs must check the infusion for accuracy and initial the IV label. The IV admixtures should only be prepared outside of the pharmacy in emergency situations and should be replaced by infusions prepared by the pharmacy as soon as possible.
9. Multi-dose Vials:
   1. Unopened multi-dose vials are usable until the expiration date on the vial unless the sterility or integrity of the vial is compromised.
   2. All multi-dose vials shall be labeled with the initials of the person opening the vial and an expiration date that is 28 days after opening.
   3. Opened multi-dose vials that lack dates or initials shall be discarded.
   4. Refer to Multi Dose Medication Vial Policy.
10. Medication Preparation and Security:
    1. The container, which may be a bag, syringe, bottle, or box of any medication or solution prepared but not administered or otherwise used immediately must be labeled. Immediate administration means the person preparing the medications/solutions takes it directly to a patient for administration or use use without a break in that continuum.
    2. At a minimum, the labeling must include drug name, strength, amount (if not apparent from the container), expiration date (if not used within 24 hours) and the initials of the individual preparing the medication.
    3. Medications must be secured at all times. When not in use, medication cart drawers should be locked. Medications shall not be left unattended on counters or at workstations.
11. Self Administration of Medications:
    1. Any medication brought by a patient to an inpatient unit must be sent home with family members soon after admission or sent to pharmacy.
    2. Self-administration of medications is not permitted according to ZCCHC policy with the exception of discharge medications that require self- administration instruction prior to discharge.
12. Medication Errors:
    1. Report medication errors including near miss and close calls in a WebCident report and to the Supervisory Clinical Nurse.
13. Responsibilities:
    1. The Supervisory Clinical Nurse shall:
    2. Orient RNs to ZCCHC’s medication administration policies and procedures.
    3. Intermittently review staff practice to ensure compliance with policy and procedure.
    4. Initiate re-education in response to medication incident reports, noncompliance with medication administration policy or procedures, or narcotic discrepancies.
    5. The RN shall:
    6. Verify active medication orders prior to administration and ensure that the intent of the order is carried out. Night Shift RNs will perform 24 hour chart checks on all patient charts to ensure that all medication and treatment orders have been appropriately carried out.
    7. Ensure PRN medication effectiveness is documented within one hour of medication administration; double check by the end of the nursing shift.
    8. Monitor team members to ensure compliance with policy and standards of practice.
    9. Ensure narcotic discrepancies are resolved and documented at the time of discovery according to ZCCHC’S Pharmacy controlled substances policy.
    10. Perform the narcotic count at the change of shift, looking for any discrepancies and resolving the discrepancy before any licensed staff members leave the unit.
    11. Communicate all pertinent information regarding medication administration using the Situation-Background-Assessment-Recommendations (SBAR) Patient Handoff Report.
    12. Administer medications and treatments in compliance with ACCHC policies and procedures.
    13. Maintain current understanding of ZCCHC policies and procedures, and current standards of nursing practice associated with medication administration.
    14. Maintain competency and proficiency in the use of BCMA, RPMS (RN Finish) and the EHR.
    15. Report malfunction of BCMA, EHR, RPMS to the SCN and work with appropriate technical support resources to resolve the malfunction.
    16. Initiate the BCMA/EHR Contingency Plan during periods of loss of automated data processing functions, both scheduled and unscheduled in accordance with ACCHC, EHR, RPMS and BCMA Contingency Plans.
    17. Initiate an incident report/WebCident in the event of medication error in accordance with ACCHC nursing incident reporting protocol.