

IIB1: ADMINISTRATION PROCEDURES FOR ALL MEDICATIONS

Policy

To administer medications in a safe and effective manner.

Procedures

- A. Security: All medication storage areas (carts, medication rooms, central supply) are locked at all times unless in use and under the direct observation of the medication nurse/aide.
- B. Privacy:
 - 1) Provide privacy for resident during administration of medications,
 - 2) Secure (cover) records containing protected health information, (e.g., Medication Administration Records (MARs) and Treatment Administration Records (TARs)).
- C. Review 5 Rights (3) times:
 - 1) Prior to removing the medication package/container from the cart/drawer;
 - a. Check MAR/TAR for order.
 - b. Note any allergies or contraindications the resident may have prior to drug administration.
 - c. If unfamiliar with the medication, consult a drug reference, manufacturer package insert, or pharmacist for more information.
 - d. Check for vital signs, other tests to be done during/prior to medication administration.
 - e. Prepare resident for medication administration.
 - 2) Prior to removing the medication from the container
 - a. Check the label against the order on the MAR.
 - b. Note any supplemental labeling that applies (fractional tablet, multiple tablets, volume of liquid, shake well, give with another medication, etc).
 - c. Due to the complexity and length/amount of instructions, some medications may be labeled "use as directed." Refer to the MAR for instruction details.
 - 3) After the dose has been prepared and before returning the medication to storage.
- D. Check expiration date on package/container before administering any medication. When opening a multi-dose container, place the date on the container.

- E. Identify resident using **[two]** identification methods before administering medication (e.g., photo plus verbal confirmation of last name, photo and confirmation by family member, etc.).
- F. Cleanse hands using antimicrobial soap and water or facility-approved hand sanitizer before beginning a med pass, before handling medication, and before contact with resident.
- G. Use a barrier (e.g., clean disposable tray or plastic cup) to carry medication containers into the resident's room, **[if the resident has a known contagious condition or infection]**. This will serve as a barrier between the supplies and the over-the-bed table or other surface on which the supplies are placed while the medication is administered.
- H. When applicable, explain to resident the type of medication being administered.
- I. Obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration.
- J. After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the MAR or TAR, and controlled substance sign out record, if indicated.
- K. Monitor for side effects or adverse drug reactions immediately after administration and throughout each shift.
- L. If resident refuses medication, document refusal on MAR or TAR. Research refusals for possibility of dry mouth, resident reluctance, development of swallowing difficulty.
- M. When administering an "as needed" (PRN) medication, document reason for giving, observe for medication actions/reactions and record **[on the PRN effectiveness sheet/nurse's notes]**.
- N. Once removed from the package or container, unused or partial doses should be disposed of in accordance with the medication destruction policy (See IE5: MEDICATION DESTRUCTION). If the medication is a controlled substance, the procedure for destruction of controlled substances (See IE1: CONTROLLED SUBSTANCE DISPOSAL) should be followed.
- O. **[When finished with each resident, wash hands with antimicrobial soap and water or use facility-approved hand sanitizer.]**
- P. Notification of Physician/Prescriber
 - 1) Persistent refusals
 - 2) Held medications for pulse, blood pressure, low or high blood sugar, or other abnormal test results, vital signs, resulting in medications being held
 - 3) Suspected adverse drug reactions