Name of Policy:	Administration of Medications onto a Sterile Field	TOLEDO
Policy Number:	3364-124-44	1872
Department:	Nursing Service/Operating Room	
Approving Officer:	Director Surgical Services	
Responsible Agent:	Chief Nursing Officer (CNO)	Effective Date: 12/1/2022
Scope:	Operating Room (OR)/Perioperative Services	Initial Effective Date: 3/1999
New policy		I revision of existing policy

(A) Policy Statement

Medications and solutions contained in a sterile field and provided to a sterile field will be labeled with sterility assured.

(B) Purpose of Policy

To reduce the potential for medication errors when dispensing and administering medication to and from a sterile field.

(C) Procedure

- 1. All medication placed on a sterile field must be carefully labeled to assure accuracy and safety in administering that medication to patients.
 - MEDICATION IS DEFINED AS: "any medicinal substance, agent, product, or solution that is intended to be administered to the patient during the course of an invasive or surgical procedure. This includes such substances as sterile water or saline, irrigation, dye, topical agents, intravenous agents, etc."
- 2. Medications are to be dispensed directly from the original container via syringe or transfer tubing. Only if the original container is designed to allow for direct pouring of contents to the sterile field, is the use of a syringe not needed.
- 3. The Registered Nurse(RN) circulator and scrub person will verbally and visually verify that the medication being dispensed is transferred to the correctly labeled container.
- 4. At the time of dispensing, both RN circulator and scrub person will verify the expiration date.
- 5. Syringes on the sterile field will be labeled with medication name, concentration, and amount.
- 6. Medications administered to the patient will be documented on the operative record, including strength, and amount.
- 7. If a medication is dispensed to the field without being confirmed by the scrub person, the medication is to be discarded and redispensed.

Approved by:		Review/Revision Date:
		7/2002 7/2004
/s/		6/10/2008
Michelle Mallette, MSN, RN, CNOR	Date	8/2011
Director Surgical Services		10/10/2014
		2.1.2016
/s/		8/1/2019
Kurt Kless, MSN, MBA, RN, NE-BC	Date	12/1/2022
Chief Nursing Officer		
Review: Policy & Standard Committee, 2/16, 8/19		
Revision completed by: Greg Shannon, MSN, RN.		
		Next Review Date: 12/2025

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.