Summary & Purpose: The purpose of this policy is to outline the basic requirements of medication administration and the monitoring process.

Scope/Applicability: This policy applies to all the HWCOM Clinical Locations where faculty, students and/or staff provide care to patients. The HWCOM Clinical Locations are FIU Health Modesto Maidique, (“MMC”), Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits. For the faculty, students and staff that are providing patient care in the affiliated hospitals, outpatient, and diagnostic centers the policies and procedures of those institutions will govern their reporting responsibilities.

Policy: Appropriately, credentialed and trained clinical personnel (licensed professionals) administer and monitor medications and provide timely, accurate, and patient specific clinical documentation.

Definitions:

Medication: Any prescription drugs, sample drugs, herbal remedy, vitamin, nutraceutical, over-the-counter drug, vaccine, diagnostic and contrast agents, radioactive medications, respiratory medications, parenteral nutrition, blood derivatives, intravenous solution, and any other products designated by the Food and Drug Administration as a drug.

Licensed prescribers: include providers, physician assistants (PA’s), and nurse practitioners.

Personal Protective Equipment: Personal Protective Equipment: Also known as PPE. This can include surgical mask, N95, gown, gloves, head cover, eye shield, shoe covers as deemed necessary.
**Electronic Medical Record:** Also known as (EMR)

**PROCEDURE:**

1. **Medication Orders:**
   a. Authorization of Medications- All medications are administered only upon receiving orders from authorized licensed prescribers.
   b. Medication orders must be complete by containing the following:
      i. Name of medication
      ii. Dose
      iii. Route
      iv. Reason/Indication the medication is prescribed.
   c. The medication order must be dated, timed, and signed by the licensed prescriber.
   d. Verbal medication orders *should be limited to situations* in which written or electronic communication is not feasible by the healthcare provider and if an emergent situation requires emergent use of a medication: example: EpiPen ordered verbally in an emergent situation in which a patient presents in distress due to a bee sting. The increased use of verbal orders has been linked to errors in patient safety. The potential for verbal orders to be misunderstood, misheard, or transcribed incorrectly makes them error prone, particularly given different accents, dialects, and drug name pronunciations by the prescriber and recipient of the order. Limit use of verbal orders for convenience and for safety. Please refer to FIU HWCOM Departmental Policy: *Verbal Orders, Policy No.: 200.02.102P*
   e. The licensed provider/prescriber shall educate the patient, or if appropriate, the family about common side effects or other concerns about the medications prescribed.

2. **Administration of Medications:**
   a. Licensed professionals authorized to administer medications include registered nurses, licensed practical nurses, certified medical assistants, paramedics, providers, PA’s, and nurse practitioners.
   b. The licensed professional shall discuss any unresolved, significant concerns about the medication with the patient and/or family involved with the patient’s care and treatment.
   c. Prior to each medication administration, the licensed professional will ask the patient to provide their unique Patient Identifiers when receiving care in any of our HWCOM clinical settings.

   The following are the approved Patient Identifiers for HWCOM to actively ask patients:
   - Patient’s Full Name
   - Date of Birth

   A third Patient Identifier can be utilized. In this case, the patient’s Medical Record Identification number can be used. In the EMR, the Patient ID # serves this purpose. The third identifier is necessary in instances of a patient name alert because two (or more patients) have the same name, names close to being spelled the same, and/or pronounced the same, same date of birth. This third identifier also serves to clarify when patient specimens are obtained so that the specimen is properly designated to the right patient. Please refer to HWCOM Administrative Policy: *Patient Identifiers Policy No.: 200.02102A*.

   - Prior to and after each administration of medication, the licensed professional will perform effective hand hygiene practice. Please refer to FIU HWCOM Administrative Policy: *Hand Hygiene Policy No.: 200.02.103P*. 
d. Prior to each administration, the licensed professional will wear the appropriate personal protective equipment. (Gloves, mask)

e. Check that medication is not expired on the label.

