



DEPARTMENT: POLICY NUMBER:

Nursing Service Division DPOTMH-MPP-NSD-P008-(01)

TITLE/DESCRIPTION:

MEDICATION MANAGEMENT STANDARDS

EFFECTIVE DATE: REVISION DUE: REPLACES NUMBER: NO. OF PAGES: 1 of 21

December 29, 2023 December 28, 2026 DPOTMH-I-P08

APPLIES TO: Registered Nurses, Pharmacists, POLICY TYPE: Multi Disciplinary

Student Nurses, Clinical Instructors and

Attending Physicians

PURPOSE:

- To encourage a collaborative approach to preventing and reducing medication errors and nearmisses by addressing all aspects of the medication management process, including prescription, selection, preparation, and dispensing, as well as medication administration and ongoing client monitoring.
- 2. To ensure staff nurses are safeguarded by systems put in place regarding the administration of medication.
- 3. To provide safe and reliable care, including support, treatment, and advice in relation to medication administration that maximizes the patient's choice and independence.

DEFINITIONS:

Medication Management- to ensure the safe, accurate and consistent use of medications across the organization.

Administering-Provision of a medication directly to a client for immediate ingestion or introduction into the body (e.g., by injection or other route) according to a prescription.

Medication (or drug) - Both prescription and nonprescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood-derived products; tissues and organs; disinfectants; and radio pharmaceuticals.

Medication provider-Health care professionals involved at some point in the medication management process based on their scope of practice.

RESPONSIBILITY:

Staff Nurse, Nursing Attendant, Medical Doctors, Pharmacist, Inpatient Pharmacist, Pharmacy Dispatcher, Clinical Instructors, Nursing Students

POLICY:

- 1. Before medication is administered to any patient, the nurse shall secure their formal consent.
- All patients shall be treated as individuals, and at times, due consideration shall be given to their age, beliefs, opinions, experiences, ability, cultural needs, and any other factors important to them.
- 3. This ensures the importance of staff training and supervision to ensure that all staff nurses involved in the administration of medication are well trained and competent to perform the activities within the remit of their roles.



Attending Physicians

RIVERSIDE MEDICAL CENTER, INC.



DEPARTMENT: POLICY NUMBER: Nursing Service Division DPOTMH-MPP-NSD-P008-(01) TITLE/DESCRIPTION: MEDICATION MANAGEMENT STANDARDS **EFFECTIVE DATE: REVISION DUE: REPLACES NUMBER:** NO. OF PAGES: 2 of 21 December 29, 2023 December 28, 2026 DPOTMH-I-P08 **APPLIES TO:** Registered Nurses, Pharmacists, **POLICY TYPE:** Multi Disciplinary Student Nurses, Clinical Instructors and

- 4. Medication administration shall promote the patient's independence, choice, privacy, and dignity.
- 5. Medication shall take account of the patient's cultural and religious values and beliefs.
- 6. Medication shall only be administered to the person who has been prescribed that medication.
- 7. Nurses on duty, including those who are not directly concerned with the administration of medications, shall be trained in the understanding of medications, the main types of medications in use, their administrative procedures, and how to look for and report possible adverse reactions including changes that may require review of the patient's medication prescription.
- Only registered nurses who have undertaken the In Service Training Program (ISTP) training course and who have been assessed as competent shall be involved in the administration of medication.
- 9. Proper storage of medications in patients' designated cubicle area.
- 10. Prescribers shall correctly complete medication orders, reorders, or reassessments upon admission, end of service, or transfer to another level of care.
- 11. Staff nurses shall follow the 12 rights of medication administration and need to be able to appropriately monitor for side effects and intervene as appropriate.

12 Rights in the Administration of Medication:

- 1. Right Medication
- 2. Right patient
- 3. Right time
- 4. Right Route
- 5. Right Dose
- 6. Right Response
- 7. Right Reason
- 8. Right Documentation
- 9. Right Assessment and Evaluation
- 10. Right Client Education







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APPLIES TO: Registered Nurses, Pharmacists, POLICY TYPE: Multi Disciplinary

Student Nurses, Clinical Instructors and

Attending Physicians

11. Right to Refuse Medication

12. Right Expiration Date

12. All staff performing specific procedures or administration of medication shall follow the Policy and Standard Operating Procedure.

