Medication Safety and Administration

Medication administration for nursing students in clinical at Seattle Children’s

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Objectives

- Describe appropriate methods of medication delivery for different ages.
- Accurately document medications per hospital policies and procedures.
- Safely administer medications.
- Know standards of practice specific to caring for children at Seattle Children’s.
- Know limitations of student responsibilities at Seattle Children’s.
Medication errors can happen.  
A “Near Miss” (an error is discovered before it gets to the patient) can also happen.  
Injury and even death can result from medication errors.

You are part of the team and you can help prevent errors by talking with your instructor when you are unsure, overwhelmed, or new to a task.
What can you do to Decrease Medication Errors?

• Check and double check. If in doubt, check again!
• Never assume, “Pharmacy put the medication in the bag, so this must be right medication.” Pharmacy makes errors too.
• Never assume, “The resident ordered this large dose so it must be right.” Residents make errors too.
• Know the correct mg/kg dose of medications you are administering.
• Know why you are giving the medication, the expected action, and any potential side effects.
Know the 5 Rights of Medication Administration

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Route
5. Right Time
5 Rights of Medication Administration

Right Patient:

• Open the correct patient’s MAR.
• Look at the ID Band. Barcode scan.
• Do I have the correct patient?
Right Medication:

- Is this the right medication for the right patient?
- Meds are located:
  - Patient specific bags in the Med room
  - Locked Med alcoves in patient’s room
  - Omnicell
- Know the clinical indication for this patient to be receiving this medication. Why does this specific patient need this specific medication?
5 Rights of Medication Administration

Right Dose:

- The ordered dose needs to match the dose on the medication label.
- Is the dose correct for the weight of the child?
- Is the dose correct for the clinical indications and route?
5 Rights of Medication Administration

Right Route:

- Know the correct route of administration:
  - PO [oral]
  - Enteral
    - NG [nasogastric tube], GT [gastrostomy], JT [jejunostomy]
  - Parenteral
    - IV [intravenous], IM [intramuscular], SQ [subcutaneous]
  - Rectal
  - Intradermal
  - Transdermal
  - Transmucosal
5 Rights of Medication Administration

Right Time:

• Is the medication due at this time? Check to see when it was last given.
• Ensure the order has not changed which will impact the time it is due.
Time for a story
• 3 month old admitted with respiratory distress most likely due to bronchiolitis.

**Staff Nurse:** “I received report at 7 p.m. and was reviewing the orders and saw that he had some medications due.” Both Reglan and Digoxin were due at 2000. I went to the medication room/med alcove and removed the medications from the medication bag.
“I saw that he had some medications due…”

“I checked the online formulary and confirmed the Reglan and Digoxin were ordered in the correct dose and route. I checked the labels on the syringe and double checked the dose against the order on the medication administration record. I took the medication to the bedside.”

• Looked meds up on the online formulary.
• Check dose.
• Check labels.
• Take labeled syringes to pts room.

EXCELLENT PRACTICE.
Never short cut this!
“Preparing to administer the medication…”

Next steps...

• Open the patient’s MAR to do the 5 R’s
• What questions do you have?
• What are the clinical indications for these two meds in this infant?
• Prepare to barcode scan patient ID band and medications.
"I told mom I was giving Digoxin and Reglan..

Mom said, “At home I give the Reglan, the other medication must be a new one.”

I told her it was ordered by the doctor for the baby’s heart.

Mom said, “Is there something wrong with his heart?”

What do you do?
Mom said “Is there something wrong with his heart?”

- I said “Let me double check his chart.”
- I looked at the chart. The patient was here for respiratory distress. I did not see anything about a heart problem.
- I called the resident who reported, “I do not know of any heart problems in this patient.”
- I called my charge nurse.
- The charge nurse called the senior resident who said the child had no cardiac issues and should not have an order for Digoxin.
- Turns out the order was electronically placed in the wrong chart.
“What if mom had not been there?”

- Ask yourself…”What are the indications for giving any medication to a patient?”

- This should always be your practice for each medication.

- Know the indication of the medications you are giving to your patients.
What Else Can You Do To Decrease Medication Errors?

