

**MEDICATION ADMINISTRATION REQUIREMENTS**

In accordance with the Six Rights for Medication Administration, clinical facility and school expectations, and state, federal, and JCAHO regulations, every effort must be made to assure safe, effective, and accurate administration of medications.

1. At the beginning of each shift, the student will peruse the medication record to determine which medications are to be administered during the shift and the respective times of administration.
2. Medications will be prepared for administration within 30 minutes of the scheduled time of administration, except for extenuating circumstances (patient off floor, patient NPO, missing meds., etc.).
3. Oral medications will be placed in a medicine or soufflé cup in their unit dose package (do not open packages to half a tablet until checked by the instructor, but be sure to state that tablet is to be halved). The medicine/soufflé cup should then be placed in the medicine cart drawer of that patient. Equipment for medications delivered by other routes (syringes, IV tubing, etc.) should be available at the medicine cart. The medication ordered to be administered by any route other than oral should be in the patient's medication drawer or on the medicine cart.
4. All oral medications placed in the medicine/soufflé cup for the instructor to check and all medications to be given by any other route (topical, IV push, IVPB, subcutaneous, IM, sublingual, etc) presented to the instructor for administration shall be considered administered for the purposes of determining medication administration errors/policy violations. Any incorrect medication will be classified as a medication administration error/policy violation and managed accordingly.
5. Appropriate medical and/or surgical asepsis must be maintained during the entire medication administration procedure.
6. **PATIENT NAME BANDS MUST BE CHECKED PRIOR TO MEDICATION ADMINISTRATION AND COMPARED WITH THE PATIENT'S MEDICATION ADMINISTRATION RECORD (MAR). TWO PATIENT IDENTIFIERS MUST BE USED TO VERIFY THE PATIENT'S IDENTIFY.**
7. All medication math calculations must be correct.
8. **PRIOR** to presentation of the medication for administration to the instructor, the student will be knowledgeable about:
  - a. drug action / type (ex., antihypertensive - type: ace inhibitor)
  - b. major side effects and incompatibilities
  - c. amount of time to push an IV push medication and appropriate dilution procedure.
  - d. Correct IV drop rate or ml/hr.
  - e. Correct IV pump rate for IV piggy-back medication.
  - f. The correct medication dosage, including but not limited to multiple, split tablets, multiple vials.
  - g. Assessment parameters, including normal drug levels and/or therapeutic levels and vital signs impacting administration of the drug.
  - h. Proper needle/syringe size, appropriate site selection, and medication volume allowable at each site.
  - i. All proper abbreviations related to medication administration including the most current *Do Not Use List* and hospital policy
  - j. CVC and saline flush procedures
9. **PRIOR** to check by the instructor, the student will have the following drug information documented on the MAR and be prepared to discuss it accordingly. Failure to have the appropriate assessment

parameter data available will be considered a failure to meet the provisions of this policy and will be evaluated as *unsatisfactory medication administration*:

- a. BP and apical pulse taken by the STUDENT within one hour of medication administration of vasoactive drugs and/or drugs that affect heart rate and/or rhythm.
  - b. Appropriate laboratory values needed for specific medications:
    - PT and PTT levels and INR levels
    - Potassium; Sodium levels
    - Drug levels, including but not limited to Dilantin, Phenobarbitol, Digoxin, Aminophylline, Theophylline, and gentamycin levels.
    - Blood sugar levels - laboratory (FBS) or unit based glucometer results
    - Platelets for drugs affecting platelet count such as Lovenox and Plavix.
10. The student will demonstrate skill proficiency in all medication administration techniques and procedures.
11. The student must be properly equipped for medication administration with a sweep-second-hand watch, drug guide, and stethoscope.
12. All medications must be documented immediately following administration unless prohibited by a special circumstance.
13. MEDICATION ADMINISTRATION ERROR/POLICY VIOLATIONS AND REMEDIATION PROCEDURES:
- a. One written warning will be given for the first policy violation.
  - b. Campus Lab Remediation (Lab Referral Form attached) and a written conference with the clinical instructor will be required if a second medication policy violation occurs.
  - c. Remediation will consist of one or more of the following:
    - Completing the Davis' Drug Guide Computer Program/Tutorial on Preventing Medication Errors using campus lab computers. Upon completion of the 50-question self-test, the printed score sheet must be submitted to the campus lab instructor.
    - Simulated medicine cart and MAR practice in the campus lab.
    - Typing a 2 page paper on the Six Rights, how the error violated these rights and the provisions of this policy, and the potential consequences of such an error. This paper is to be submitted to the clinical instructor by the date on the Lab Referral Form for attachment to the student's summative clinical evaluation record.
  - d. First Year Courses : A second remediation will be required if a subsequent medication administration error/policy violation occurs after the first remediation. If an additional policy violation occurs following the second remediation, the student will receive an unsatisfactory grade in the Critical Element *Administers and documents medications accurately*.
  - e. Second year Courses: An unsatisfactory grade in the Critical Element *Administers and documents medications accurately* will be given if a subsequent medication administration error/policy violation occurs following the first remediation.
  - f. As noted on the evaluation form, ANY summative evaluation of *unsatisfactory* in a *Critical Objective/Element* will result in an *Unsatisfactory* final grade for the clinical course..

**I have read and understand the above policies.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Revised 01/2006