
	PRIMARY FUNCTION: MEDICATION MANAGEMENT	POLICY# CO-PM-03-1
	EFFECTIVE DATE: 8/1998	PAGE 1 OF 5
LAST REVIEW DATE: 07/23/2009		REVISION DATE: 07/23/2009
SUBJECT: ADMINISTRATION AND HANDLING OF MEDICATIONS		

PURPOSE

To describe policy and procedures for the safe handling and administration of medications to patients of CHRISTUS Santa Rosa Health Care.

POLICY


- 1) Associates or licensed independent practitioners (LIP) authorized to **handle or administer** medications include:
 - a) Pharmacists and registered pharmacy technicians and pharmacy buyers, pharmacist students and pharmacy technician students.
 - b) Physicians and physicians assistants
 - c) Anesthesia technicians handling anesthesia gases under the supervision of anesthesiologists or other physicians. Only a CRNA or anesthesiologist may administer medications for the purpose of anesthesia.
 - d) Respiratory therapists (CRRT and RRT) administer medications per a physician medication order and in accordance with the Medical, Nursing and Respiratory Practice Acts.
 - e) Only a physician or specially certified R.N. may administer intraspinal, intracardiac, or intraventricular medications.
 - f) Radiology technicians have limited access to some medicines including contrast media and non-controlled substances.
 - g) An R.N. or Graduate Nurse (G.N.) may administer medication prescribed by the physician provided the following criteria are met:
 - i) The route is not contraindicated.
 - ii) The nurse is knowledgeable of the actions and dosage range of the medication.
 - iii) Proper precautions are initiated in the event of a medication reaction.
 - iv) The nurse demonstrates knowledge and competency of medication administration by successfully completing the medication examination (pediatric exam if in CHRISTUS Santa Rosa Children's Hospital) as well as new nurse orientation.
 - v) Prior to administering chemotherapy treatment must complete a chemotherapy course and successfully complete the post test.
 - h) A Licensed Vocational Nurse (LVN):
 - i) May NOT administer chemotherapy, adrenalin, vasoactive medications, antiarrhythmics or IV digitalis products. Additionally, in pediatrics they DO NOT administer IVIG, amphotericin, or TPN. However an LVN may be responsible for monitoring patients receiving these medications and report any problems to the RN as they are identified.
 - ii) Refer to LVN Parenteral Medication Administration Policy.
 - i) Unit secretaries and Patient Care Assistants may transport medicines from pharmacy to a nurse or to a secured storage location.

	PRIMARY FUNCTION: MEDICATION MANAGEMENT	POLICY# CO-PM-03-1
	EFFECTIVE DATE: 8/1998	PAGE 2 OF 5
LAST REVIEW DATE: 07/23/2009		REVISION DATE: 07/23/2009
SUBJECT: ADMINISTRATION AND HANDLING OF MEDICATIONS		


- j) Private Duty nurses do not handle or administer medications.
 - k) Nursing Students may handle or administer medications only under direct supervision of their instructor and according to the policies and procedures of their respective schools and CHRISTUS Santa Rosa Health Care.
 - l) Physicians with special training may also administer chemotherapy agents (e.g. Special procedures use of Cytosan for chemo-embolization).
- 2) Medications are not to be brought into the facility by associates or medical staff for use in patients without the approval of the director of pharmacy.

PROCEDURES:


- 1) Whenever CHRISTUS Health associates observe a physician administering medications which look not to be dispensed from pharmacy, they shall notify their manager who should communicate the issue to the medical staff through chain of command. Associates found to be administering medicines not procured through pharmacy should be reported to their manager and to pharmacy management.
- 2) Medications to be administered are verified by the nurse with the prescribing physician order or the medication administration record (MAR) and are properly prepared for administration.
- 3) Removal of medications from storage locations, Pyxis or patient bins, is managed to safely and securely transport medicines to the bedside.
 - a) Only medicines for the current medication pass are vended or acquired.
 - b) One patient's medicines are acquired per medication pass where possible or, where multiple patients' medicines are handled at one pass, each patient's medicines are separated in labeled containers, e.g. zip-lock pencil holders, to assure accurate administration.
 - c) Medicines removed from storage are controlled by the authorized associate until they are administered.
- 4) Nurses or physicians may reconstitute or dilute medications for immediate administration. These practitioners use procedures designed to reduce contamination of any sterile product including;
 - a) use of proper aseptic technique
 - b) preparation in an area designated for this purpose
- 5) Before administering a medication the licensed healthcare provider verifies that there are no contraindications to giving the medication.
- 6) Before administering a medication the associate/LIP verifies that they are working with the right patient. The patient is positively identified prior to medication administration using two identifiers.
 - a) Patient Name
 - b) Date of Birth.
- 7) Before administering a medication, the associate/LIP verifies that the medication is being administered at the proper time, in the prescribed dose and by the correct route.

	PRIMARY FUNCTION: MEDICATION MANAGEMENT	POLICY# CO-PM-03-1
	EFFECTIVE DATE: 8/1998	PAGE 3 OF 5
LAST REVIEW DATE: 07/23/2009		REVISION DATE: 07/23/2009
SUBJECT: ADMINISTRATION AND HANDLING OF MEDICATIONS		

