



## QUINTE HEALTHCARE CORPORATION

Disclaimer: Any printed copy of this policy is only as accurate as of the date it was printed: it may not reflect subsequent revisions. Refer to the electronic version of the policy on the Intranet under the Policy and Procedure Manual for the most current policy.

### Medication – Medication Administration

<b>Title: Medication – Medication Administration</b>		<b>Policy No:</b>	<b>3.12.7</b>
		<b>Original Issue Date:</b>	June 25, 2011
<b>Manual:</b>	<b>Clinical</b>	<b>Last Review Date:</b>	February 5, 2019 December 2, 2015
		<b>Last Revision Date:</b>	February 5, 2019 December 2, 2015
<b>Department:</b>	<b>Corporate</b>	<b>Policy Lead:</b>	Medication Safety Committee
<b>Approved By:</b>	<b>Medical Advisory Committee</b>		

#### 1. POLICY

Safe, effective and ethical medication practice is an important component of patient care. This policy and the health care professional’s regulatory college standards inform health care professionals of accountabilities with regards to medication administration; the standards are expectations that contribute to public safety.

The health care professional administering medication shall have the knowledge, skill and judgment to ensure safe medication administration practices. This includes knowledge about the patient and the medications including the expected action, outcome, dose, route, side effects, precautions and monitoring required. . For all medications administered, there must be a prescriber's order (which may include medical directives).

Quinte Health Care (QHC) will determine the practice settings in which specific medications and routes of administration are authorized, based on the ability of the health care provider to maintain competence and the resources available to support safe patient care. Refer to policy 3.8.4 Intravenous Medication for additional detail on the administration of intravenous drugs.

Scope of practice is determined considering the needs of the patient, the knowledge, skill and judgment of the health care professional, and the practice environment. At QHC, intravenous (IV) administration of any drug below the drip chamber/cassette, also referred to as IV push, IV direct, or IV sidearm is considered an added competency. Health care professionals must be certified and signed off in this added competency prior to performing the skill.

The syringe pump is not considered below the drip chamber.

Administering a medication is only one component of a continual process that goes beyond the task of giving a medication to a patient; critical thinking and clinical judgment is required. Health care professionals administering medications work collaboratively with other members of the health care team and apply their knowledge about the patient and the medication when they implement the medication process. The medication administration process includes the assessment, planning, implementation and evaluation of outcomes.

## **2. PROCEDURE**

### **2.1 Medication Preparation and Administration**

Administer medications only you prepare; administering a medication prepared by another health care provider (with the exception of pharmacy) increases the risk of error. All health care providers administering medications must follow the six rights of medication administration consistently to reduce the risk of medication errors.

1. Right Medication
2. Right Dose
3. Right Patient
4. Right Route
5. Right Time
6. Right Documentation

### **2.2 Pulling Medications**

Best practice states that the health care professional pulling the medication should be the same as the one administering the medication. Exceptions to this include pulling medications for health care professionals that do not have access; refer to policy 3.11.1 (Medical – Handoff of narcotic and controlled substances to physicians) as well as pulling for another health care professional to administer in an emergency situation (i.e. code blue/pink etc.). Medications will be pulled from the Omnicell or medication cabinet for the immediate administration time and shall not be removed from the Omnicell or medication cabinet outside of a two-hour administration time frame. In the event of a patient transfer or pass, contact pharmacy for further instruction and refer to Policy 3.18.12 Patient-Temporary Leave of Absence of Patient from Hospital.

### **2.3 Keeping Medications Secure**

Medications must be kept secure at all times. It is acceptable to remove medications from the Omnicell and relocate to another area but they must be kept secure either in a locked medication cart or locked cupboard. If/when leaving the cart or medications unattended ensure the medications are secured/locked up.

### **2.4 Wasting Medications and Returning Unused Medications to the Omnicell**

Unused/unopened medications must be dealt with in a safe manner and in accordance with QHC policy and professional standards. Refer to Policy 3.12.18 Medication: Automated Dispensing Cabinet for returning. Refer to policy 3.2.17 Corporate – Disposal of Pharmaceutical Waste for disposal information on medications that have been opened.

## 2.5 Pulling PRN Medications and Documenting Outcome

PRN medications must be pulled at the time they are required. Medications must be monitored from the time they are removed from the cabinet to the point of administration. Assessing and documenting patient outcomes is a professional standard associated with giving a PRN medication.

## 2.6 Independent Double Checks

Safe medication practice includes having knowledge of high alert medications and situations where a health care professional will need to have a colleague conduct an independent double check on a prepared medication prior to administration. Refer to Policy 3.12.5 Medication: Independent Double Checks when administering high-risk medications.

## 2.7 Controlled Drugs and Resolving Discrepancies

Under the Controlled Drugs and Substances Act, all licensed health care facilities, including public hospitals, are required to maintain a count of controlled substances. It is every health care professional's responsibility to ensure an accurate drug count of controlled drugs in narcotic cupboards and when using automated dispensing cabinets (Omnnicell). A cycle count will be conducted at change of any shift and narcotic discrepancies must be addressed immediately upon discovery and prior to anyone leaving at the end of their shift. Refer to Policy 3.12.18 Medication: Automated Dispensing Cabinets.

## 2.8 Patches

Write the date, time and your initials on the outer side of the patch prior to application. Choose a new site that is clean, intact and free of hair (some patches may have specific instructions for placement). Avoid skin that is burned, cut or irritated. Avoid patch placement on previously used sites for 1 week if possible. Document the date, time and site of patch application on the CMAR.

