



Ambulatory Clinic Policy and Procedure

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| Title: MEDICATION MANAGEMENT, ADMINISTRATION, AND DOCUMENTATION | Policy Number: EP 4.3 |
| Regulation Reference: | Effective Date: 05/2017 |

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to provide a guide for personnel when administering medication as ordered by the licensed independent practitioner (LIP) or resident.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Procedure:

1. Medications may only be prescribed by LIPs or resident physicians according to federal and state regulatory requirements. Mid-level providers with prescriptive authority may also prescribe as per protocol, in compliance with federal and state prescriptive authority rules and regulations.

2. LIPs, mid-level providers, residents, and staff who participate in the management of patients' medications have access to the following:
 - a. age
 - b. sex
 - c. diagnosis
 - d. allergies
 - e. sensitivities
 - f. current medications
 - g. height and weight (when necessary)
 - h. pregnancy and lactation (when necessary)
 - i. laboratory results (when necessary)

3. LIPs, residents, and mid-level providers with prescriptive authority may do the following:
 - a. order medications to be given in the clinic to be administered by designated personnel
 - b. give patients paper copies of prescriptions meeting regulatory requirements
 - c. complete "triplicate" forms which will be included in the paper chart and/or scanned into the electronic medical record (EMR)
 - d. electronically submit prescriptions directly to a pharmacy of the patient's choice

4. Physician/practitioner order: an order is required before administration of any medication in the clinic. The order should include the name of the medication, the amount, the route, date, and the frequency of administration.



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- a. The order should be written and signed or ordered through the patient's EMR by the physician/practitioner. Telephone or verbal medication orders should be given to a RN or LVN, written out, read back to the physician/practitioner to avoid medication error, and entered into the medical record. The physician/practitioner should sign the order as soon as possible upon his/her return to the clinics. (see policy EP 3.15).
 - b. If the order is not clear or there appears to be an error, it is the person administering the medication who is responsible to clarify the order prior to administration.
5. Personnel: licensed nursing personnel or designated certified/trained technicians/medical assistants only may administer medications. All IV infusions and IV medications are administered by a licensed physician, practitioner, or nurse. Nursing assistants (NAs) shall not administer medications under any situation.
6. Preparation of dosage:
- a. Check medication is what was ordered.
 - b. Check that no contraindications exist.
 - c. Do not give drugs which have changed color, consistency or odor, or are outdated (expired).
 - d. Do not give medications from unlabeled containers or from a container with a defaced label (only a pharmacist may fill bottles or change labels).
 - e. Check that medication is being administered at the proper time, in the prescribed dose, and by the correct route.
 - f. Exercise caution in mixing medications – do not administer if there is a noted change in clarity or a precipitate if formed when mixed.
 - g. Tablets, capsules:
 - i. Pour desired number into the cap of the bottle and from there into a medicine cup.
 - ii. Do not touch medications with fingers or return medication to container from cup.
 - h. Liquids:
 - i. Shake thoroughly unless contraindicated on label.
 - ii. Pour medication with cup on level surface at eye level.
 - iii. Pour until the bottom of the meniscus is level with the desired amount marked on the cup.
 - iv. Use appropriately marked cup or syringe – do not estimate doses between marked lines.
 - v. Wipe the edge of the bottle before replacing cap so that the cap does not stick.
7. Injections:
- a. Vials: clean rubber stopper thoroughly with alcohol sponge, inject air into vial in an equal amount to the solution to be withdrawn.
 - b. Ampules: with appropriate PPE in place, break off top of ampule away from body along the colored line around the neck of the ampule.



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8. All insulin injections must be checked by two licensed practitioners (RN, LVN, MD, DO, etc.) prior to administration.

9. Administration:
 - a. The Five Rights of Medication Administration will be followed, including the right patient, right drug, right dose, right time and frequency of administration, and the right route of administration.

 - b. Before administering any medication, the person administering the medication should know the following:
 - i. the usual dose and route of administration, including special instructions, (document that these instructions have been given)
 - ii. the patient’s diagnosis and the disease process involved
 - iii. patient allergies
 - iv. use two patient identifiers to identify the patient prior to the administration of the medication (ask patient name and birth date)

 - c. The person who prepares the medication should administer it and document it as it is being given. Prepared medications should never be left unattended. Medications should be documented as soon as they are given, to include the medication administered, the route, dosage, date, time given, and location.

 - d. It is not recommended that medications be prepared ahead of time. If medications must be prepared ahead of immediate use they must be labeled with patient name, medication name, strength, amount, date, and location of delivery.

 - e. After administration of any medication, the patient’s reaction should be observed for an appropriate time interval based on medication, patient, physician’s protocol and documented to include the following, as appropriate:
 - i. Desired results, such as reduction of pain, fever, etc.
 - ii. Unexpected side effects, adverse drug reaction

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| Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinical Operations Committee, Chair Paul L. Foster School of Medicine | |