



Best Practices for Medication Administration

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Objectives

Review of Medication Administration
Standards of Practice

Identify Infection Control Measures

Discuss Medications Commonly
Associated Medications Errors

Med Pass and Drug Storage F Tags

F759 Med Errors

F760 Significant Med Errors

F761 Drug Storage



Medication Administration General

7 Rights Related to Medication Administration

1. Right **Resident**
2. Right **Drug**
3. Right **Dose**
4. Right **Dosage Form**
5. Right **Time**
6. Right **Route**
7. Right **Documentation**

Right Resident

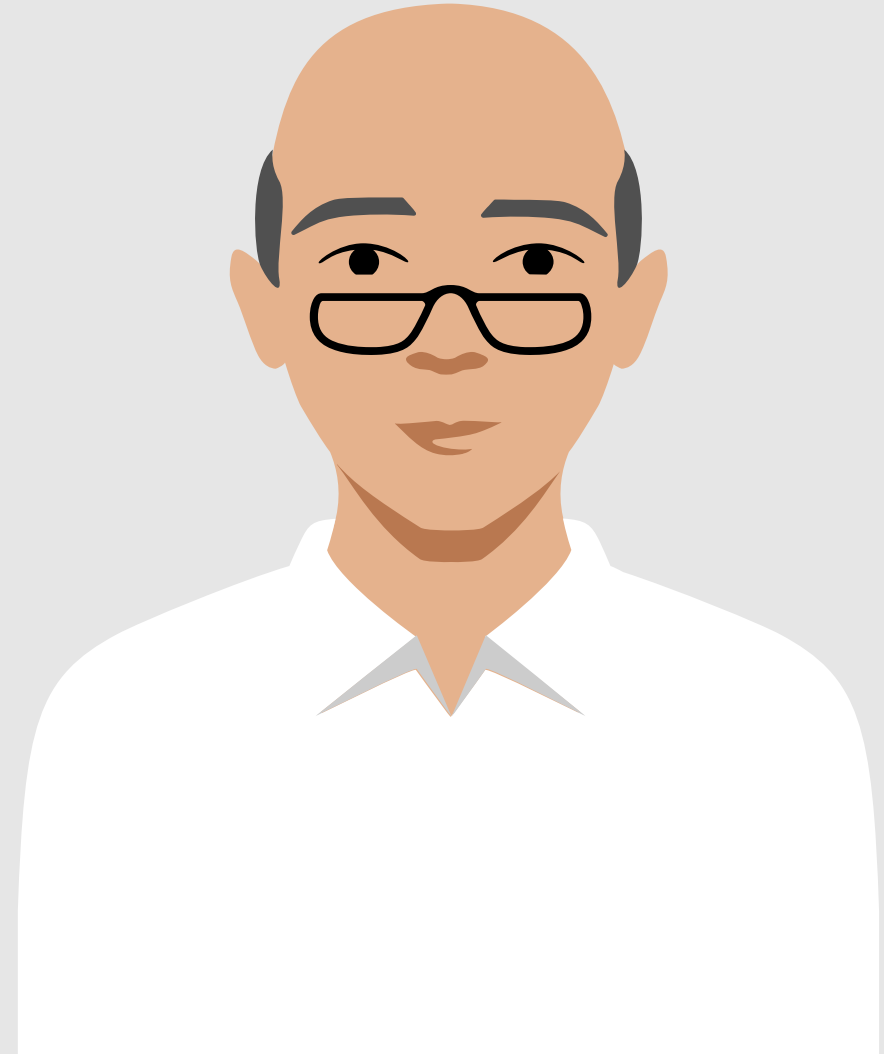
Systems need to be in place to assist in resident identification

