

Policy

Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the medication management system in the facility. The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.

Procedures

A. Preparation

- 1) Medications are prepared only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to prepare medications.
- 2) Handwashing and Hand Sanitization: The person administering medications adheres to good hand hygiene, which includes washing hands thoroughly before beginning a medication pass, prior to handling any medication, after coming into direct contact with a resident, and before and after administration of ophthalmic, topical, vaginal, rectal, and parenteral preparations and medications given via enteral tubes. Examination gloves are worn when necessary (refer to specific administration procedures for each route in Sections IIA and IIB of this manual). Hand sanitization is done with an approved sanitizer between handwashings, when returning to the medication cart or preparation area (assuming hands have not touched a resident or potentially contaminated surface). Sanitization can be done at regular intervals during the medication pass such as after each room, again assuming handwashing is not indicated. Sanitization is not a substitute for proper handwashing, and washing should be done if there is any question.
- 3) An adequate supply of disposable containers and equipment (See IIA1: EQUIPMENT AND SUPPLIES FOR ADMINISTERING MEDICATIONS) is maintained on the medication cart for the administration of medications. Disposable containers are never reused.
- 4) FIVE RIGHTS – Right resident, right drug, right dose, right route and right time, are applied for each medication being administered. A triple check of these 5 Rights is recommended at three steps in the process of preparation of a medication for administration: (1) when the medication is selected, (2) when the dose is removed from the container, and finally (3) just after the dose is prepared and the medication put away.
 - a. Check #1: Select the Medication – label, container and contents are checked for integrity, and compared against the medication administration record (MAR) by reviewing the 5 Rights.
 - b. Check #2: Prepare the dose – the dose is removed from the container and verified against the label and the MAR by reviewing the 5 Rights.

- c. Check #3: Complete the preparation of the dose and re-verify the label against the MAR by reviewing the 5 Rights.
- 5) Prior to administration, the medication and dosage schedule on the resident's medication administration record (MAR) are compared with the medication label. If the label and MAR are different and the container is not flagged indicating a change in directions or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule.
- 6) Tablet Splitting: If breaking tablets is necessary to administer the proper dose, hands are washed with soap and water or alcohol gel **[and examination gloves worn]** prior to handling tablets. Examination gloves must be worn if the tablet requires special handling. The following guidelines are followed:
 - a. A tablet-splitter is used to ensure accuracy and to minimize contact with the tablet. The splitter blade and surface contacting tablet are cleaned before and after each use.
 - b. If the tablet is scored, every attempt is made to break along score lines.
 - c. If using only one-half of the tablet from a unit-dose package, the remainder is disposed of according to facility procedure (See IE5: MEDICATION DESTRUCTION). If in a vial, the 1/2 tablet is returned to the original vial, if allowed by applicable law.
 - d. Since unscored tablets may not be accurately broken, their use is discouraged if a suitable alternative is available (such as liquid or half-strength tablet).
 - e. Where possible, the provider pharmacy is requested to package half tablets or the prescriber is contacted for an alternative dosage form (e.g., liquid) or therapeutic equivalent that does not require splitting.
- 7) Tablet Crushing/Capsule Opening: Crushing tablets may require a physician's order, per facility policy. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines.
 - a. Long-acting or enteric-coated dosage forms should not be crushed; an alternative should be sought. Some long-acting capsules can be opened and administered (without crushing contents). Gloving is recommended to protect the nurse from exposure to contents of the capsule. Check with pharmacist before opening any capsules.
 - b. Each medication preparation area includes a device that is specifically used for crushing medications.
 - c. Medications are crushed between two soufflé cups **[or using a comparable device]** to prevent contact between the medication and the crushing device. If contact occurs, the crushing device is to be properly cleaned prior to further use.
 - d. Medication should be crushed and administered individually if administered via tube. If administered in applesauce or other vehicle, they may be combined.

- e. For residents able to swallow or who have difficulty swallowing, tablets which can be appropriately crushed may be ground coarsely and mixed with the appropriate vehicle **[such as applesauce]** so that the resident receives the entire dose ordered. Please consult with the product literature or "Do Not Crush" lists which the facility may have or with the pharmacist if there is a question about medications to be crushed.
 - f. Water should be offered to help remove any bitter taste that may not be masked by the applesauce or other vehicle.
 - g. If the resident is tube-fed, medications are crushed finely to prevent clogging the tube. This is best accomplished using a mortar and pestle. If it is not possible to use paper cups to prevent direct contact of medications with the mortar and pestle, the mortar and pestle are cleaned thoroughly after each use. If paper cups are used, paper is not ground into the medication.
 - h. The need for crushing medications is indicated on the resident's orders and the MAR so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety issues and alternatives, if appropriate, during medication regimen reviews.
- 8) Liquid dosage forms may be a practical alternative in place of solid tablets, especially if tablets have a coating and will not crush finely. The nurse checks with the provider pharmacy to determine if a liquid form is available and covered by the applicable payment program. The physician is contacted for a new order before changing the dosage form.
- 9) When administering high-risk medications in liquid form or those requiring precise measurement, such as digoxin or morphine, devices provided by the manufacturer or obtained from the provider pharmacy, (e.g., oral syringes) are used to allow accurate measurement of doses. Additionally, the facility may elect to have 2 nurses check the dose of high risk medications.
- 10) When administering as needed (PRN) medications at times other than the medication pass, the dose may be prepared in the medication cart storage area and taken to the resident's bedside, leaving the cart locked and secured.
- 11) If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted or medication removed from the night box/emergency kit.
- 12) When possible, the medication administration record (MAR) should contain supplemental information to help assure accurate dosing. Examples of supplemental information include numbers of tablets or capsules required for the dose (1/2 tablet, 2 capsules, 4 tablets, etc), location of medication (ex: in refrigerator), sequencing (such as for inhalers), or monitoring (ex: Box Warning Drug, or see PT/INR). Some of this information may be found on the pharmacy label.

