TEN Rights of Medication administration & Management

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Objectives

At the end of the session, participants will be able to:

• List 10 rights of Medication Administration
• Describe why errors occur
• Explain how to prevent and respond to medication error.
• Verbalize understanding of patient safety goals and delegating responsibilities
• Verbalize understanding of Health & Wellness Standards.
JHACO Safety Goals

• Goal - guidelines to improve patient safety.
• These safety goals are based upon needs that are identified in the healthcare industry through research, patient reports, and clinician input.
• Goal #1: to improve accuracy and identification of patient
• Goal #2: Report critical lab tests that could affect medication administration
• Goal #3: improve the safety of using medication

And more
Trends

• 700,000 emergency department visits and 120,000 hospitalizations are due to ADEs annually
• 82% of American adults take at least one medication and 29% take five or more
• # of Adverse drug effect (ADE) grow: development of new medications
• Aging American population
• Increase in the use of medications for disease prevention
• Increased coverage for prescription medications
Common Etiology

- Transcription
- Prescription
- Documentation
- Not following the medication rights
- Misuse of zeroes and decimal points,
- Confusing drugs with similar names—Look alike, sound alike names
- Inappropriate or misinterpreted abbreviations.
- Poor lighting, heat, noise, and interruptions that distract workers from their tasks.
Contd

- Staff administering medication when there is a documented allergy (wrong medication)
- Discontinued, expired or contaminated
Safe administration

- Requires knowledge and sound judgment of the following:
  - Mode of action
  - Side effects
  - Toxicity
  - Dosage
  - Rate and route of excretion
  - Interaction with other drugs
Preventive Plan

Three way check:
• Physician order,
• MAR
• pharmacy label
• Check each item three times to make sure they all agree
  If the directions differ:
  •

STOP, THINK and CALL
Ten Rights of Medication Administration

Before administering any medication…
#1

RIGHT PATIENT
• Always check patient’s identification bracelet.
• Ask patient to state their name and birth date.
• Compare medication order to identification bracelet and patient’s stated name and birth date.
• Verify patient’s allergies with chart and with patient.
#2

Right Medication
#2

- Perform a triple check of the medication’s label when retrieving the medication.
- When preparing the medication.
- Before administering medication to patient.
- Always check the medication label with the physician’s orders.
- Never administer medication prepared by another person.
- Never administer medication that is not labeled.
#3 Right Dose
• Check label for medication concentration.
• Compare prepared dose with medication order.
• Triple all medication calculations.
• Check all medication calculations with another nurse.
• Verify that dosage is within appropriate dose range for patient and medication.
#4

Right Time
• Verify schedule of medication with order.
  1. Date
  2. Time
  3. Specified period of time
  • Check last dose of medication given to patient.
  • Administer medication within 30 minutes of schedule.
#5

Right Route
Verify medication route with medication order before administering.
Medication may only be administered via route specified in order.
Right Education
• Inform patient of medication being administered.
• Inform patient of desired effects of medication.
• Inform patient of side effects of medication.
• Ask patient if they have any known allergies to medication.
#7
Right to Refuse
• The legally responsible party (patient, parent, family member, guardian, etc.) for patient’s care has the right to refuse any medication.
• Inform responsible party of consequences of refusing medication.
• Verify that responsible party understands all of these consequences.
• Notify physician that ordered medication and document notification.
• Document refusal of medication and that responsible party understands consequences.
#8
Right Assessment
#8

- Properly assess patient and tests to determine if medication is safe and appropriate.
- If deemed unsafe or inappropriate, notify ordering physician and document notification.
- Document that medication was not administered and the reason that dose was skipped.
#9
Right Evaluation
After medication has been administered…
• Assess patient for any adverse side effects.
• Assess patient for effectiveness of medication.
• Compare patient’s prior status with post medication status.
• Document patient’s response to medication.
#10

Right Documentation
• Never document before medication is administered.
Guidelines for administering medication

- Full name, address, license number, phone number of prescribing physician
- Name of medication
- Date of order
- Strength and dosage of drug
- Frequency
- Indication
- Stop dates if applicable
- Physician signature
- Verbal orders should be written correctly in a separate POS and signed.
Do’s & Don’ts

- Do not give outdated or expired medication
- Do not administer medication beyond the stop date
- Do not administer medication that have changed color or consistency
- Administer only medications taken from properly labelled container/prescribed
Medication Errors

• All Med Errors-Serious Reportable Incidents in MCIS
• Report all Medication Errors Immediately
• Follow DDA policy on Reportable incidents
• NEVER HIDE A MEDICATION ERROR
• Should not be Penalized for making error.
When not give medications

