

KINGSTON GENERAL HOSPITAL

ADMINISTRATIVE POLICY MANUAL

Subject: Medication Administration

Number: 14-101

Prepared/Reviewed by: Medication Safety Committee, Nursing Practice Council, Professional Practice Committee, Pharmaceuticals and Therapeutics Committee, Medical Advisory Committee, Planning and Performance Committee

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Original Issue: 2011.12
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Introduction

The administration of medications is an important component of patient care. While Regulated Health Care Professionals (RHCPs) administering medications follow practice standards, patient care environments require systems and structures that support and facilitate safe medication administration practices.

Policy Statement

1. Medications are administered to patients in the Hospital by Regulated Health Care Professionals (RHCPs) authorized to administer medications as part of their role. At Kingston General Hospital (KGH), RHCPs authorized to administer medications are:

- Dentists
- Medical Radiation Technologists
- Midwives
- Nurses (including Registered Nurses and Registered Practical Nurses)
- Nurse Practitioners
- Physicians
- Respiratory Therapists

Students and other health care providers may only administer medications when supervised by an authorized RHCP.

2. RHCPs provide drug information to patients prior to initial dose of a new medication and inform patients when the dose is changed, when possible. Drug information includes at a minimum the drug name and indication. Patients are encouraged to report concerns or questions about their medications.
3. RHCPs follow standard Hospital medication administration times and document medication administration in the patient care record.
4. RHCPs require training or advanced competency certification for the parenteral administration of drugs by the direct intravenous method and for the parenteral administration of antineoplastics, as defined by each discipline.
5. The Pharmaceuticals and Therapeutics Committee approves the support and monitoring requirements for parenteral drugs, published in the HDH/KGH Parenteral Drug Therapy Manual posted on the KGH Intranet under Clinical Tools.

Procedure

1. Verification: Before administration, steps are taken to verify that the correct medication is administered to the patient. RHCPs administering medications:
 - 1.1 Forward a copy of the medication order to Pharmacy for pharmacist review, when possible prior to administration;

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- 1.2 Verify the right patient using at least two patient-specific identifiers (e.g. full name, date of birth, patient identification number (CR number) as per Administrative Policy 13-010 Patient Identification;
 - 1.3 Verify the right medication, indication, dose, route, site, frequency and time;
 - 1.4 Consult approved medication references as necessary (e.g. Compendium of Pharmaceuticals and Specialties (e-CPS), HDH/KGH Parenteral Drug Therapy Manual, Micromedex, KGH NICU Manual, Hospital For Sick Children Drug Handbook and Formulary;
 - 1.5 Address medication-related concerns with the prescriber or pharmacist prior to administration as required;
 - 1.6 Where applicable, verify the concentration, including concentration programmed into pump, the rate and total volume and any additional IV pump programming features per Administrative Policy 11-210 ALARIS™ System with Guardrails;
 - 1.7 Complete independent double checks prior to medication administration per Administrative Policy 14-222 High-Alert Medications.
2. Administration times
- 2.1 Routinely scheduled inpatient medications are administered at the following times:

Ordered as	Administration Time(s)
daily	0900 <u>Exception:</u> Give warfarin at 1700, give dalteparin at 2100 when prescribed for venous thromboembolism (VTE) prophylaxis
qam	0900
bid	0900 - 1700
tid	0900 - 1300 - 1700
qid	0900 - 1300 - 1700 - 2100
qpm	1700
nightly	2100
with meals	0800 - 1200 - 1600 (adjust based on meal delivery times)
q_h	Initiate as soon as possible and determine schedule based on frequency
STAT	Give immediately

2.2 Administration times may be adjusted based on, for example, the effect of food intake on medication absorption; contraindications; required interventions before, during and after administration (e.g. blood pressure measurement, hemodialysis); patient choice or preference; or the pharmacokinetics of the medication (e.g. changing IV antibiotics ordered tid to q8 h).

2.3 Medications are administered as close as possible to the scheduled time.

2.3.1 Medications may be administered up to one hour before or one hour after the scheduled time.

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Exception: Insulin and q4 h analgesics are administered as close to the scheduled times as possible, ideally within 30 minutes.

