

Community Care, Inc.
Department of Home Healthcare Services
Greensburg, PA 15601

MEDICATION ADMINISTRATION

PURPOSE To provide for the safe and effective administration and monitoring of all patient medications.

RESPONSIBLE PERSONS RNs and LPNs

OBJECTIVES To protect patient safety.
To educate patients regarding medications.
To assist patients with self-administered medications.

POLICY

- 1.0 The agency accepts referrals on patients for both administration, coordination, and education needs related to medications. Physician orders are required.
 - 1.1 Orders shall include: patient name, medication name, dosage, strengths, frequency, administration rate, route (if not oral) plus lab tests required, infection control measures, and drug reaction response, if appropriate.
 - 1.2 Orders for blood transfusions, inotropics, first dose of antibiotics when the patient has had no prior antibiotic usage history or when there is a history of allergies, and skin tests for allergies are not accepted.
 - 1.3 All immunizing and allergen injections require a drug reaction order with medication availability in the home.
 - 1.3.1 In these situations, the "other" category must be completed on the Agreement and Consent form to identify the drug or product and possible adverse reactions unless a special consent is available e.g. vaccine is usually delivered with a consent form.
 - 1.4 Referrals are accepted to organize/coordinate self-administered medications for clients. It is considered a long-term care, skilled activity and requires a physician order.

2.0 The following routes of medication administration are acceptable:

- | | | |
|--------------------|-------------------|--------------------|
| 2.1 oral | 2.8 intra-theal | 2.15 trans vaginal |
| 2.2 rectal | 2.9 topical | |
| 2.3 sub-cutaneous | 2.10 transdermal | |
| 2.4 intravenous | 2.11 sub-lingual | |
| 2.5 intradermal | 2.12 otical | |
| 2.6 intra-muscular | 2.13 ophthalmical | |
| 2.7 topical | 2.14 intranasal | |

Policy # 3011.00

Effective Date 02.01.05

Revisions _____

Approved By/Title

Disk I, Page 1 of 4

- 3.0 All Registered Nurses and Licensed Practical Nurses may administer medications through all routes except intravenous.
 - 3.1 Specially trained and competency evaluated RNs may administer intravenous medications.
 - 3.2 Specially trained and competency evaluated LPNs may administer intravenous hydration fluids and antibiotics.
 - 3.2.1 No infusion products may be infused via a “push” method except for the heparin flush of an infusion line.
 - 3.2.2 The LPN must be a graduate of a pharmacology course.
 - 3.2.3 The LPN may not administer chemotherapy/antineoplastic agents, blood/blood products, total parenteral nutrition, and titrated medications and intravenous push medications except for heparin and saline flushes.
 - 3.3 All other staff may remind patients to take medications. They may not administer medication.
 - 3.4 Administration safeguards are utilized such as reviewing allergy history, assuring correct labeling, checking expiration date and medication stability, and evaluating patient prior to administration. All patients are verified with two patient identifiers to assure that the medication is administered to the correct patient.
 - 3.5 RNs or LPNs may organize and monitor self-administered medications for clients, i.e., “fill” medication boxes, monitor amounts taken.

- 4.0 All classifications of medications may be administered via all approved and supplied routes except intravenously.
 - 4.1 Classifications approved for intravenous infusion include:

4.1.1 Analgesics	4.1.7 Glucocorticoids
4.1.2 Antibiotics	4.1.8 Antiemetics
4.1.3 Vitamins	4.1.9 Sedatives
4.1.4 Diuretics	4.1.10 Antihistamines
4.1.5 Hydration Fluids & Electrolytes	
4.1.6 Chemotherapeutic Agents (given only by registered nurses certified in chemotherapy administration)	
 - 4.2 Requests to administer medications in other drug classifications are considered only after consultation with the physician on the Professional Advisory Committee.
 - 4.3 Narcotics are carefully monitored with family members/caregivers taught to maintain a record of doses and time administration. This is reviewed on a timely basis as an integral part of patient education evaluation. A narcotics disposal procedure is instituted after a patient no longer requires the particular medication.
 - 4.4 The agency retains the right to refuse to administer medications that have a probable potential for adverse reaction, which the patient reports a sensitivity to, that current staff is not competency evaluated to administer, or that require more supervision for administration and observation than is possible for agency staff.
 - 4.5 Patients/families are responsible for supplying ordered medications and for any recommended emergency medications for drug reaction use. The agency does not dispense medications. Only pharmacists and physicians may dispense medications.

- 5.0 The assessment of the patient includes: At minimum a complete medication profile is obtained to include both prescribed and over-the-counter drugs with a review for drug interactions, duplicative drug therapy, patient knowledge, and compliance/noncompliance with drug therapy. This drug regimen review is a part of the comprehensive assessment with ongoing monitoring for medication responses such as adverse reactions/side effects. In addition, medication-related activities may include but are not limited to noting allergies to both food and drugs; medication history; patient's knowledge of the purpose and significant side effects of the prescribed drug; appropriate dosage; contraindications; effectiveness of the drug, significant side effects, contraindications, and cognitive status. Problems are promptly reported to the physician.
- 6.0 Patient education begins on admission and is ongoing based on assessed need.
- 6.1 Education includes but is not limited to medication name, purpose, dosage, route of administration, duration of therapy, special instructions required for preparation and/or self-administration, intended use, expected action, side effects, techniques for self monitoring, potential food-drug and drug-to-drug interactions, proper storage to prevent contamination, instructions related to any equipment use during administration, expiration date, refill information, action needed if prescribed dose is missed, proper disposal of all unused, expired cytotoxic or biohazardous medications.
- 6.2 Clients are asked to perform return demonstrations when appropriate and to verbalize their understanding of the educational instruction.
- 6.3 All teaching and responses to teaching are documented on the visit report and any relevant flow sheet.
- 7.0 The emergency response to a drug reaction must be anticipated, based on professional knowledge and physician collaboration.
- 7.1 In all instances when a parenteral medication that has a reasonable potential for adverse reaction (i.e., anaphylaxis) is prescribed, an order for immediate treatment response is pursued from the physician prior to the start of care. For example, antibiotics, vaccine, chemotherapeutic agents.
- 7.2 The physician's preference for emergency medications and specific treatment response protocol should be followed with complete verification documented with a written order.
- 7.3 If the physician has no preference, the following may be recommended for adults:
- three 1cc syringes with 5/8" 25g. needle; alcohol swabs
 - one ampule adrenaline 1:1000, 0.5cc, pre-filled preferred
 - one ampule diphenhydramine (benadryl) 50 mg/ml, 1ml vial
 - one diphenhydramine 25mg/ml IM.

For pediatric patients, consult the ordering physician for the specific medication and weight-related dose.

A specific order for the above must be obtained.

- 8.0 Related policies and procedures are followed regarding specific medications, equipment, infection control, labs required to monitor medication, medication errors, significant adverse medication reactions, disposal of controlled or biohazard drugs, and appropriate delivery and storage.
- 8.1 Medication errors and adverse reactions must be immediately reported to the physician and to the director of professional services, or designee.
 - 8.1.1 An incident report is completed as well as a clinical performance improvement record for an occurrence.
 - 8.1.2 These are closely monitored by the Quality/Performance Improvement Committee to identify trends, individual difficulties, and learning opportunities.
 - 8.1.3 Medication errors include but are not limited to: wrong medication, wrong dose, extra dose, wrong time, wrong route, omitted dose.
 - 8.1.4 Refer to Adverse Reaction Policy.