PROCEDURE (SOP):

ADMINISTRATION OF INTRAVENOUS FLUIDS

- All intravenous fluid administration shall require a doctor's order.
- Asepsis and infection control guidelines shall be followed at all times.
- Policy on changing of IV site and IV tubings shall be followed
- Policy on 2 patient identifiers shall be practiced.
- 1. Nurse in charge checks doctor's order prior to administration of IV fluids.
- 2. Nurse in charge informs and explains the procedure to the client for better cooperation.
- 3. Nurse in charge performs hand washing technique
- 4. Nurse in charge prepares the necessary materials to be used:
 - 4.1 IV tray
 - 4.2 Tourniquet
 - 4.3 IV Fluid
 - 4.4 IV Tubing
 - 4.5 Alcohol swab
 - 4.6 Gloves
 - 4.7 Splint (optional) –(For 7 years old and below, mandatory)
 - 4.8 Micropore
 - 4.9 IV label
 - 4.10 IV cannulas
 - 4.10.1 g.18 for surgical patients / blood transfusion
 - 4.10.2 g.20 for adults
 - 4.10.3 g.22 pedia patients
 - 4.10.4 g.24 & 26 for newborns and infants







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- 5. Nurse in charge labels and calibrates IV fluid.
 - 5.1 Intravenous incorporations should be labeled
 - 5.2 Piggy backs
 - 5.2.1 Side drip intravenous fluids should be numbered consecutively and accordingly from mainline IV fluids.

(Example – PB₁, PB₂, PB₃, etc.)

5.2.2 In cases where there are more than one side drip or piggy back, labeling should be done as follows:

PB^A₁ and then numbered consecutively for the first PB

PB^B₁ and then numbered consecutively for the second PB and so on.

- 6. Nurse in charge labels IV tubings as to due date
- 7. Nurse in charge documents procedure
 - 7.1 In cases where IV fluids are ordered discontinued and later re-started, it should be designated as Set B with follow ups numbered consecutively.
- 8 . Nurse in charge assesses the IV site for patency after 1 hour.
- 9. The nurse in charge assesses patient's IV fluids every two hours for patency and correct infusion rate and volume.
- 10 . The nurse in charge discontinues the IV fluids under the following circumstances:
 - 10.1 If ordered by the physician, the nurse will immediately document the termination and final assessment.
 - 10.2 Once found that is is dislosged

The nurse must immediatly discontinue IV and remove the cannula. Should reinsertion be required, a Senior Nurse on duty, must insert the IV in acordance with the policy on IV reinsertion.

11 . Nurse in charge must document that status of the IV site and IV fluids after assessment every four (4) hours, as known in the example below:

(Example: 1/1/09 12pm – IVF # ____ terminated without any ill effect)

Date, time, IVF #, IVF name







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REFRIGERATOR MONITORING

- Refrigerators shall be monitored daily to ensure temperature remains between 2°C- 8°C and shall be recorded every shift on the Daily Refrigerator Temperature Log Sheet by a Staff Nurse/ Nursing Attendant/ Pharmacist on duty.
- Medicines shall not be stored in a manner that allows patient or public access.
- Refrigerator shall only be used for the storage of medicines and patient's feedings. Laboratory specimens are not permitted in the refrigerators.
- Nurse shall immediately notify maintenance technician when temperature is outside the standard range.
- Pharmacist shall be informed regarding the integrity of medications once the refrigerator is outside of range. This is to ascertain the usability of the medicines stored before they are administered to patients.
- Nurses on duty shall label all medicines placed inside the refrigerator.
- Nurse or Pharmacist shall collect expired medications in the refrigerator or medications for discharged patients.
- 1. Nurse on duty/ Pharmacist-on-the-floor checks the refrigerator at the start of the shift including:
 - 1.1 the contents,
 - 1.2 the refrigerator temperature,
 - 1.3 the medicines and their expiration date,
 - 1.4 and osterized feeding.
- 2. Nurse on duty/ Pharmacist-on-the-floor records the refrigerator temperature in the Daily Refrigerator Monitoring Sheet. If the temperature is out of range Nurse on duty shall document the temperature, the time and action taken in the remarks portion of the form. Revisit the refrigerator within the shift and document the revisit time and temperature.
- 3. Remove all expired medicines, medications for discharged patient, remaining osterized feeding that are beyond 24 hours, and other items that doesn't belong to the category stated in the General Guidelines statement #3.
- 4. The Nurse shall immediately notify the Maintenance Department when temperature is still outside the standard range during the revisit.