2.4 When a new medication is ordered, the first dose is administered at the next scheduled time, unless otherwise prescribed.

2.4.1 If the medication is unavailable at the next scheduled time or the interval between the order and the next scheduled time is greater than six hours, the medication is administered when it arrives from Pharmacy.

Exception: Medications ordered for administration 'qam' or 'nightly' are only administered at 0900 or 2100 hours respectively, regardless of when the medication is available on the unit.

2.4.2 The dosage schedule may be staggered to provide an appropriate time lapse between doses until the prescribed schedule can be achieved.

2.4.3 STAT doses are administered as soon as possible.

2.4.4 Medications ordered q4 h, q6 h, q8 h, q12 h, and q24 h should be initiated as soon as possible after the medication is available. The time frames between doses may not be adjusted.

3. Documentation

3.1 The patient care medication record (e.g. Medication Administration Record (MAR), Patient Care Order form, Patient Treatment Record, Clinic Flow Sheet) is taken to the patient's bedside for reference and documentation during medication administration, where available.

3.1.1 Exceptions may be made when electronic documentation exists or when a patient is in isolation or for other infection control-related reasons.

3.2 Medication information provided to the patient prior to initial dose or when the dose is changed is documented on the patient care medication record.

3.2.1 Reported patient concerns are documented in the patient record.

3.3 The actual time of administration is documented immediately after medication administration.

3.3.1 The circumstance surrounding a delayed or missed dose is documented in the patient record.

3.4 The lot number and expiry date of vaccines administered is documented in the MAR.

3.5 Unexpected or adverse effects of administered medications are documented in the Interprofessional Progress Notes section of the patient care record and reported in the SAFE reporting system when applicable.

4. Medication administration

4.1 Unit dose of oral medications are administered by removing the protective packaging from the medication at the patient's bedside.

4.1.1 A liquid unit dose medication should be consumed directly from its container.

4.2 Parenteral medications are administered according to the HDH/KGH Parenteral

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Drug Therapy Manual medication monographs and appendices.

- 4.2.1 When the administration of medications intravenously manually by syringe below the drip chamber (IV direct) is not within the scope of practice of the RHCP, the Discipline/Department is responsible for advanced competency training and certification.
- 4.2.2 RHCPs require advanced competency certification for the parenteral administration of antineoplastics as per Administrative Policy 02-095 Safe Management of Hazardous Drugs.
- 4.3 High-alert medications are administered as per KGH Administrative policy 14-222 High-Alert Medications.
 - 4.3.1 High-alert parenteral medications listed in the Hospital infusion pump guardrails drug library profiles are administered via a smart infusion pump including soft and hard dose limits.
- 4.4 Personal medications are administered per Administrative Policy 14-190 Personal Medications.
- 4.5 Patients/caregivers self-administer medications per Administrative Policy 14-120 Patient/Caregiver Self-Administration of Medications.
- 4.6 The patient is observed until all medications have been taken, unless the patient is on a medication self-administration program or is receiving infused or inhaled medications.
 - 4.6.1 Procedures are in place to ensure that patients are adhering to taking medications.
- 4.7 Controlled drugs are administered per Administrative Policy 14-110 Controlled Drugs.
- 4.8 Patients are assessed for possible adverse drug events.
 - 4.8.1 When monitoring systems are used, alarms are turned on at all times.
- 4.9 Medication-related questions or concerns are addressed with the prescriber or the pharmacist as appropriate.
- 4.10 Medication administration incidents are reported in the SAFE system as per Administrative Policy 06-170 Incident Reporting.

References

Accreditation Canada, Medication Management Standards, 2015
College of Nurses of Ontario (CNP) Practice Standard – Medication, 2015

Related Policies and Procedures

Administrative Policy 02-095 Safe Management of Hazardous Drugs
Administrative Policy 06-170 Incident Reporting
Administrative Policy 11-210 ALARIS™ System with Guardrails
Administrative Policy 13-010 Patient Identification
Administrative Policy 14-222 High-Alert Medications

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Administrative Policy 14-110 Controlled Drugs

Administrative Policy 14-120 Patient/Caregiver Self-Administration of Medications

Administrative Policy 14-190 Personal Medications

Authorizing Signature

Leslee Thompson
President and Chief Executive Officer