- 8) Before administering a medication, the associate/LIP discusses any unresolved significant concerns about the medication with the patient's physician, prescriber, pharmacist, and/or relevant staff involved with the patient's care.
- 9) Before administering a medication, the associate/LIP or appropriate health care professional administering the medication advises the patient, or if appropriate, the patient's family, about any potential clinically significant adverse reaction, or other concerns about administering a new medication.
- 10) All doses of medications remain identifiable until the time of administration. Doses are removed from unit dose packaging at the bedside to allow for accurate identification of the medication up to the time of administration. Unless at the bedside, medications removed from multi-dose containers which are not immediately administered are labeled per policy CO-PM-03-12.
- 11) The associate/LIP examines all medications before administration and returns to pharmacy any medicines which are found to be unusable.
 - a) Containers with worn-out, illegible labels, or expired dates are returned to the pharmacy for proper disposal.
 - b) Contaminated or expired medications are returned to pharmacy for proper disposal.
 - c) Injectables in *single dose vials*, such as Sterile Water for Injection are discarded immediately after use.
 - d) Injectables in *multi-dose vials* (that contain a preservative) are discarded every 28 days by pharmacy associates.
 - e) Any injectable medication appearing unexpectedly turbid, containing sediment, undergoing an unanticipated color change, or any multi-dose vial with coring of the rubber diaphragm, is considered contaminated.
 - f) Any medication whose potency is questionable, such as medication exposed/stored at improper temperature for an extended period of time, or light sensitive medications exposed to light for extended periods are considered contaminated.
- 12) Medications withdrawn from an ampoule must be withdrawn using a filtering device.
- 13) When administering medicines staff considers drug incompatibilities, utilizing information provided by the pharmacy or available on the unit, prior to preparation and administration of the medication.
 - a) Solution/medication compatibility information is available in the nursing unit medication rooms, provided resources, or can be obtained from a pharmacist.
 - b) Medications are administered as soon as possible after the dose has been prepared.
- 14) Each dose of medication administered is recorded on the patient's MAR, e-MAR, or on other appropriate clinical documentation (RT)
 - a) When policy requires two nurses to check the drug calculation (see High-Alert Policy), the nurse administering the drug documents in the same manner described previously.

	PRIMARY FUNCTION: MEDICATION MANAGEMENT	POLICY# CO-PM-03-1
	EFFECTIVE DATE: 8/1998	PAGE 4 OF 5
LAST REVIEW DATE: 07/23/2009		REVISION DATE: 07/23/2009
SUBJECT: ADMINISTRATION AND HANDLING OF MEDICATIONS		

- b) The nurse checking the drug calculation initials next to the time and places a check mark next to his/her initials. Both nurses' full signatures appear at the bottom of the MAR.
- 15) The associate/LIP administering medication monitors the patient's response and addresses any actual or potential medication-related problems. Monitoring a medication's effect on a patient includes;
- a) Gathering the patient's own perceptions about side effects, and when appropriate, perceived efficacy
 - b) Referring to information from the patient's medical record, relevant laboratory results, clinical response, and medication profile
 - c) The associate/LIP monitors the response to the first dose(s) of medications new to a patient and addresses any problems with the prescriber within a reasonable time frame.
- 16) Self Administered Medications Stored At The Bedside
- a) In some instances, the prescriber will write orders for medications to be securely stored at the bedside for self-administration by the patient or parent. Self-administration occurs pursuant to a prescribers order.
 - b) The physician is responsible for determining that the patient is capable of self-administering medications as prescribed.
 - c) The associate/LIP educates the patient or family administering medications regarding appropriate use of the medication(s) as necessary for safe administration. The nurse or associate/LIP must verify that the patient or family member understands:
 - i) The nature of the medications to be administered
 - ii) How to administer medications, such as the appropriate frequency, route of administration, and dose
 - iii) The expected actions and side effects of the medications to be administered
 - iv) How to monitor the effects of the medications on the patient
 - d) The nurse documents self administered medications on the MAR.
 - e) Home medication use is delineated in policy Home Medications CO-PM-03-22.doc.
- 17) Unused medications are securely controlled by the associate and are returned to the medication room in the patients bin or into Pyxis.
- a) Pyxis stored medications are returned to the Pyxis location from which they were removed or to the pharmacy.
 - b) Patient specific medicines are returned to the locked medication room and place in a "discontinue" or "return to pharmacy" bin located in controlled access areas.

	PRIMARY FUNCTION: MEDICATION MANAGEMENT	POLICY# CO-PM-03-1
	EFFECTIVE DATE: 8/1998	PAGE 5 OF 5
LAST REVIEW DATE: 07/23/2009		REVISION DATE: 07/23/2009
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RESPONSIBLE POSITION

VP/Chief Nurse Executive, Facility Pharmacy Leadership (Director/Manager)

HISTORY

This policy was formerly found within a policy entitled Medication System Nursing MA-2, CH-VII-3a & 3b, and Pharmacy NW 5-06 & 5-07. 2/2005 included language to match requirements for MM.5.1.0. August 2006 revisions JCAHO MM 2.20, Security of Medications, Storage of Medications. TX State board 291.74(5) Rules on distribution

REVIEWED BY

Pharmacy Coordinating Council and Clinical Practice Council – 7/2009
 Multidisciplinary policy review committee 4/01, 9/03, 2/05, P&T 2/06, 11/06, 04/09
 Director of Pharmacy 10.2007

APPROVED BY

Nursing, Pharmacy

MEDICATION ADMINISTRATION TYPES AND ROUTES:

- | | |
|--|--|
| Blood products administration | Teaching: Prescribed medication |
| Chemotherapy management | Medication administration: IM |
| Conscious sedation or anxiolysis | Medication administration: Intradermal |
| Medication administration: Epidural | Medication administration: Enteral |
| Medication administration: Interpleural | Medication administration: Skin |
| Medication administration: Ventricular reservoir | Medication administration: Ear |
| Analgesic administration: Intraspinal | Medication administration: Inhalation |
| Medication administration: Intravenous | Medication administration: Rectal |
| Patient-controlled analgesia (PCA) assistance | Medication administration: Vaginal |
| Medication administration: Intraosseous | Medication administration: Eye |
| Intravenous therapy | Medication Administration: Oral |

APPROVALS:

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