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DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-MPP-NSD-P008-(01)	
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EFFECTIVE DATE: December 29, 2023	REVISION DUE: December 28, 2026	REPLACES NUMBER: DPOTMH-I-P08	NO. OF PAGES: 6 of 21
APPLIES TO: Registere Student Nurses, Clinic Attending Physicians	ed Nurses, Pharmacists, cal Instructors and	POLICY TYPE: Multi	Disciplinary

STANDARD USE OF EMERGENCY CART

- All regular stations shall abide by the standardized use of emergency cart.
- The emergency cart (e-cart), by its very name, shall be used only during emergency situation.
- The e-cart shall be checked once the seal is removed.
- All medicines taken from the e-cart during emergencies shall be replenished immediately or before the end of the shift.
- The e-cart should be sealed using pull thru seals/ plastic seals or any appropriate security seals.
- The Nurse who is on duty during the emergency shall be accountable to replenish and ensure the completeness of e-cart before resealing.
- The e-cart shall be checked every shift with remarks as SEALED at the e-cart log book.
- Maintain the e-cart in a location that is easily accessible to the clinical areas. Ensure that all staffs know where and how the cart and/or emergency equipment is stored.

During Emergency Cases

- Nurse on duty/ Nursing Attendant brings the emergency cart to the scene during emergency situations.
- 2. Nurse on duty opens the emergency cart and gives the medicines and supplies needed.
- 3. Nurse in charge documents all medicines and supplies used.
- 4. Nurse in charge creates request for the replacement of all medicines and supplies used.
- 5. Inpatient Pharmacist (if available on the area) or Nurse on duty replaces the medicines and supplies used in the e-cart immediately or within the shift.
- 6. Nurse in charge endorses the completed e-cart to the Head Nurse/ Assigned Nurse for e-cart.
- 7. The Head Nurse/ Assigned nurse checks the e-cart before sealing.

Daily/ Routine Checking

- 1. Check the completeness of e-cart at the start of the shift.
- 2. Fill out the e-cart checklist accordingly.
- 3. Expiration dates on medications should be checked every first day of the month.
- Medications that are about to expire in 3 months time are endorsed to the Pharmacy Division for proper utilization and to avoid wastage. If an expired medication is found, it should be promptly removed and replaced.
- 5. If a certain medication is not available, make a remark and endorse it immediately to the Head Nurse.

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PROPER STORAGE OF DRUGS IN THE STATION

- Medications that needs to be stored in the refrigerator shall be maintained in a temperature of 2°-8°C.
- Drugs shall be kept out from direct sunlight.
- Care shall be taken to ensure that the container lid of bottles form a tight seal against humidity and oxygen, which can destroy the drug structure and component.
- The manufacturer's label on the stock bottle shall be checked to determine the proper storage conditions and expiration of a drug.
- Chemotherapeutic drugs shall be handled properly and kept according to package instruction.
- Pharmacist and Staff Nurse shall check the medication stocks of each patient
- Cleanliness and sanitation during storage shall be maintained to avoid cross-contamination of drugs when more than one drug is handled at once.
- Drugs shall not be stored in the patient's room. Various storage conditions may help to protect the drug from breakdown. These include:
 - Opaque glass or plastic packaging. Since the energy from light rays tends to speed up the breakdown (degradation) of most drug products, drugs are routinely packaged and dispensed in opaque bottles or bottles made of brown plastic or glass.
 - Refrigeration. Colder temperatures tend to slow down any chemical reaction, so storage of drug products in a cool, dry place will help to retard chemical breakdown and retain potency.
 - Dehydration. Drugs in solution tend to break down faster than those in powder form. Some drugs are received in powder form for a longer shelf life and are reconstituted just before use. If a drug is stored in solution form (hydrated), its shelf life is limited and, depending on the rate of use, much of it may degrade and have to be discarded.