## 2.9 Witnessing and wasting narcotic patches

When a narcotic or controlled drug patch is removed from a patient, carefully fold the patch inward to enclose any residue medication and dispose in Rx Container. Waste must be witnessed by two health care professionals and documented on the CMAR by the two signatories.

## 2.10 Completing Event Reports for Medication Errors and Near-Misses

Medication errors and near-misses are opportunities to learn and identify issues that may have contributed to the patient safety event. Event reports must be completed when medication errors and near misses occur or when they are identified. This information is very valuable in bringing about system changes that may result in someone else not making the same mistake.

## 2.11 Follow the “Do Not Use” List of Abbreviations

Only approved abbreviations may be used. Refer to Administrative Policy 3.1 Abbreviations for the list of approved abbreviations. Best practice suggests abbreviations, symbols, and acronyms should be avoided; many abbreviations have been used and misinterpreted in clinical situations and resulted in medication errors. Medication names must never be abbreviated.

## 2.12 CMAR to CMAR Check

Computerized medication administration records (CMARs) are checked nightly, or with new printed CMARs by cross referencing the new printed CMAR with the previous CMAR to ensure all information has been transferred and that no errors or omissions exist. Refer to Policy 3.11.8 Medical - Orders.

## 2.13 Communicating CMAR Discrepancies

Complete the CMAR Communication Form when an inconsistency on the CMAR is identified. Confirm that the physician orders have been faxed/sent to pharmacy. These forms are valuable to the pharmacy department so that they can identify any problems and follow up as required.

## 2.14 Clinical Interventions from Pharmacy

Pharmacy communicates any changes, such as auto-substitutions or required medication orders, by sending clinical interventions to the units via the printer on the unit. These clinical interventions require prompt and responsible action by the health care professional in order for the patient to receive the appropriate medications.

## 2.15 Double-checking Orders

Refer to Policy 3.11.8 Medical – Orders which gives guidance around transcribing and double-checking orders, including at points of transfer of care.

## 2.16 Syringes and Needles

Syringes and needles are always a one-time use and should not be used for more than one patient or reused to access medication vials (even if it is for the same patient). Pathogens, including Hepatitis B and C viruses and HIV can be present in sufficient quantities to produce infection without any visible blood (ISMP, 2010).

## 2.17 Syringes must always be labeled

Immediately label all syringes to avoid administration errors. This applies whether the solution is a medication or saline for a flush.

## 2.18 Patient’s Own Medications

Medications brought to the hospital by the patient must be sent home or kept secured in a locked location. A prescriber’s order to use the patient’s own supply must be present before

administering medication from the patient's own supply. It is recommended to have a witness when accessing the patient's own supply of medications; document accordingly. If a patient's own medication supply is to be used a physician, nurse or pharmacist should identify the medication before it is administered or as soon as is practical. If the drug cannot be identified, or is improperly labeled it must not be used.

### 2.19 Delegation of Skin Cream Application

The nurse may delegate to the Personal Support Worker (PSW) the application of medicated topical creams or ointments for chronic skin conditions as appropriate. This practice is performed collaboratively between the nurse and the PSW, i.e. the nurse may guide the PSW in the correct application initially, as necessary. Documentation of such creams will occur on the CMAR, co-signed by both the nurse and the PSW.

### 2.20 Patient Self Administration of Medications

A prescriber's order is required stating the patient may self-administer the medication(s). This is in addition to all of the other required elements of the order.

Medications that may be self-administered include:

- Inhalers
- Eye/ear drops
- Topical creams
- Acetaminophen and ibuprofen (Maternal Child only)
- Cannabis (Refer to Medical Cannabis Policy # 3.11.7)

Patients self-administering medications must have the cognitive and physical ability to safely administer the medication(s) and be agreeable to self-administration. If there are concerns regarding a patient's ability to self-administer medications the prescriber should be notified and the order for the patient to self-administer be revoked.

Medications being self-administered must be stored safely at the patient's bedside.

The patient must be supported with appropriate education and supervision to self-administer the medication. Documentation regarding the administration must be part of the patient's permanent health record. If the patient is documenting the administration at the bedside, this should be verified with the patient to ensure it is accurate and complete before being placed in the health record. If the patient is not documenting the administration at the bedside the health care professional caring for the patient is responsible for accurate and timely documentation.

### 2.21 Additional Resources

In addition to this policy health care professionals administering medications will follow procedures and guidelines as per Perry & Potter, Clinical Nursing Skills and Techniques (9<sup>th</sup> Ed.) (2018).

## APPENDICES AND REFERENCES

---

### Appendices:

Appendix A: Maternal Child Program Self Medication Administration Record

Appendix B: Generic Self Medication Record

### References:

College of Nurses of Ontario (CNO) (2014). *Medication, Revised 2014*. Toronto: Author.

Institute for Safe Medication Practices Canada (ISMP) (2014). *Advancing safe medication use*.

Retrieved from: <http://www.ismp-canada.org/index.htm>

Potter, P. & Perry, A. (2018). *Fundamentals of Nursing* (9<sup>th</sup> ed.). St, Louis, Missouri: Mosby

### Cross References

Abbreviations – Do Not Use List of Symbols, Acronyms and Dose Designations Policy (Policy #2.1)

Corporate – Disposal of Pharmaceutical Waste (Policy #3.2.17)

Medical – Handoff of narcotic and controlled substances to physicians (Policy #3.11.1)

Medical – Medical Cannabis (Policy# 3.11.7)

Medical – Orders Policy (Policy # 3.1.8)

Medication – Automated Dispensing Cabinets (Policy# 3.12.18)

Medication – Independent Double Checks – High Alert Medication Administration (Policy# 3.12.5)

Patient-Temporary Leave of Absence of Patient from Hospital (Policy# 3.18.12)