- **Stop the line.** If you have concerns or questions, do not give the medication until you feel the concerns/questions have been answered.

- If a patient or caregiver questions the medication you are going to administer: **STOP!** Double check the order and if necessary, call the provider to verify the order.

- If you have to pull 2 vials of a medication out of Omnicell or you have to draw up a large quantity of a medication: **STOP!** Recalculate with a peer. **This is pediatrics!** Medication doses are smaller than adults and are given in **mg/kg**!

- Tired? Distracted? Triple check yourself!
• Documentation of medication dose, time, date, route must occur every time a medication is administered, at the time of administration.

• We barcode scan for every medication administration (except NS flushes).

• If you give a scheduled med late you must document the actual time given.

• If a scheduled med is not given you must document not given and, the reason why.

• You must have medications cosigned by an instructor or the RN caring for the child.
Follow all Children’s Hospital policies and procedures especially those related to Patient Safety.
Nursing Student may NOT do the following…

- Nursing students do **not** take **verbal/telephone orders** from physicians.
- Nursing students do **not** receive **critical lab values** from the Laboratory.
- Nursing students do **not** **alter alarm settings** (change alarm parameters, turn off alarms…)
- Nursing students do **not** **administer any chemotherapy** agents (oral or IV).
Nursing Student may NOT do the following (more)...

- Nursing students **do not ever give IV push medications!** (Exception: normal saline [NS] to flush a PIV).
- Nursing students do **not** administer blood or blood components (albumin acceptable.)
- Nursing students do **not** do Ventriculostomy care or maintenance.
- Nursing students do **not** administer narcotics, paralytics, or vasopressors via pump or drip.
- Nursing students may **not** independently program any infusion pumps.
Medication Administration

• Medications must be administered under the direct supervision of a nursing instructor, unless otherwise prearranged with the instructor and the RN caring for your patient.

• All medications must be cosigned by an instructor or the RN caring for the child.
Faculty Responsibility...

- Directly supervise the prep and administration of medications. When the student has demonstrated adequate knowledge and good technique, she/he may give medications (except IV meds) with staff nurse availability. **This must be pre-arranged between the faculty and staff RN.**

- Faculty **must cosign the medications** given on the MAR.

- If the staff nurse has supervised the administration of the medications, the nurse may cosign the medications on the MAR.
Wow, that is a lot of to do’s & not to do’s… but ultimately keeping kids safe is our goal!
• **Remember, if you do not chart it, it didn’t happen!**

• What if you gave Tylenol at 0630 and forgot to chart it? This should not happen if you barcode scan. It is good practice to always verify on the MAR after giving the med, that it shows as being given (sometimes staff see the ✓ but forget to hit the Sign button).

• If you don’t document it and the next nurse comes on shift and determines the patient still has a fever.

• This nurse will give the prn Tylenol again at 0730…

• The patient receives a double dose of Tylenol. And a medication error has occurred.
Some hints from the wise…

- Always barcode scan the patients ID band and medication prior to giving any medication.
- Always check to see that the ordered dose is appropriate based on the patient’s weight.
- Always look up medications unfamiliar to you before administering them to a patient.
- Always know the indication for a medication you are administering.
Online Order Entry & Barcoding Scanning is great

But...

• It is not fool proof.
• Errors still occur.
• You must still do your 5 Rights Check on the MAR before beginning the barcode process.
• Always know when the last dose was given and frequency of dosing.
• Watch for duplicate orders (e.g. scheduled and PRN orders).
Barcode Steps

- Verify the 5R’s against the MAR.
- Open the Medication Administration window.
- Scan the patient ID band.
- Scan the medication.
- Correct overdose/underdose alerts.
- Ensure you have the blue checkmark.
- Only after you get ✓ do you now give the medication.
- After the medication is taken, you sign the med off on the Medication Administration window.
- Verify the med shows as given on the MAR.
Patient Safety

- Never leave medications unattended.
- Always label medications that are not in their original container.
- Follow the barcode scanning process to ensure patient safety.
- Check and double check.
- Listen to your instinct. Ask if in doubt.
- Listen to the family.

Think Safety!
Thanks!