B. Administration

- 1) Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications.
- 2) Medications are administered in accordance with written orders of the prescriber.
- 3) If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnoses or conditions, the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary contacts the prescriber for clarification. This interaction with the pharmacy and/or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate.
- 4) When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.) medications are administered at the time they are prepared. Medications are not pre-poured.
- 5) When medications are administered from a central location, such as the medication room, medications for the immediate administration time may be prepared not more than 60 minutes in advance for all residents, or per applicable state law or regulation. In no case shall more than one dose time be prepared in advance.
- 6) Medications are administered without unnecessary interruptions.
- 7) The person who prepares the dose for administration is the person who administers the dose.
- 8) Residents are identified before medication is administered using **[two]** methods of identification. Methods of identification include:
 - a. Checking photograph attached to medical record.
 - b. Calling resident by name (except in residents with cognitive impairment).
 - c. Having the resident verify his/her last name.
 - d. If necessary, verifying resident identification with other facility personnel.
- 9) Hands are washed before putting on examination gloves and upon removal for administration of topical, ophthalmic, injectable, enteral, rectal, and vaginal medications.^{1,2}
- 10) At least **[4 ounces]** of water or other acceptable liquid are given with oral medications. More liquids may be necessary when administering certain medications (e.g., bisphosphonates for osteoporosis). Check with the manufacturer's recommendations or pharmacist if unsure.
- 11) A schedule of routine dose administration times is established by the facility and utilized on the administration records.
- 12) Medications are administered within **[60 minutes]** of scheduled time, except before, with or after meal orders, which are administered **[based on mealtimes]**. Unless otherwise specified by the prescriber, routine

medications are administered according to the established medication administration schedule for the facility (See Appendix 9: SAMPLE MEDICATION ADMINISTRATION SCHEDULE).

- 13) Medications designed to be administered over a 24-hour period (ex: sustained-release) are scheduled accordingly. In these cases, an order for twice daily, for example, shall be interpreted as every 12 hours.
- 14) Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications (See IIA10: SELF-ADMINISTRATION OF MEDICATIONS).
- 15) Medications supplied for one resident are never administered to another resident.
- 16) During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. In addition, privacy is maintained at all times for all resident information (e.g., MAR) **[by closing the MAR book/covering the MAR sheet or computer screen]** when not in use.
- 17) For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR is "flagged" with **[tags, colored plastic strips, drinking straws, or paper clips]**. After completing the medication pass, the nurse returns to the missed resident to administer the medication.
- 18) The resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.
- 19) Monitoring of side effects or medication-related problems occurs continually, but particularly after medication administration and especially after the first few doses of a new medication.

C. Refusals of Medication

- 1) Residents may actively refuse medications. Refusals may also be through "cheeking" or "pocketing" of pills in the mouth. To detect this, the nurse should observe the resident take and swallow the medication. To check, the nurse can offer additional water. Additionally, the nurse can inspect the mouth. This inspection should include an assessment for possible dry mouth which can result from the effects of other medications that the resident may be taking. Dry mouth can cause the medication to stick to the inside of the mouth.
- 2) Residents may cheek and discard medications for a number of reasons including having to take too many medications at one time, the administration time is inconvenient, feelings that the medications are not vital or ineffective, or side effects are unpleasant. Nursing should investigate these and other potential reasons for refusal or cheeking.

- 3) A swallowing assessment may be appropriate if the nurse suspects the resident is having difficulty swallowing and cheeking medications as a result.
- 4) In no case is it acceptable to crush and otherwise hide medications in food in an attempt to manage refusals.
- 5) Medication refusal must be reported to the prescriber after (XX) number of doses are refused and there must be documentation of prescriber notification of such.

D. Documentation (including electronic)

- 1) The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications.
- 2) Current medications, except topicals used for treatments, are listed on the medication administration record (MAR).
- 3) Topical medications used in treatments are listed on the treatment administration record (TAR).
- 4) The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are cross referenced to a full signature in the space provided.
- 5) When PRN medications are administered, the following documentation is provided:
 - a. Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site.
 - b. Complaints or symptoms for which the medication was given.
 - c. Results achieved from giving the dose and the time results were noted.
 - d. Signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication.
- 6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g. the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is **[initialed and circled]**. An explanatory note is entered on the reverse side of the record. If **[XX consecutive doses]** of a vital medication are withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response.
- 7) If an electronic MAR system is used, specific procedures required for resident identification, identifying medications due at specific times, and documentation of administration, refusal, holding of doses, and dosing

parameters such as vital signs and lab values are described in the system's user manual. These procedures should be followed, and may differ slightly from the procedures for using paper MARs. Electronic systems also describe procedures for secure access, maintaining privacy of resident information, and for and electronic signatures. Maintenance and support procedures for these systems are described in the system user manuals. Procedures will vary between the various electronic systems available.

References

¹Section 483.65, F-441, of the Centers for Medicare & Medicaid (CMS) Guidance to Surveyors for LTC Facilities states, "Hand hygiene should occur before and after putting on sterile gloves and after taking off all gloves during all resident care that requires the use of gloves. This includes...Medication administration (e.g., eye drops, sublinguals, and injections)..."

²Centers for Disease Control and Prevention (CDC). (2002). Guideline for hand hygiene in health-care settings: recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002; 51 (No.RR-16).