- A signed physician order is missing
- If medication has expired
- If person exhibits behavioral/physical changes
- If any of the ten rights are missing
- If the individual refuses
- If medication is contaminated
Regulatory Oversight

- State and federal agencies are constantly looking to improve the delivery of medications to patients. In many states, the State Board of Nursing writes regulations that ensure safe, effective medication administration and transcription so that any trained employee can read the orders clearly and with full understanding.
Health & Wellness Standards

Acceptable Prescription:
• The person’s name
• Name of medication
• Name and telephone number of the licensed practitioner
• Time of administration
• Dosage, method and duration of medication
Health & Wellness Standards

• A change in medication dosage requires a written order
• Only licensed nurse shall accept a telephone order
• All over-the-counter medications must be approved
• All medications and dosages should be checked for accuracy
Health & Wellness Standards

• All medications must be administered as ordered
• If medication errors occurs, the nature of error must be documented with a critical incident report
• PRN medications must be documented at the back of MAR including the reason, dates/time and outcome
• Prescription PRN require assessment by a nurse
• All new prescriptions and verbal orders should be written in a separate POS sheet
Trained Medication Employee

- Individuals employed to work in a program that provides services to individuals with intellectual disability and have successfully completed a training program approved by BON and certified to administer medication.
RN Delegation

- The RN must observe, review and evaluate in writing the ability of the TME to properly administer, document and store medication every 3 months for the 1st year of certification and every 6 months thereafter.
- The RN must review on monthly basis physician orders, MARS and medication intervals.
- All new medications must be transcribed by the RN, TMEs are allowed to copy from one MAR to another and RN must review for accuracy.
RN Delegation

• TME’s are supervised by RN
• The RN shall be available for general or direct supervision
RN Delegation

- The TME:
- Should observe a RN administering medication for at least two occasions
- Be observed by a RN on at least 4 separate occasions
- Demonstrate proficiency/knowledge for all program policies pertaining to medication
- Demonstrate knowledge of medications to be administered.
RN Delegation

• Follow your agency’s P/P
• Consider 1:1 training
• Consider need for increased supervision
• Consider suspension of delegation until remediation is satisfactorily completed
• Consider with drawal of delegation is ineffective
RN Delegation

- The delegating RN shall be responsible for the adequacy of care provided
- The delegating registered nurse shall assign and delegate in a manner that protects the health, safety and welfare of the person. The nursing task delegated
- (a) be within the area of responsibility of the nurse delegating the task
RN Delegation

- Monitor the performance of the delegated nursing interventions
- Verify implementation of delegate task
- Evaluate response and outcome of delegated intervention
LPN Scope of Practice

- 5514.3 (d)
- The administration of medication and treatment as prescribed by a legally authorized health care professional licensed in DC and that is within the scope of practice of a practical nurse.
• Medication issues remains a greater concern during monitoring visits
• Ensuring that providers have good Medication Administration Records system
• Licensed nurses and TMEs actually maintain good record keeping.
Final Tips

- Wash hands before /after med administration
- Avoid distraction (texting, calls
- Never pre-pour medication
- Administer medications that only you have pre-poured
- Document now not later
- Never chart for another person
- Complete 3 way check
- Check for medication/food allergies
- Read each label at least 3 times
- Never pour unused medication to the bottle/container or blister
- Never leave medication at the bedside
- Be sure the medication is swallowed with adequate amount of water
Food for Thought

- Watch out for any sudden change in condition among the elderly
- Polypharmacy-a major risk for aging
- A decreased function and metabolism can lead to toxic levels
- Resulting to Confusion, disorientation, Infection, risk for fall, malnutrition

Medication has to be reviewed by PCP
After return from the hospital, medications orders must be individually be rewritten by the PCP
Never accept “Resume previous orders”
Reconcile new medications to avoid duplication
Final Thoughts

• After an error that has harmed a patient has occurred, we often ask the question: how did this happen?
• It can be very tempting to apportion blame to just one issue or person or factor
• Medication errors can destroy lives, affect human relationships and threaten trust in the healthcare system as a whole
• care
CONSIDER

• Consider special needs of persons with disability
• Most persons we serve have severe oral motor problems
• Difficulty opening their mouth
• Tonic biting on a utensil
• Delayed swallowing or loss of food or fluid from their mouth
• Aspiration/Choking
• Our persons are too often the victims of unsafe care and their points of view need to be heard within health
References

• http://www.jointcommission.org/standards_information/np_sgs.aspx
• http://www.cdc.gov/MedicationSafety/basics.html
• http://www.coloradoassistedlivingassociation.org/support-files/qmap_syllabus-05112011.pdf