SUBJECT:  MEDICATION / SOLUTION CONTAINER LABELING

PURPOSE:
To provide protocol for medication and solution labeling to ensure safe medication administration.

POLICY:
All medications, medication containers (i.e. syringes, medicine cups, basins), or other solutions in the perioperative and other procedural settings should be labeled, even if there is only one container present. All syringes will be properly used. All syringes will be labeled when not immediately injected.

PROCEDURE:
1. Delivering Medications to the Sterile Field
   a. Confirm all medications listed on the physician’s preference list with the physician before delivery of the medications to the sterile field. Keeping preference cards up to date is essential to this safety measure.
   b. Verify medication in its original container for the correct name, strength, dosage, and route with the physician’s preference card or documented verbal order.
   c. Actively communicate the medication name, strength, dosage, and expiration date as the medication is passed to the sterile field.
      i. Verbally and visually confirm all medications delivered to the sterile field, including medication name, strength, dosage, and expiration date.
      ii. Medications should be verified concurrently by the circulating registered nurse and scrub person.
   d. Deliver one medication at a time onto the sterile field.
   e. Do not remove stoppers from vials for the purpose of pouring medications.
   f. Use commercially available sterile transfer devices when possible (e.g., sterile vial spike, filter straw, plastic catheter).
   g. Reconfirm maximum dose limits.
   h. For use on the sterile field, use sterile preprinted or hand written medication labels with a sterile indelible marker.
i. Use the appropriate labeling type that works best with the surface of each medication container. Labels that do not adhere adequately to a surface could increase the risk of leaving foreign bodies in the surgical wound.

j. Do Not sterilize an ordinary office product marker for the purpose of labeling medications on the sterile field.

2. Managing Medications on the Sterile Field

a. Verbally and visually confirm the medication – medication name, strength, dosage, and expiration date – upon receipt from the circulating nurse even if only one medication is involved.

b. Label the medication container on the sterile field immediately before receipt of the medication. Avoid distractions and interruptions during the labeling process and while dispensing medications onto the sterile field.

c. Label all medication containers and delivery devices with, at minimum, the medication name, strength, and, if needed, concentration.

d. Verbally and visually confirm the medication name, strength, and dose by reading the medication label aloud while passing a medication to a licensed professional performing the procedure.

e. When patient hand-offs (e.g., personnel relief) occur, the medication verification process should take place. The medication should be confirmed for accuracy – product label reviewed for the medication name, strength, and expiration date – in conjunction with a review of the written medication order to validate that the correct medication is on the field.

f. Discard any solution or medication found on or off the sterile field without an identification label.

3. Retain all original medication/solution containers and delivery devices until the patient leaves the OR/Procedure Room in the event of a medication-related error or adverse reaction. If an error or adverse reaction should occur, perform an analysis and maintain possession of the containers until the analysis is complete.

4. Ensure that intraoperative documentation reflects all medications, including irrigation solutions, doses, and routes of administration, that are administered throughout the procedure.

5. Labeling of medications:

a. If during the procedural process, a solution or medication (either in the sterile field or not) is poured, drawn into a syringe, or otherwise used from its original container and immediately administered or disposed of, labeling is not required. Immediate administration means there are no intervening steps or functions prior
to administration. However, if the medication or solution that has been removed from its original container will be used over a course of a procedure, the receiving container must be labeled.

b. Anesthesia medications that are immediately administered with the syringe or container disposed of after the medication is administered, labeling of the syringe or container is not required. However, if the medication is prepared and slowly administered over the course of a procedure, if the medication is prepared by a staff person other than the administering provider, if the medication is prepared in bulk for the day’s cases, or if the provider preparing the medication participates in another function prior to administration, the syringe or other container must be labeled.

c. If more than one medication or solution is prepared, each would need to be labeled. Preparing two medications at the same time does not meet the above-stated definition of immediate use; therefore, each would have to be labeled.

d. Label all medication or solution containers and delivery devices with, at minimum

i. Medication or solution name

ii. Strength

iii. Concentration, if needed

iv. Expiration date when not used within 24 hours

v. Expiration time if less than 24 hours, based upon manufacturer’s notice

e. Verbally and visually confirm the medication name, strength, dose and expiration date by reading the medication label aloud while passing a medication to the licensed person performing the procedure.

f. If any patient hand-offs, such as relief, occur, the medication verification process should take place. Medication must be confirmed for accuracy including product label, medication name, strength, and expiration date along with the review of the written medication order.

g. Discard any solution or medication found on or off the sterile field without an identification label.

h. Medications used during the operative phase of the patient's case will be discarded at the end of the procedure in an appropriate container.

i. All intraoperative documentation must reflect all medications including irrigation solutions, doses, and routes of administration that are administered throughout the procedure.
j. Retain all medication containers and delivery devices until the patient leaves the OR to perform an analysis should there be a medication or fluid-related error or adverse reaction.

6. Syringes:

a. In most cases of medications and solutions in the procedural setting, only the drug name, strength would be place on the label if drug is not immediately used and syringe disposed. If syringe contains medication or solution that will be used during the course of a procedure, the syringe must be labeled.

b. All labels on syringes that are not immediately injected and disposed must include the following information:

i. Drug name, Strength, Amount, if not apparent from the container

ii. Expiration date when not used within 24 hours (this would be rare for procedures)

iii. Expiration time if less than 24 hours

iv. Initials of person drawing

c. If preparing individualized medications for multiple patients, the label also includes the patient’s name and the patient’s location. However, the location is not to be used as a patient identifier during administration of a medication.

d. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.

e. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.

f. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.

g. It is acceptable to purchase and use pre-filled, pre-labeled syringes such as on procedure trays. However, pre-labeling medication and solution containers is not acceptable. The label should be prepared and applied at the time the medication or solution is prepared. Applying the label immediately before drawing up the medication is acceptable and may make the process of checking the label against the original container more efficient.

7. IV Solution

a. When labeling a bag of IV solution, always use preprinted or handwritten labels.
i. Writing directly on the bag with a ball point pen could damage the bag and contaminate the IV solution.

ii. A felt-tip pen should not be used directly on a bag of IV solution or on the label because the ink could penetrate the label or bag surface causing contamination to the solution.

b. An IV bag label should include the following information:

i. Medication, dosage & concentration of admixture

ii. Concentration & volume of solution

iii. Patient's name

iv. Date & time of initiation & expiration

v. Name of individual who mixed the solutions

8. All labels are to be verified both verbally and visually by two (2) qualified individuals when the person preparing the medication is not the person administering the medication.

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1 This policy follows the One and Only Campaign and CDC guidelines for safe injection practices and APIC Position Paper: Safe Injection, Infusion and Medication Vial Practices in Healthcare.