SUBJECT: MEDICATION ADMINISTRATION

PURPOSE:

To describe the proper procedure for medication administration to patients who are being treated at the Center.

POLICY:

To safely administer medications to patients to achieve the intended outcome. Only licensed independent practitioners and clinical staff are authorized to administer medication. The Center may define by job category or license rather than an individual’s name those authorized to administer medication. Mixed medication must be administered within 60 minutes and the person mixing medication must be the person that administers it.

PROCEDURE:

1. Medication Administration
   a. All orders for medication must include the medication name, dosage, route, and frequency. If elements are missing, the medication will not be administered until all elements are complete.
   b. The person administering the medication will read the doctor's order.
   c. The person administering the medication will verify there are no contradictions based on the documentation in the patient's chart.
   d. Confirm that the medications are given for the right reason.
   e. Medications should be drawn up in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed. In general, any item that could have come in contact with blood or body fluids should not be in the medication preparation area.
   f. Verify the medication dosage and route against the doctor's order.
   g. Check the medication to evaluate if it is stable by performing a visual exam for particulate matter or discoloration. Check the date to ensure that the medication has not expired.
   h. Prepare the medication as directed by the manufacturer.
   i. Verify patient identification by checking the patient bracelet.
j. Verify that the medication is given at the right time.

k. Give medication to the patient via the route dictated by order.

2. Vials

   a. Single dose vials will be discarded after single patient use.

   b. Multi-dose vials
      i. Multi-dose vials must be kept only in non-immediate patient treatment areas to prevent inadvertent contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment. Immediate direct patient treatment areas includes patient rooms or bays and operating and procedure rooms. The multi-dose vial may be kept in a medication room and anesthesia cart storage room.¹
      ii. If a multi-dose vial is opened in the immediate patient treatment area or is brought into the immediate patient treatment area and opened there, it should be dedicated to that patient only and discarded after use.
      iii. Immediate Treatment area examples are patient bays in pre or post-operative areas and operating rooms.
      iv. Upon opening a multi-dose vial, make note on label or add a label:
         1. Write licensed healthcare provider's initials.
         2. Include the last date on which the multi-dose vial can be used. This date is either 28 days from the date the vial was opened or the expiration date on the vial that is sooner than 28 days.
         3. Once a vial has been opened, the expiration date is used to determine when the medication must no longer be used. When the vial has not been opened, the expiration date on the vial is the date to remove the drug from use.
         4. If contents of vial appear cloudy or it is discovered the vial has not been properly stored, dispose of the vial and its contents.
      v. Prepare the medication as directed by the manufacturer's instructions.
      vi. Swab the vial top with alcohol and remove the ordered dose with a needle and syringe.
      vii. Store the medication as directed by the manufacturer's directions.

3. Compounded Sterile Products received from a pharmacy may have a Beyond-use Date (BUD) on the label. The BUD is the date beyond which medications that have been manipulated and/or repackaged and stored or dispensed in a container other than the original manufacturer’s storage container should not be used. The Beyond-use Date set by the compounding pharmacy takes into account various factors, such as the chemical stability, preservatives, type of storage, and environmental storage conditions. If Compounded Sterile Products are used, follow the instructions for storage and alert staff of the Beyond-use Date on the label.

¹ CDC Guidelines
4. Administering medication via IV solution
   a. Refer to drug compatibility chart located in the medication storage room to assess for drug compatibility.
   b. Prepare the medication per manufacturer recommendations.
   c. For IV piggyback medication, affix medication label on bag indicating medication added, dosage, patient name, date & time, and initials of the person preparing the medication.
   d. For IV medication that is to be administered directly through port of IV line.
      i. Swab port of IV tubing and insert syringe.
      ii. Administer over the designated period of time as recommended by the manufacturer.

5. Labeling Medications
   a. Any time one or more medications are prepared but not administered immediately, the medication container must be labeled with the drug name, strength, amount, date, time, and initials.
   b. For medications for use on/in the sterile field, see Policy "Medication Containers Labeling".

6. Verbal Orders
   a. Members of the Medical Staff may give verbal orders within the limitations of their privileges at the center and their license.
   b. Registered Nurses, CRNAs, ARNPs and PAs may accept verbal orders.
   c. Verbal orders may be given in person or over the telephone.
   d. The receiver will always repeat the order back to the giver to verify that it is understood and correct.
   e. The receiver will record the order in the medical record including stating the medication, dose, route, and frequency, and the date and time the order was received. The receiver will sign or initial the entry, identify it as a verbal order (VO) and identify the order as a read back by RB.
   f. The physician will counter-sign, date and time the order after the verbal order is issued.

7. Charting Medication Administration
a. After reading the physician's order and accepting responsibility for the implementation, the person will indicate this by initialing the order on the chart. The order will include the medication, dose, frequency, and route.

b. During an operative procedure, the circulating nurse will receive the verbal order and document the medication dose, route, time, and the name of the person administering the medication on the operative record. At the completion the physician will sign in the designated area indicating verbal orders were given.

c. After the successful administration of medication as directed by the physician's orders, the person will document this on the medical record section used for that phase of the patient’s care.

8. Discontinued Medications

a. A medication that has been discontinued by the physician will not be given any further.

b. This will be indicated by writing discontinuation time and initials on the doctors order sheet.

c. The order may also be written for a certain amount of doses and then discontinued.

9. Compromised Medication

a. A medication that is found to have a broken seal, is crushed, is discolored, or has particulate noted, is considered to be compromised.

b. Compromised medication will be discarded immediately.

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.