


Name of Policy:	<u>Administration of Medications</u>	
Policy Number:	3364-110-05-03	
Department:	Nursing Service	
Approving Officer:	Chief Nursing Officer (CNO)	
Responsible Agent:	Chief Nursing Officer (CNO)	
Scope:	The University of Toledo Medical Center (UTMC)	
		Effective Date: 3.1.2024 Initial Effective Date: 6/1981
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The administration of medications is recognized as the responsibility of the Registered Nurse (RN) and *Licensed Practical Nurses (LPNs). All orders for medications must be legible, complete, and non-ambiguous. Medication orders must contain the name, dosage, route and frequency of administration. If it is a PRN medication order, it also must contain an indication.

(B) Purpose of Policy

To provide for safe and therapeutic administration of medications.

(C) Procedure

1. Inherent in the responsibility of administering medication is maintaining knowledge of patient’s past and current drug treatment, allergies, and medication actions, appropriate dosages, expected side effects, untoward effects, related nursing interventions and appropriate patient teaching considerations.
2. Any person administering any medication is responsible for checking the patient’s five rights before administering a medication:
 - a. Right Patient
 - (1) Check the name on the patient’s identification band against the name on the patient’s medical record.
 - (2) Check the six-digit MRN number in the medical record against the six digit MRN on the patient’s identification band.
 - (3) Ask the patient his/her name when appropriate.
 - b. Right Drug
 - (1) Read the drug order in the medical record
 - (2) Read the label on the unit package
 - (3) Be wary of drugs with similar names and similar packaging (sound alike look alike medications)
 - (4) Ensure that medications are prepared in appropriate delivery devices. (Ex., IV medications are required to be in a clear IV syringe and oral medications are required to be in an amber colored oral syringe.)
 - (5) Refer to an authoritative reference before giving any unknown medications.
 - c. Right Dose
 - (1) Read the dosage as ordered in the medical record
 - (2) Read the dosage stated on the unit package
 - (3) Check the physician order if dose appears unusual
 - (4) Pediatric dosages should be calculated in milligram per kilogram of body weight. All calculations based on weight should be checked by a second person
 - d. Right Route of Administration
 - (1) Read the route ordered in the medical record

- (2) Check the route stated on the drug package
 - (3) Check the physician order if route appears unusual
- e. Right Time
 - (1) Read the administration time stated in the medical record
 - (2) Check to see when medication was previously administered
3. Pharmacy dispenses all medications administered by the nursing staff.
4. Medications brought to the hospital by patients should be sent home; if this is not possible, medications are to be forwarded to the pharmacy for storage. These medications are to be returned to patients or significant other upon discharge from the hospital if appropriate.
5. If medications brought from home are to be administered, the physician is to enter an order, specifying each home medication not supplied by the pharmacy on the order sheet. The medications must be given to the pharmacy so it can be identified as the correct medication according to the label. When the medications are identified, a sticker will be placed on the bottle, “verified by _____”, with the initials of the pharmacist who checked the medications. Following identification, the meds should be placed in the patient’s specific bin in the Pyxis or stored in the pharmacy. Medication from home will be designated as “home meds” in EMR per pharmacy policy. The time the medication is given should be documented in EMR.
6. Patients may administer their own medications following a written medical order, required are patient teaching and documentation of a sufficient level of knowledge. These medications, per The Joint Commission standards, cannot be kept at the bedside of the patient. The medications must be placed in the patient’s specific bin of the Pyxis. **If an order is entered for a patient to be on a Self-Medication Program, then education will be provided to the patient and documented in the medical record. The RN will also monitor the patient taking the self-medications and document this in the medical record. The RN will continue to provide education and monitoring throughout the process.**
7. Avoid distractions and interruptions when preparing, and administering medications.
8. “PRN” orders must include parameters for use. When a pain medication order includes a dose range the nurse will administer the appropriate dose within the range based on the pain assessment. A pain score must be documented for PRN pain medications. (Also see Hospital Policy # 3364-100-70-10)
9. Medication effects on the patients are to be monitored. Adverse medication side effects are to be documented and reported to the appropriate physician and the ADR Hotline at ext. 8359 if appropriate.
10. Patients receiving medications that affect vital signs or are monitored by lab tests (such as antihypertensives, anticoagulants, or digitalis products) should be assessed for any contraindications (vital signs, lab results, etc.) prior to administration. The physician should be notified of any pertinent findings that may impact prescription.
11. Medications that are to be given orally or via feeding tubes must be placed in the appropriate delivery device which is an oral syringe. The clear 60 ml syringe is acceptable when actually administering into feeding tubes. It is never acceptable to administer a medication orally or through feeding tube by using the 3ml, 5ml and 10ml leuc lock IV syringes that are clear in color.
12. Patients placed on NPO status should receive oral medications unless indicated by a written medical order.
13. Before applying a transdermal ointment or patch, the nurse verifies that all ointment or patches that were previously applied are removed. Patch removal and application indicating site are documented in EMR.

