Vermont Psychiatric Care Hospital Policy and Procedure		
Medication Ordering, Verification, and Administration		
Effective: 9/8/2014	Revised: May 2024	Due to Review: May 2026

POLICY

The Vermont Psychiatric Care Hospital (VPCH) shall provide a clear plan to ensure safe, accurate, and effective medication administration to hospitalized individuals.

DEFINITIONS

Variable Medication Time Order: A "variable medication time" must be ordered by a provider. A "variable medication time" is defined as a window that provides parameters for medications to be administered within outside of standard times. A variable medication time will appear on the eMAR and must be addressed when given. It shall be scanned like any other item on the eMAR.

Med Watch: A "med watch" may be ordered by a provider. "Med watch" is defined as directly observing a person for a prescribed period of time in an attempt to ensure that they do not dispose of the medication after having placed it in their mouth. When a med watch is ordered, it shall appear on the eMAR. If the hospitalized individual disposes of the medication, or attempts to dispose of the medication, the staff member assigned to the med watch shall immediately inform the RN who administered the medication. The RN shall notify the provider and Charge RN and document in a progress note. If possible, the staff person shall also retrieve the medication, and return it to the RN who administered the medication for identification and proper disposal.

Mouth Check: A "mouth check" may be ordered by a provider. A Mouth check is defined as directly observing the mouth of the hospitalized individual to ensure the medication has been taken. A mouth check will appear on the eMAR and must be addressed when given. It shall be scanned like any other item on the eMAR.

PROCEDURE

Order Entry
Medical providers shall enter medication orders in the hospitalized individual's electronic medical record through the Order Entry process.

Pertinent information, to include but not limited to, allergies, sensitivities, height and weight, primary diagnosis and medications for the medication reconciliation function must be documented in the hospitalized individual's electronic health record prior to the medication ordering function.

Order Verification
Upon notification of a new medication order, a pharmacist shall verify the medication order in the electronic medical record in accordance with VPCH policy. Immediately following

verification by a pharmacist, the ordered medication shall be accessible to registered nurses in the Automated Dispensing Machine (ADM). All medication orders shall be evaluated for completeness and accuracy by a pharmacist and a registered nurse prior to removal from the ADM in accordance with VPCH policy. In the event of an emergency medications may be removed from the ADM prior to the nurses' verification.

All STAT, NOW and PRN medications shall be available immediately from the ADM. Overriding the ADM is permitted in emergencies. Some medications may require two nurses to complete this process.

If the nurse or pharmacist has any unresolved concerns about a medication, they shall discuss and resolve those concerns with the provider and/or other members of the nursing staff before administering the medication.

Medication Administration
All medications shall be administered by individuals who are licensed and permitted to do so by law and regulation, or by individuals who are qualified, competent, and directly supervised by individuals who are licensed and permitted by law or regulation to administer medications. These individuals shall be granted privileges to the ADM.

Medications may be obtained for administration by a registered nurse from the ADM, Floor Stock, the hospitalized individual's bulk medication bin, treatment bin, or obtained from pharmacy.

The process for administering medication is:

1. Hospitalized individuals are identified in accordance with VPCH policy.
2. Scan the hospitalized person's ID number – in the person's electronic Medication Administration Record (eMAR) in the electronic health record.
3. Verify that the medication product label matches the medication order in order chronology.
4. Inspect the medication prior to administration to ensure that the medication is intact, not expired, damaged, and for any evidence of tampering.
5. Verify no contraindications, an alert will appear during the verification process in the computer system.
6. Verify the right person, right route, right time, right medication, right form, right dose, right action, right documentation, right response, and right to refuse.
7. Before administering the medication, the nurse shall identify the medications being offered to the hospitalized individual, and any potentially significant adverse drug reactions. When indicated, the nurse shall incorporate participation and education into the medication administration process and shall document medication education in the hospitalized individual's medical record through a nursing progress note.
8. Scan the bar code on the medication to document administration in the eMAR before the medication is administered. The computer will aid with the verification process for safe medication administration. However, the administering nurse shall maintain diligence and attention throughout the process to any alert generated by the system. If the

      hospitalized individual's ID does not scan or the medication does not scan, the nurse must investigate prior to administering. Is it the correct person? Correct medication? Contact the pharmacy if the medication does not scan and complete a variance report.