ID Band

Photo

Remember that residents may answer to names other than their own

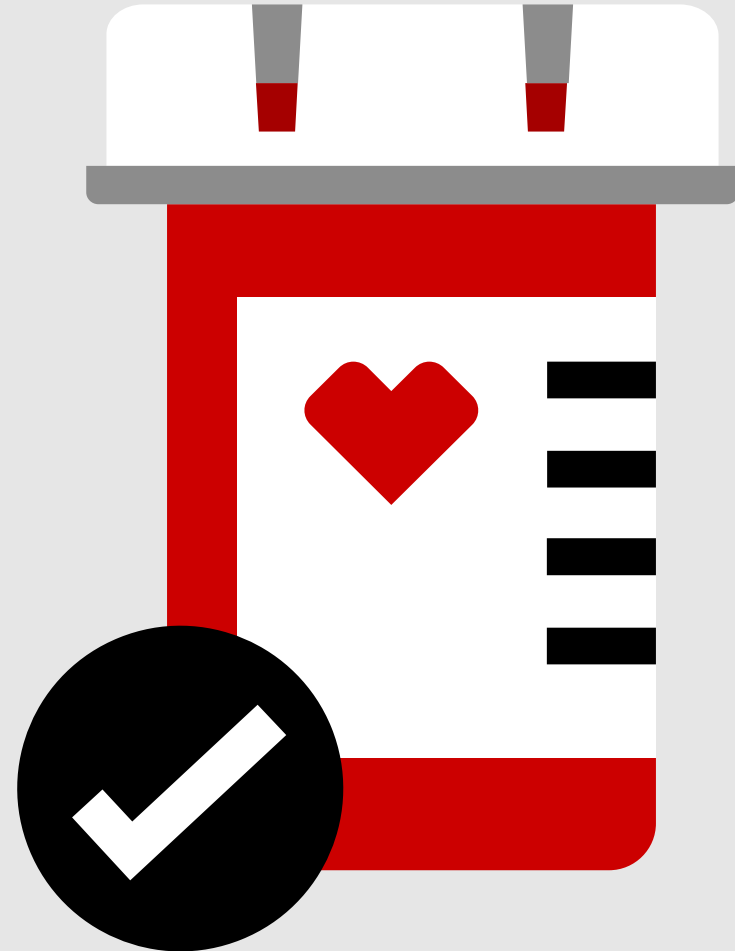
Ask the resident to state their first and last name



Right Drug

If the medication looks different, stop and double check

If the resident questions a medication, this should be a red flag and the medication(s) should be rechecked



Right Dose & Dosage Form

Clear instructions

Order for Omeprazole DR Cap 20mg once daily,
facility only stocks Omeprazole OTC Tab 20mg

Be familiar with medical terminology and
abbreviations

Use appropriate measuring devices

Ensure the correct dose form is being administered
and the order should match the medication supply
on hand

For example: tablet, capsule, gel cap, & oral
disintegrating tablet (ODT)



High-dose alert medications

- Apixaban scheduled greater than 5 mg two times a day
- Digoxin scheduled greater than 0.25 mg daily
- Levofloxacin scheduled greater than one time a day
- Levothyroxine scheduled greater than 0.125 mg daily
- Methotrexate scheduled more frequently than once weekly, at a weekly dose greater than 20 mg for any indication other than psoriasis, at a weekly dose greater than 30 mg for psoriasis or if any adverse events are noted
- Metoprolol scheduled greater than 100 mg daily
- Morphine sulfate scheduled greater than 30 mg daily
- Warfarin scheduled at a total daily dose greater than 7.5 mg

High-risk orders

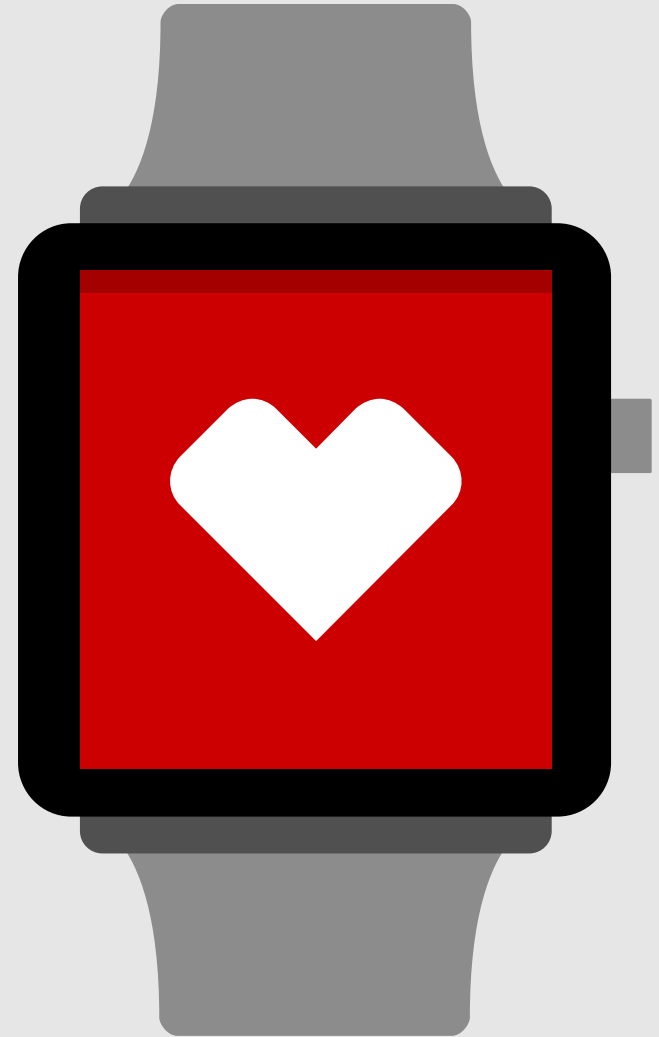
- Complex orders that:
 - Titrate or wean a medication dosage
 - Include the same medication inclusive of different strengths and administration times
 - Include the same medication ordered routinely and as needed
 - Combine multiple strengths or quantities to make a single dose
- More than one tablet or capsule to make a single dose
- More than one type of insulin for the same patient
- Partial tablets (e.g., half tablets, quarter tablets)