14. Documentation of medication administration must be done in compliance with Pharmacy and Nursing Service procedures and guidelines. Sites of all injections must be documented in EMR.
15. The nurse should discuss with the patient and/or be aware of possible reactions to first time medications being administered.
16. Investigational drugs administered by the nursing staff must be dispensed by the Hospital Pharmacy and must be clearly labeled as “investigational”. All others must be administered by the medical staff. Informed consent for all investigational drug therapy must be on the medical record prior to administration. Investigational drugs must have a written order. The nurse administering the drug is responsible for obtaining the drug data/information sheet from the Pharmacy. The nurse is responsible for understanding the pharmacologic information on the drug, proper administration, precautions needed, and how to care for the patient receiving the drug.
17. When a patient refuses a medication, the refusal is to be documented in EMR. The patient’s physician is to be notified; the timeliness of the notification should directly correlate with the significance of the medication.
18. In the case of medication error, nursing staff should refer to the Hospital Administration Policy (3364-100-70-10) on “Medication Management” and follow established protocols. Appropriate notification of the medical staff, provisions of any indicated treatment, monitoring of patient and necessary documentation should be completed.
19. New medication orders are not required for patients being transferred from one unit to another unit offering the same level of care (i.e. from one critical care unit to another, from step down to med surg.).
20. Medications for diagnostic procedures not administered by Nursing Service personnel should be documented in Horizon Expert Documentation (HED) by the person administering the medication. Nursing staff should maintain an awareness of the implications and patient care responsibilities related to these medications.
21. Licensed Practical Nurses must also follow the Guidelines for LPN’s in the Administration of Medication Policy No. 3364-110-05-01 and policy 3364.110.70.10.
22. Nursing units governed by their own written guidelines regarding medication administration should adhere to these guidelines also.
23. If a RN questions the order for medication due to any reason (illegibility, contraindications, allergies, dosing issue) the RN needs to contact first the ordering physician for clarification. If the order still is in question the RN is to contact the senior resident, and then the attending physician if the order is not clarified by the senior resident. (Refer to Policy 3364-110-04-05).
24. If a LPN administering medication has questions regarding the medication the LPN should review the order with a RN.
25. After contacting the MD, if a medication is not administered for any reason document in EMR as soon as possible, prior to the nurse ending the assignment.

(D) Definitions

*Qualified LPN is one who completed an approved medication course and possesses an OOPNE, NAPNE, or Board of Nursing Medication Card and they must have completed an IV course from an approved LPN program.

<p>Approved by:</p> <p>/s/ _____</p> <p>Kurt Kless MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><i>Revision Completed By: Julie Windle BSN, RN and Sasha Clark BSN, MBA, RN</i></p>	<p>Review/Revision Date:</p> <table border="0"> <tr> <td>1982</td> <td>1990</td> <td>4/2004</td> <td>3.27.15</td> </tr> <tr> <td>1983</td> <td>2/1991</td> <td>1/2005</td> <td>3.15.18</td> </tr> <tr> <td>1984</td> <td>1/1993</td> <td>1/2007</td> <td>3.1.21</td> </tr> <tr> <td>1985</td> <td>2/1995</td> <td>7/24/2008</td> <td>3.27.24</td> </tr> <tr> <td>1986</td> <td>4/1999</td> <td>11/3/2008</td> <td></td> </tr> <tr> <td>1987</td> <td>1/2000</td> <td>6/14/2010</td> <td></td> </tr> <tr> <td>1988</td> <td>7/2002</td> <td>9/2011</td> <td></td> </tr> <tr> <td>1989</td> <td>5/2003</td> <td>4/2014</td> <td></td> </tr> </table>	1982	1990	4/2004	3.27.15	1983	2/1991	1/2005	3.15.18	1984	1/1993	1/2007	3.1.21	1985	2/1995	7/24/2008	3.27.24	1986	4/1999	11/3/2008		1987	1/2000	6/14/2010		1988	7/2002	9/2011		1989	5/2003	4/2014	
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