9. Administer the medication(s).
10. Refused medications shall be returned to stock in the ADM if unopened. Medications that have been opened and are not administered, shall be wasted through the ADM and/disposed of properly. On the electronic medication administration record the Nurse shall document *refused/omitted*, with the correct time and date.

Scheduled medications (unless specified NOW) shall start at the next scheduled time based on dose frequency. Scheduled doses may be given 2 hours prior to, or 2 hours after the scheduled time unless otherwise specified by a provider order. Certain medications are not eligible for the "two hours prior to, or two hours after" timeframe, but must be given within a specific timeframe as stated in a provider's order, or as specified on the "not eligible medication list" as these medications may have complications due to pharmacokinetics, diagnosis, or other risk factors. A comprehensive list will be posted in the medication rooms. PRN medications may be given anytime within the specified frequency written by the provider medication order.

Medications on the "not eligible medication" list must be administered at the specific time ordered. These medications may include one-time orders, loading doses, time dependent medications for drug serum levels, time dependent between medications, PRN medications, and certain specific classes of medications, such as antibiotics, insulin, and anticoagulants. Whenever a specific "not eligible medication" order has been placed that medication shall be identified by a clinical warning included with that medication in the electronic health record.

**When administering medications during an Emergency Involuntary Procedure, in addition to the steps outlined above, complete the *EIP CON* form and *CON & Treatment Plan Addendum for Emergency Involuntary Med* E-forms.

** When administering insulin, the RN shall check the provider order (if necessary), the eMAR, the type of insulin, and the dose. The RN who drew up the insulin must ask a second nurse to check the type of insulin and the prepared insulin syringe and confirm in the eMAR. Both RN's will need to document in the eMAR.

Once all the above criteria are met, the RN may administer the medication.

The acceptable window for administration of medications is **120 minutes** before or after the scheduled time unless instructed otherwise.

Scheduled Medications

STAT ordered medications shall be given immediately or within 5 minutes.

PRN DOSAGE INTERVALS: Medications to be given at a minimum time indicated in the medication order. For example, order is written every 3 hours the medication may be given 3 hours after the last dose as needed.

Medications recommended to be taken with food:

Alloourinol	Aspirin	Iron Products	Naproxen-Ibuprofen
Meloxicam	Potassium Salts	Trazodone	Magnesium
Carbamazeoine	Divaloroex	Lithium	Metformin
Valoroic Acid	Lurasidone	Ziorasidone	Glioizide XL

Medications recommended to be taken on an empty stomach:

Pantoprazole	Levothyroxine		

"Not Eligible" Time Critical Scheduled Medications:

Medications given with food to decrease GI upsets.	Augmentin
Clinical monitoring considerations.	Doxycycline
	Metronidazole
Fluoroquinolones-to avoid calcium, magnesium, iron and dairy products 1000/2100	Ciprofloxacin
Miscellaneous Medications	Amoxicillin
	Sulfamethoxazole/Trimethoprim
	Warfarin

Medications to be given at the scheduled dose administration time will display the following message in EMAR: "Critical administration time" Reviewed 2023

- **Medications ordered shall be profiled to begin with the NEXT normal dosing time, UNLESS the provider specifically orders to "give dose now".**
- **DOSE CHANGES shall not go into effect until the next scheduled dose unless otherwise specified.**
- **PROVIDER MAY INITIATE A "1st DOSE NOW" ORDER AT ANY TIME.**

REFERENCES

The Joint Commission standard 06.01.01

Approved by	Signature	Date
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