Temperatures for Proper Drug Storage

Storage Designation

Cold Cool

Room Temperature

Warm

Excessive Heat

Storage Temperature

Not to exceed 8°C (46°F)

Between 8-15°C (46-59°F)

Between 15-30°C (59-86°F)

Between 30-40°C (86-104°F)

Above 40°C (104°F)

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If the label states a storage temperature of:

- 8-15°C, the drug should be refrigerated.
- Below 0°C, it refers to storage in the freezer
- 25°C, this is normal room temperature. The drug may be stored on the pharmacy shelf.

Label warnings might include the following:

- 30°C or 85°F (a "warm" room). Drugs will lose potency when exposed to heat.
- Above 35°C or 95°F ("extreme heat"). This is too high temperature for drug products.
- Freezer storage (0°C (32°F) or less. Drugs are sensitive to extreme cold.
- 1. Nurse on duty receives drugs delivered by the pharmacist/pharmacy dispatchers.
- 2. Nurse on duty reads the manufacturer's label for additional information in proper handling of the drug.
- 3. Nurse on duty ensures that Pharmacist stores the drugs in the container/cubicle designated for a particular patient.
- 4. Nurse on duty and Pharmacist ensures cleanliness and sanitation during storage of medication.
 - 4.1 Observe proper sanitation of tablet counters and other measuring devices each use to avoid cross-contamination of drugs





Attending Physicians

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REGULAR REVIEW OF PRESCRIPTION ORDERS

- Registered nurses shall transcribe doctor's orders.
- Regular review of prescription orders shall be done by the Staff Nurse, Pharmacist, Medical Doctor.
- Any medications ordered shall be under the Hospital Formulary approved by the Therapeutics Committee.
- All medications ordered shall consist of the following data:
 - o Generic Name
 - Brand Name (if indicated)
 - Dosage
 - Frequency
 - Timing
- 1. Medical Doctors prescribes medication written in generic and brand name if necessary.
- 2 . The nurse in-charge/head nurse checks the medication sheet, summary of medication and Kardex of the patient against the doctor's order for verification.
- 3. Nurse in charge/ Head Nurse/Medical Doctors ensures that all documented medications are updated.
 - 3.1 Clinical Instructors coordinates with the head nurse/senior nurse their patient assignment and if they are assigned as medication nurse.
 - 3.2 Pharmacist coordinates with the head nurse/senior any discrepancy noted after review of doctor's order.
- 4. Nurse on duty refers for any illegible doctor's order and unavailability of medications to medical residents on duty, or attending physicians.







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APPLIES TO: Registered Nurses, Pharmacists,

POLICY TYPE:

Multi Disciplinary

Student Nurses, Clinical Instructors and **Attending Physicians**

WORK INSTRUCTION:

ADMINISTRATION OF INTRAVENOUS FLUIDS

KEY TASKS	PERSON RESPONSIBLE	
Verifies, carries out and implements doctor's order.		
Documents procedure done in the patient's medical record.	Staff Nurse	
Prescribes the fluids needed for treatment and management of the patient.	Medical Doctors	
4. Orders to discontinue fluid treatment.		
5. Dispenses fluid ordered and other materials needed.	Pharmacist	







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APPLIES TO: Registered Nurses, Pharmacists, POLICY TYPE: Multi Disciplinary

Student Nurses, Clinical Instructors and

Attending Physicians

REFRIGERATOR MONITORING

KEY TASKS	PERSON RESPONSIBLE	
Checks the refrigerator at the start of the shift	Nurse on duty/ Nursing Attendant/ Pharmacist-on-the-floor	
Records the refrigerator temperature in the Daily Refrigerator Monitoring Sheet	Nurse on duty/ Nursing Attendant/ Pharmacist-on-the-floor	
 Removes all expired medicines, medications for discharged patient, remaining osterized feeding that are beyond 24 hours, and other items that doesn't belong to the stated category. 	I Militse on dility/ Militsing Amendani/	
Notifies Maintenance Department when temperature is still outside the standard range during the revisit.	Nurse on duty/ Nursing Attendant/	