f. Prior to each administration of medication, the following accepted standards of practice are required to be confirmed by the licensed professional:
   i. **Right patient**: Verifies correct patient by using the appropriate two patient identifiers. See section 2C of this policy.
   ii. **Right medication**: Verifies medication being given to the patient matches to what was prescribed and that patient does not have any documented allergies. Ask the patient if they have any allergies to ensure nothing has changed.
   iii. **Right dose**: Verifies the dosage of medication matches the prescribed dose, and that the prescription itself does not reflect an unsafe dosage level (dose that is too high or too low).
   iv. **Right route**: Verifies method of administration is correct. Orally, intramuscular, intravenous, etc., is appropriate for that medication and patient.
   v. **Right time**: Verifies adherence to the prescribed frequency and time of administration.

g. **Documentation** of the medication administration is required and shall occur after the actual administration of the medication not prior to patient administration. Documentation is performed in the patient’s electronic medical record (EMR). Document name of medication, dose administered, how it was administered and if any adverse reactions occurred. Example: Rocephin 500 mg IM in left gluteus, patient tolerated procedure well, with no complications.

h. For vaccination administration, staff will complete the following template located in the EMR after administration of the vaccination.

**Vaccines Administered/Entered:**
Vaccination Group:
Series:
Vaccination:
Mfr / Lot# / Exp.Date:
Amt. Given / Route / Site:
NDC / CVX:
Administered Date:
VFC Eligibility:
VIS Date:
Comments:
Administered by:

i. The licensed professional shall monitor any patient side effects and the effectiveness of the medication and document any concerns in the patient’s EMR.

j. Medication errors and adverse drug reactions shall be reported to the prescribing provider.

k. Please complete an incident report for any medication errors, wrong dose, wrong route, or any other medication errors deemed by the reporter of the event. Please refer to FIU HWCOM Administrative Policy: *Incident Reporting* Policy No.: **200.03.100A**
The online incident reporting system will be completed in the electronic system, Clarity.
Labeling of Medications for Safety:

1. Licensed professionals shall label all medications, medication containers, and other solutions on and off the sterile field in procedural settings.
   i. Medication containers include syringes, medicine cups, and basins.

m. In procedural settings both on and off the sterile field, label medications and solutions as soon as they are prepared, unless they are immediately administered. This applies even if there is only one medication being used.
   i. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.

n. Labeling the medication occurs when any medication or solution is transferred from the original packaging to another container.

o. Medication or solution labels must include the following:
   i. Medication or solution name.
   ii. Strength.
   iii. Amount of medication or solution containing medication (if not apparent from the container).
   iv. Diluent name and volume (if not apparent from the container).
   v. Expiration date when not used within 24 hours.
      1) Opened or punctured multi-dose vials may be used for no more than 28 days unless the manufacturer specifies otherwise. A 28-day expiration date will be documented on the affixed label on the medication. Make sure that single use vials are not utilized as multi-dose vials. The actual medication vial will indicate whether it can be utilized as single dose or multi-dose.
   vi. Expiration time when expiration occurs less than 24 hours.

p. Verify all medication or solution labels both verbally and visually. Whenever the person preparing the medication or solution is not the person who will be administering it, verification is done by two individuals qualified to participate in the procedure.

q. Immediately discard any medication or solution that is found unlabeled or expired.

3. Storage of Medications:
   a. All medications are kept in the designated secure medication room/area according to manufacturer’s recommendations and locked to prevent inappropriate tampering.
   b. Keep medication room door closed at all times. Do not prop door open for convenience.
   c. Access to the medication room is restricted to licensed authorized personnel only.
   d. Medications are not to be stored or carried in lab coats, pockets, or fanny packs as body temperature may affect the integrity of the medication.

4. Expired, mislabeled, or otherwise unusable medications not available for patient use:
   a. Medications are outdated after their expiration date, which is set by the manufacturer.
   b. Medications may become unusable prior to their expiration date if they have been exposed to conditions that are inconsistent with the manufacturer’s approved labeling and temperature requirements.
   c. When a medication becomes outdated or unusable, the licensed professional shall immediately remove the medication from service. A designee will document the outdated medication on the medication expiration log sheet and discard the medication according to manufacturer’s guidelines and in accordance with law and regulations.
SUPPORTING/REFERENCE DOCUMENTATION:

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:
- HWCOM Administrative Policy: Patient Identifiers 200.02102A
- HWCOM Administrative Policy: Incident Reporting No.: 200.03.100A
- HWCOM Departmental Policy: Verbal Orders 200.02.102P
- HWCOM Administrative Policy: Hand Hygiene 200.02.103P