

## MEDICATION ADMINISTRATION

### Student Reference Guide

#### WEST COAST UNIVERSITY

	Procedure
<b>MED CHECK</b>	<p><b>Med Check 1</b> Check accuracy and completeness of MAR versus prescriber's order and pull medication.</p> <ul style="list-style-type: none"> <li>➤ <b><u>MUST verbalize the 6 medication rights per ATI</u></b></li> <li>➤ <b><u>MUST verbalize which medication checks that you are currently doing.</u></b></li> <li>➤ <b><u>MUST verbalize the medication name and patient's identifiers you are verifying.</u></b></li> </ul>
<b>MED CHECK</b>	<p><b>Med Check 2</b> Prepare Medication and compare medication label to the MAR. Perform the 6 rights of medication administration per ATI for each of the three med checks.</p> <ul style="list-style-type: none"> <li>• <b>Right Patient</b></li> <li>• <b>Right Med</b></li> <li>• <b>Right Dose</b></li> <li>• <b>Right Time/Frequency</b></li> <li>• <b>Right Documentation</b></li> <li>• <b>Right Route</b></li> </ul> <ul style="list-style-type: none"> <li>➤ <b><u>MUST verbalize the 6 medication rights per ATI</u></b></li> <li>➤ <b><u>MUST verbalize which medication checks that you are currently doing.</u></b></li> <li>➤ <b><u>MUST verbalize the medication name and patient's identifiers you are verifying.</u></b></li> </ul>
	<p><b>Check expiration date</b> on all medications.</p>
<b>NPSG</b>	<p>Enter patients room and provide patient privacy.</p> <ul style="list-style-type: none"> <li>➤ <b><u>Verbalize and physically demonstrate</u></b></li> </ul>
<b>NPSG</b>	<p>Introduce yourself.</p>
<b>NPSG</b>	<p>Wash hands per CDC guidelines</p> <ul style="list-style-type: none"> <li>➤ <b><u>Verbalize 20 seconds per CDC handwashing guidelines</u></b></li> </ul>
<b>NPSG</b>	<p>Identify patient correctly using two identifiers .</p> <ul style="list-style-type: none"> <li>➤ <b><u>Patient's name and date of birth</u></b></li> </ul>
<b>NPSG</b>	<p>Verify allergy status.</p>
<b>Assess</b>	<p><b>Assess the patient's condition.</b> Perform any assessment required <b>for specific medications</b>, including oral (swallow) &amp; skin inspection (bruising, scarring etc). <b>Check any appropriate laboratory results.</b> <b>Do not leave drugs unattended. Label medications if applicable.</b> <b><u>MUST verbalize rationale of administering the medication in relation to the patient's current condition.</u></b></p> <p>☆ <b>Example:</b> If the patient has an order for potassium tablet(s), you would further verify potassium level to either administer or hold the medication if within the appropriate parameters.</p> <p>☆ <b>If you do need to leave the room, please take <u>all</u> medications with you. It is a <u>medication error</u> if you leave the medication(s) and the patient takes the medication before you explain it.</b></p> <p><b><u>MUST physically label IVPB medications with name, initials, and time.</u></b> <b><u>MUST verbalize what is being labeled as well.</u></b></p>
<b>Educate</b>	<p>Explain the purpose of any ordered medication. Educate the patient. Inform patient of any possible side effects and ask if the patient has any questions.</p>
<b>Verify</b>	<p>Identify patient correctly using two identifiers and allergy status to MAR.</p>
<b>MED CHECK</b>	<p><b>Med Check 3 (at bedside)</b> At patient's bedside check medication to the MAR</p>

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	<p><b>Calculate the drug dosage</b> if needed and <b>double check any high alert medications</b>. Have another "RN" verify insulin/heparin dose.</p> <p>☆ <b>Examples of "high alert medications" include insulin and heparin.</b></p> <p><b>If the medication is a "high alert medication," it must be verified with another licensed Registered Nurse (RN). If a "high alert medication" is not verified prior to administration, then this is considered a medication error.</b></p>
<b>Administer Medication</b>	<p><b>Administer medications</b> to patient using <b>correct route, correct location, correct equipment and</b> with <b>correct technique</b>.</p> <p>☆ <b>For oral medication administration, you would verify if the patient has a gag reflex. For cardiac medications, you would further assess heart rate and/or blood pressure.</b></p>
<b>NPSG</b>	Dispose of soiled supplies.
<b>Safe Environment</b>	Ensure a safe environment returning bed to appropriate height with brakes locked, appropriate side rails up, and call bell within reach.
<b>NPSG</b>	Wash hands per CDC guidelines.