

Medication Administration Observations - A Review of the Guidelines

- ◆ Medication administration in the nursing homes is a super important task. We must ensure we are giving the RIGHT patient the RIGHT medication, RIGHT dose, RIGHT route, and at the RIGHT time. This concept is also known as the “5 rights of medication administration.”
- ◆ CMS has created a checklist of what they look for when ensuring we are administering medication in the proper manner. It is advisable to be familiar with the checklist as it will help us to ensure our patients receive medications in the safest and most effective way.
- ◆ A review of the list is below. Note: this list is not all-inclusive. Please visit the LTC Survey Pathways at the following link for a complete list:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- ✓ Hand hygiene was performed prior to handling medication (s) and after administering medication (s) if resident contact was necessary.
- ✓ Medication was administered with a physician’s order.
- ✓ Medication administered as ordered (e.g., before, after, or with food such as antacids). (See Health Direct DYK December 2017 for a helpful guide)
- ✓ Medications administered before the expiration date on the label.
- ✓ Medication held and physician notified in the presence of an adverse effect, such as signs of bleeding or abnormal lab results with anticoagulants.
- ✓ Checked pulse and/or blood pressure prior to administering medications when indicated/ordered.
- ✓ Medication cart was LOCKED if left unattended in resident care area.
- ✓ Insulin suspensions—“mix” or “roll” suspension without creating air bubbles.
- ✓ Shake a product that is labeled “shake well,” such as Dilantin Elixir.
- ✓ The administration of medications with adequate fluid as manufacturer specifies such as bulk laxatives, NSAIDs, and potassium supplements.
- ✓ Staff did not crush tablets or capsules that manufacturer states “do not crush,” such as enteric coated or time-released mechanisms. (See Health Direct DYK January 2018 for a list)
- ✓ Staff did not crush and combine medications and then given medications all at once via feeding tube. (See Health Direct DYK February 2015)
- ✓ Nasogastric or gastrostomy tube flushed with the required amount of water before and after medication unless physician orders indicate a different flush schedule due to resident’s clinical condition.

- ✓ Staff separate the administration of enteral nutrition formula and phenytoin (Dilantin) to minimize interaction.
- ✓ Injections are prepared using clean (aseptic) technique in an area that has been cleaned and is free of contamination (e.g. visible blood, or body fluids).
- ✓ Needles, cannulas, and syringes are used for ONE resident.
- ✓ Multi-dose vials which have been opened or accessed (e.g., needle-punctured) are dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for the opened vial. (See Health Direct DYK February 2017)
- ✓ Multi-dose vials that are not opened or accessed (e.g., needle-punctured) should be discarded according to the manufacturer's expiration date.
- ✓ Insulin pens containing multiple doses of insulin are meant for single-resident use only, and must NEVER be used for more than one person even when the needle is changed.
- ✓ Insulin pens must be clearly labeled with the resident's name and other identifier (s) to verify that the correct pen is used on the correct resident. ONE INSULIN PEN FOR ONE PATIENT.
- ✓ Insulin pens should be stored in a sanitary manner to prevent cross-contamination.
- ✓ The rubber septum on any medication vial, whether unopened or previously accessed, is disinfected with alcohol prior to piercing.
- ✓ Proper technique used for IV/IM/SQ injection. IM/SQ injection sites are rotated.
- ✓ Finger stick devices (both lancet and lancet-holding devices) are used for one resident.
- ✓ If used for more than one resident, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to manufacturer's instructions.
- ✓ Transdermal patch sites are rotated. The patch is dated and timed.
- ✓ Multiple eye drops administered with adequate time sequence between drops.
- ✓ Inhaler medication administered, handled, and stored according to physician's orders and/or manufacturer's instructions.

Show What You Know

Medication Administration Observations Quiz

1) True or False

Insulin pens can be shared between 2 residents as long as the pen needle is changed.

2) True or False

When completing a medication pass, it is important to remember the 5 rights. They are: the right patient, medication, dose, route, and time.

3) When completing a medication pass, it is important to:

- a. Ensure medications that should not be given together are separated according to recommendations
- b. Give certain medications, such as bulk laxatives, with the recommended amount of fluid.
- c. Rotate SQ/IM and transdermal sites.
- d. All of the above are considered good practices and should be followed.

4) The following medication can be crushed for administration:

- a. Asprin EC tablets
- b. Morphine ER tablets
- c. Toprol XL tablets
- d. Lisinopril tablets

Quiz Answers- How Did You Do?

1. False
2. True
3. D - All of the above
4. D - Lisinopril Tablets