Right Time

In general, medications are to be given within 1 hour before or after the scheduled administration time

Time critical medications have a 30-minute window

Follow facility policy regarding medication administration times



General

“Empty stomach” is defined as 30 minutes to 1 hour before or 2 hours after meal *

Suspensions must be shaken well, and over-pours discarded

Withheld or refused meds are documented per policy

Only crush meds that manufacturer states are crushable

Nurse or qualified staff should stay with resident until medications have been taken

Reason for PRN medication request is documented, and effectiveness is accessed and documented

Use syringe when measurements are not labeled on med cup

Food and fluid items are **covered and dated**

Use proper precautions (e.g., gloves) when handling medications labeled as “hazardous” or cytotoxic

* Manufacturer’s specifications for certain products may indicate a different time interval

Right Route

There are many routes for administering medications:

Oral	by mouth
Oral-Sublingual	Under the tongue
Insertion	Suppository placed rectally or vaginally
Instillation	Administering a medication into the eyes, ears, or nose
Topical	External application to the skin, nails, or hair
Inhalation	Delivers medication to the lung via and inhaler or aerosol
Parenteral	via subcutaneous, intramuscular, intravenous, and intrathecal administration



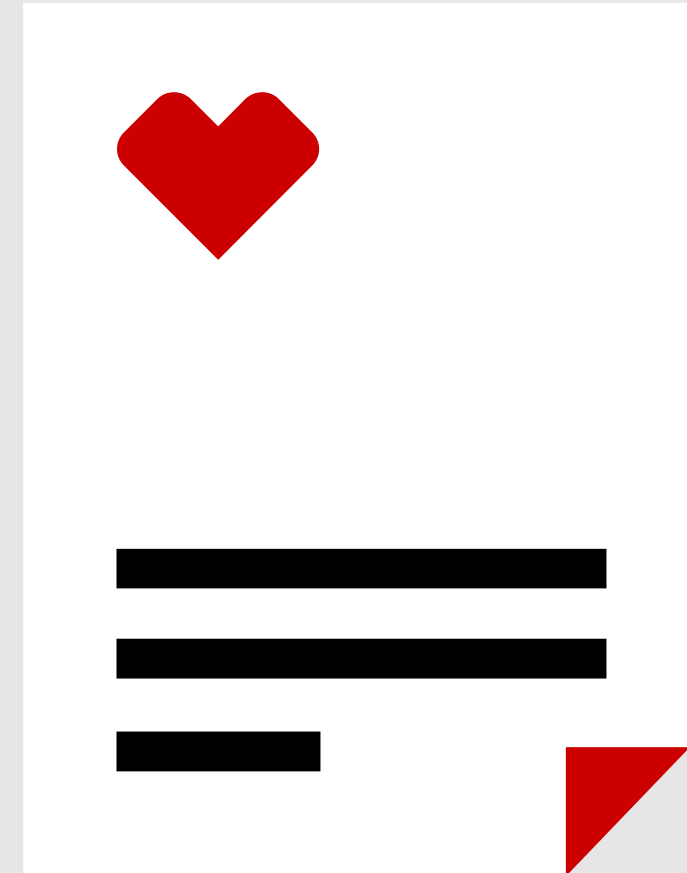
Right Documentation

Document medication was given after giving it, before going on to the next person

Observe and document if the resident has any ill-effects from medications (and report)

Important with all medications, especially pain medications: record pain level and response to medication

Document and communicate to next shift if a response is still pending



F759 Med Error Sample Citations

Sample Citation: The facility staff failed to follow manufacturer's recommendations for Advair Diskus by not instructing the resident to rinse and spit with water after breathing in the medication. Also, not inverting Humalog 75/25 at least 20 times prior to drawing up the insulin and administering to resident.