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	KEY TASKS	PERSON RESPONSIBLE	
	DURING EMERGENCY CAS	SES	
1.	Brings the emergency cart to the scene during emergency situations.		
2.	Opens the emergency cart and gives the medicines and supplies needed.	Nurse on duty/ Nursing Attendant	
3.	Documents all medicines and supplies used.		
4.	Creates request for the replacement of all medicines and supplies used.		
5.	Replaces the medicines and supplies used in the e-cart immediately or within the shift.	Inpatient Pharmacist or Nurse on du	
6.	Endorses the completed e-cart to the Head Nurse/ Assigned Nurse for e-cart.	impatient Filarmacist of Nurse on uut	
7.	Checks the e-cart before sealing.	Head Nurse	
	Daily/ Routine Chec	king	
1.	Checks the completeness of e-cart at the start of the shift.		
2.	Checks expiration dates on medications every first day of the month.	Nurse on duty	
3.	Endorses medications that are about to expire in 3 months time to the Pharmacy Division for proper utilization and to avoid wastage.		







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APPLIES TO: Registered Nurses, Pharmacists,

Student Nurses, Clinical Instructors and

Attending Physicians

POLICY TYPE:

Multi Disciplinary

PROPER STORAGE OF DRUGS IN THE STATION

KEY TASKS	PERSON RESPONSIBLE	
Receives and ensures that the medication delivered are correct, complete and stored properly.	Staff Nurse	
2. Dispense, brings and stores medication to each patient's cubicle correctly.	Pharmacist	
3. Ensures cleanliness and sanitation during storage of medication.		
4. Brings/transport drugs requested to each unit.	Pharmacy Dispatcher	

REGULAR REVIEW OF PRESCRIPTION ORDERS

KEY TASKS	PERSON RESPONSIBLE	
Transcribes, reviews, verifies and implements orders made by the Medical Doctors.	Staff Nurse	
2. Prescribes orders.	Medical Doctor	
3. Coordinates and refers with the Medical Team for any discrepancies in the patient's chart.	Pharmacist	
4. Coordinates with the head nurse/ staff nurse or their assigned function.	Clinical Instructor	







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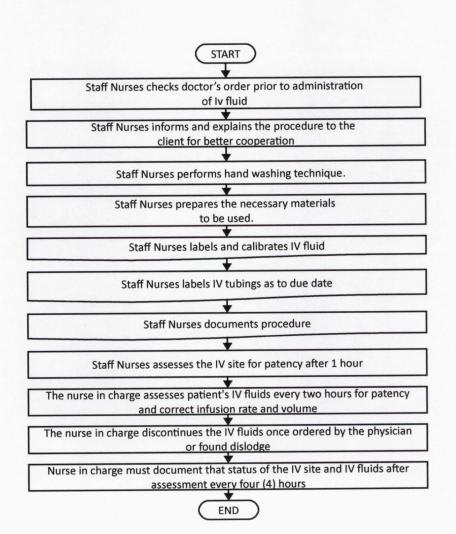
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APPLIES TO: Registered Nurses, Pharmacists, Student Nurses, Clinical Instructors and

WORK FLOW:

Attending Physicians

ADMINISTRATION OF INTRAVENOUS FLUIDS









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APPLIES TO: Registered Nurses, Pharmacists,

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POLICY TYPE: Multi Disciplinary

REFRIGERATOR MONITORING START Nurse on duty/ Pharmacist-on-the-floor checks the refrigerator at the start of the shift Nurse on duty/ Pharmacist-on-the-floor checks the refrigerator temperature Temperature Nurse on duty/ Pharmacist-on-the-floor NO not Documents the data in the Within Daily Refrigerator monitoring sheet range? Nurse on duty/ Pharmacist-on-the-floor document the data in the Daily refrigerator monitoring sheet and the actions taken Nurse on duty/ Pharmacist-on-the-floor revisits the refrigerator within the shift and document the revisit time and temperature Nurse on duty/ Pharmacist-on-the-floor removes all Expired medicines, medications for discharged patient, remaining osterized feeding that are beyond 24 hours, and other items that doesn't belong to the category stated in the general guidelines statements **END**





