

MEDICATION ADMINISTRATION GUIDELINES

OUTLINE

1. CHECK MD ORDERS FOR 7 COMPONENTS

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|-------------------------|----------------|
| 1. PT NAME | 2. DATE & TIME |
| 3. DRUG | 4. DOSE |
| 5. ROUTE | 6. FREQUENCY |
| 7. PHYSICIANS SIGNATURE | |

2. VERIFY MD ORDERS ARE TRANSCRIBED CORRECTLY ONTO MAR

3. VERIFY MEDICATION TO DIAGNOSIS

(Why are you giving the medication or Do you have a reason to give this medication?)

4. VERIFY PATIENT IS IN ROOM, VERIFY PATIENT WITH 2 IDENTIFIERS

(ALLERGIES, V/S, FOCUSED ASSESSMENT, LABS, LOC, NPO STATUS, APPETITE, ETC)

5. FIRST CHECK (EXPIRATION DATE, TAMPERED)

6 RIGHTS OF PATIENT

- | | |
|------------------|------------------------|
| 1. RIGHT PATIENT | 2. RIGHT DRUG |
| 3. RIGHT DOSE | 4. RIGHT ROUTE |
| 5. RIGHT TIME | 6. RIGHT DOCUMENTATION |

6. EDUCATE SELF (DRUG BOOK) LEGAL RESPONSIBILITIES

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|-------------------------------|----------------------------|
| 1. ACTION | 2. INTERACTION (DRUG/FOOD) |
| 3. INDICATIONS, ROUTE, DOSAGE | 4. ADVERSE EFFECTS |
| 5. NURSING CONSIDERATIONS | 6. BASELINE ASSESSMENTS |
| 7. INTERVENTIONS | 8. EVALUATION |
| 9. PT/FAMILY TEACHING | 10. BLACK BOX |
| 11. USES | |

7. SECOND CHECK (CALCULATIONS)

6 RIGHTS OF PATIENT

- | | |
|------------------|------------------------|
| 1. RIGHT PATIENT | 2. RIGHT DRUG |
| 3. RIGHT DOSE | 4. RIGHT ROUTE |
| 5. RIGHT TIME | 6. RIGHT DOCUMENTATION |

8. PREPARE MEDICATIONS (LABEL MEDICATIONS IF NEEDED)

9. THIRD CHECK OF PREPARED MEDICATIONS (MAR, VIAL, SYRINGE/CUP & LABEL)

6 RIGHTS OF PATIENT

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|------------------|------------------------|
| 1. RIGHT PATIENT | 2. RIGHT DRUG |
| 3. RIGHT DOSE | 4. RIGHT ROUTE |
| 5. RIGHT TIME | 6. RIGHT DOCUMENTATION |

10. PUT VIALS/BOTTLES AWAY

11. VERIFY PATIENT WITH 2 IDENTIFIERS & MAR

12. FINAL CHECK AT BEDSIDE

6 RIGHTS OF PATIENT

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|------------------|------------------------|
| 1. RIGHT PATIENT | 2. RIGHT DRUG |
| 3. RIGHT DOSE | 4. RIGHT ROUTE |
| 5. RIGHT TIME | 6. RIGHT DOCUMENTATION |

13. ADMINISTER MEDICATIONS

14. PATIENT TEACHING

15. DOCUMENTATION