Sample Citation: The facility staff failed to prime insulin pen and administered medication outside of ordered parameters.

Sample Citation: The facility staff failed to ensure the correct eye medication and the correct eye medication dose was administered according to the 5 patient rights. Staff administered ketotifen fumarate 0.035% instead of ketotifen Fumarate 0.025% and one drop of polyvinyl alcohol ophthalmic drops instead of two.

Sample Citation: The facility staff prepared resident's medications and included aspirin 81mg chewable tablet in the medication cup along with other medications and did not have resident chew the aspirin.

F760 Significant Med Error Sample Citations

Sample Citation: The facility failed to ensure residents are free of significant medication errors regarding the documentation and administration of critical medications, including anticoagulants medications to prevent serious adverse outcomes. Records reviewed indicated a resident received double dosing of an anticoagulant medication for five days, which likely would increase bleeding, and would require immediate emergency intervention. This resulted in an Immediate Jeopardy (IJ) situation.

Sample Citation: Interview with resident revealed he did not get his medication on Sunday morning. He stated he received 6am medications but not his other medications due later that morning which included medication for hypertension, heart failure, depression, and protein for a wound. Review of Medication administration record (MAR) indicated medications were documented as given in the MAR. The Director of Nurses stated she completed an incident investigation which revealed resident did not receive the medications. The nurse involved confirmed she did not give the medications.

Sample Citation: The facility failed to ensure one resident was free from significant medication error by not obtaining the resident's prescribed narcotic as ordered.

Controlled Medications

Controlled Medications

Shift count/exchange of keys requires both parties visualize medication and documentation; resident's name, medication name, dose, and quantity remaining are verbalized

Two signatures required for wasted doses, page transfers, voided pages, or any error correction that affects the quantity remaining

Controlled medication record is **signed prior to administration** to reflect declining count

Do not use symbols.
Use numbers or write out the dose.

Controlled medications should be **stored under double lock**

Only qualified staff shall maintain physical possession of the medication cart and medication room keys



Medication Cart Security and HIPAA

Medication Cart Security and HIPAA

- Med carts are clean, stocked, and organized
- Only medication supplies on cart; no personal items
- Medications are not pre-poured or pre-documented
- Med carts are **locked** when **unattended**
- Med storage keys are retained by designated staff
- Controlled medications must be stored separately, double locked in a permanently affixed compartments
- Resident privacy, dignity and rights are maintained; MAR/EMAR/MOR protected when unattended



F761 Drug Storage Sample Citations

Sample Citation: The facility failed to ensure discontinued Schedule II medications were removed from the medication cart and stored for drug destruction.

Sample Citation: The facility failed to label opened multi-dose medications (insulins, inhalers, eye drops) with open date and/or expiration date, dispose of loose pills in the medication carts, discard expired medication, keep medication cart clean.

Sample Citation: The facility failed to dispose of expired house stock medications and influenza vaccine in the medication room. During a med room storage observation, there were expired, open bottles of vitamins, expired stool softener capsules, powdered stool softener, and an opened vial of flu vaccine in the medication refrigerator with no documented open date on the vial or box (date opened must be on the primary container).



Infection Control



Infection Control

Appropriate hand hygiene is performed before and after direct resident contact (alcohol-based hand rub or soap and water) ABHR.

Hand hygiene per facility policy; alcohol-based hand rub (AHBR) or soap and water.

Medications are removed without touching with bare hands, gloves used when handling medications

Sharps container is no more than 3/4 full

Ensure pill crusher is clean

Hand hygiene and use of gloves is required when instilling eye medications, contact with mucous membranes, any infusions, injections, and enteral medications

Food and fluid items are covered, dated, and stored per facility policy

Multidose medications (e.g., eye drops, inhalers, insulin pens) that are brought into isolation rooms must be disinfected per facility policy prior to returning to med cart.

Complete Enteral
Nutritional Formula
1.2 Cal

Enteral Medication Administration



Enteral Medication Administration

Verify the resident has a signed order for enteral medication administration and an order to crush medication

Check the “Should Not Crush” list prior to crushing any medication

Wash hands before and after administration and wear gloves
Confirm tube placement, per facility policy.

Provide resident privacy. Ensure this administration is performed outside the view of others (remember to close blinds if on ground level / 1st floor).

Head of bed should be adjusted to 30-45 degrees

Takeaways

Storage

Ensure medication is properly and securely stored



Administer

Correctly prepare and give medication



Document

Demonstrate proper documentation



Infection Control

Follow standards and maintain cleanliness



Recheck

Monitor and Follow-up

Questions?