I. Policy Summary
To ensure patient safety when preparing and administering all medications. UCR Health will provide for the safe administration of medications, immunizations, and tuberculin skin testing.

II. Definitions
Refer to Standard Definition Guide Document.

III. Policy
Medications will only be administered by licensed health care personnel and/or those trained or certified to administer medications and only upon the lawful order of a healthcare provider who is duly authorized to prescribe medications. All medication orders are to be complete and recorded in the electronic medical record. The order must include: name of the medication, indication for use, strength, dosage, frequency, route of administration, duration of treatment and signature of the health care provider issuing the order.

IV. Responsibilities
Back office medical office staff

V. Procedure
A. The persons carrying out the order will adhere to the Six Rights of Medication Administration:
   - Right Medication
   - Right Dose
   - Right Patient
   - Right Route
   - Right Time
   - Right Documentation

   The RN, LVN or MA is accountable for providing safe nursing practices and will consult with the ordering health care provider regarding any questions or concerns about a medication order. If further clarification is needed, the nursing supervisor or chief physician may be consulted. The RN or LVN must:
- Have a working knowledge of drug interactions, safe dosage, possible reactions and contraindications prior to the administration of any medication.
- Verify that no contraindications exist for administering the medication.
- Assure that correct medication is administered by checking the provider’s order and the medication label.
- Use two patient identifiers (name and date of birth) to verify the right patient.
- Observe patients after medication given for adverse events and document any patient response to medication as indicated.
- Prior to the administration of insulin, the amount ordered and amount prepared must be checked by two licensed nurses or a licensed nurse and a provider.
- All medication orders should contain one (1) specific dosage, never a dosage range, with the exception of those orders using a sliding scale where the parameters are specified by the provider. Orders for medications that are not specific to strength and/or dosage must be cleared with the provider.

B. Labeling Medications and Expiration Dates Multi-dose
   If multi-dose vials are used, aseptic technique must be strictly adhered to:
   - Avoid touch contamination.
   - Cleanse the vial diaphragm or septum with 70% alcohol before inserting an access device (needle or other).
   - Use only sterile, single-use syringes and access devices and discard them after each use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.
   - Do not leave access device in diaphragm or septum.
   - Discard multi-dose vials if there is any suspected visible contamination.
   - All multi-dose medications and solutions and vials will be dated and initialed upon opening.
   - All open multi-dose vials, with the exception of vaccines, will be used for no more than 28 days unless the manufacturer specifies otherwise.

C. Handling and Storage of Medications:
   - Medications will be stored according to manufacturer’s guidelines.
   - Medications requiring refrigeration will be stored only in refrigerators used for no other purpose than medication storage and is in a secured area.
   - All medications involving mixed solutions will be observed to assure that the medications is stable and that there are no signs of precipitation, discoloration or particulate matter prior to patient administration.
   - The expiration date of all medications will be checked prior to administration.
Medications will be prepared immediately prior to administration, particularly medications prepared for parenteral administering, according to unit dose protocol. To the maximum extent possible, drugs are to be administered by the person preparing the dose (except when unit dose system is used).

D. Injectable:
Incompatible injectable (intramuscular, subcutaneous) medications will be administered at different injection sites.

Injections that Medical Assistants are not allowed to administer:
- Insulin
- Rocephin
- Gentamicin
- Lidocaine
- Mixed/diluted medications (excluding vaccines)
- Any anesthetic agent

All injections and oral medications given by a medical assistant must be shown to a provider before dispensing or injecting.

A maximum amount of solution to be administered intramuscularly in one (1) site is five (5) ml. However, clinically it is unusual to administer over 3 mL of medication in a single injection because the body does not absorb it well. If the dose is more than 5 mL divide the dose into two (2) syringes and inject in two (2) different sites. Older adults and thin patients often tolerate only 2 mL a single injection*.

Subcutaneous injections can be administered in one (1) of the following sites:
- The outer aspect of the arms
- The abdomen from below the costal margins to the iliac crests
- The anterior aspects of the thigh

E. Documentation
Document in the patient’s medical record for each medication given:
- Name of medication
- Dose
- Route and site of any injection
- Time administered
- Lot number
- Expiration date Manufacturer of medication
- Patient response to medication, as indicated

VI. Forms /Attachments (Not Applicable)
VII. Related Information
   *Clinical Nursing Skills and Techniques by Perry and Potter*

VIII. Revision History

   Approval(s):

   Compliance Committee (04/26/2016)