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APPLIES TO: Desistered Nurse

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POLICY TYPE:

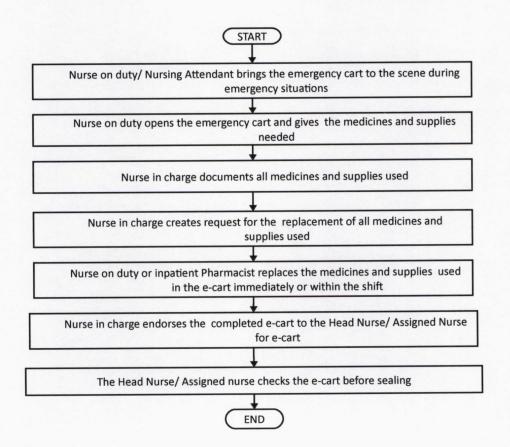
Multi Disciplinary

Student Nurses, Clinical Instructors and

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STANDARD USE OF EMERGENCY CART

During emergency cases









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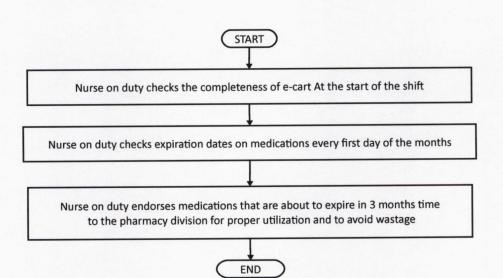
APPLIES TO: Registered Nurses, Pharmacists, Student Nurses, Clinical Instructors and

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POLICY TYPE: N

Multi Disciplinary

Daily/ Routine Checking









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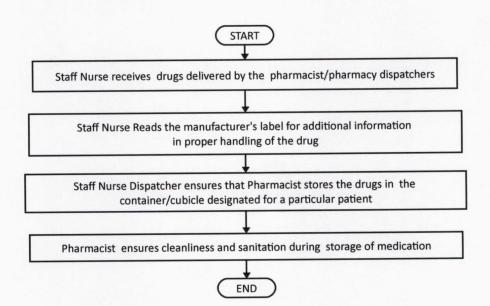
APPLIES TO: Registered Nurses, Pharmacists,

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POLICY TYPE: Multi Disciplinary

PROPER STORAGE OF DRUGS IN THE STATION









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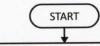
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REGULAR REVIEW OF PRESCRIPTION ORDERS



Medical Doctors prescribes medication written in generic and brand name if necessary

Nurse in-charge checks the medication sheet, summary of medication and kardex of the patient against the doctor's order for verification

Nurse in charge Ensures that all documented medications are updated

Clinical Instructors coordinates with the head nurse/senior nurse their patient assignment and if they are assigned as medication nurse

Pharmacist Coordinates with the head nurse/senior and discrepancy noted after review of doctor's order

Nurse on duty Refers for any illegible doctor's order and unavailability of medications to medical residents on duty, or attending physicians









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APPLIES TO: Registered Nurses, Pharmacists, Student Nurses, Clinical Instructors and

FORMS: N/A

EQUIPMENT: N/A

Attending Physicians

REFERENCES:

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POLICY NUMBER: DEPARTMENT: DPOTMH-MPP-NSD-P008-(01) **Nursing Service Division** TITLE/DESCRIPTION: MEDICATION MANAGEMENT STANDARDS NO. OF PAGES: 21 of 21 **REVISION DUE: REPLACES NUMBER: EFFECTIVE DATE:** DPOTMH-I-P08 December 29, 2023 December 28, 2026 Multi Disciplinary **POLICY TYPE: APPLIES TO: Registered Nurses, Pharmacists,** Student Nurses, Clinical Instructors and **Attending Physicians**

APPROVAL:				
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