IREDELL MEMORIAL HOSPITAL

Barcoded Medication Administration	
Approved by: Cherie L. Smith, PhD, MBA, RN, RN-BC Randi Raynor, MBA, PharmD, BCPS	Last Revised/Reviewed Date: 09/2020
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PURPOSE:
The Electronic medication administration and documentation system with patient armband and medication barcode reader will be utilized for medication administration in all inpatient and selected outpatient areas of the Hospital. Use of the device at the bedside will allow real-time communication with the pharmacy to determine that the right patient is receiving the right drug in the right amount, by the right route, and at the right time. A computerized Medication Administration Record (MAR) will be generated when documenting drug administration. Although the impact of technology on patient safety is of primary importance, patient care should not be compromised by use of the technology; professional judgment will continue to play a vital role in patient care.

PROCEDURE:
I.   Implementation

The electronic medication administration system will be utilized in inpatient and selected outpatient areas of the facility. Scheduled medications administered to a patient undergoing a procedure in another department of the facility will be documented in the electronic medical record (EMR) utilizing barcode readers when available. (ex: inpatient having Dialysis treatment when Dialysis staff members administer regularly scheduled medications). Medications that are administered during a Code Blue or as part of a procedure in another department will be documented on the departmental procedure record.

II.   Work Station and Scanner Care

A.   Workstations on wheels with barcode scanners should be stored in a designated area on each unit when not in use.

B.   Workstations must be plugged in to an electrical outlet when not in use to maintain a charge.

C.   All portions of the workstation, including surface, keyboard and foundation can be cleaned with a hospital approved cleaning solution with the exception of the monitor screen.

D.   The Honeywell scanners may be wiped clean using only approved solutions.

E.   Scanners should only be placed on a clean surface in patient rooms. Scanners should not be placed on any surface near water, blood, urine or any other body fluids.

III.   Isolation Patients

A.   The scanner shall be placed into a plastic bag. The workstation shall be stationed in the doorway of the patient's room with monitor facing the room. The bagged scanner shall be used while in the patient's room, to scan the patient's armband.

B.   Wipe the scanner with an approved wipe after it is removed from the plastic bag.

C.   A new bag will be used for the scanner each time it is taken into an isolation room.

D.   The nurse will scan and prepare meds outside the room and document any required information.

E.   Upon leaving the isolation room, the workstation must be wiped down with an approved sanitation wipe.

IV.   Problem Resolution Plan
    A.   The Information Service help desk will be notified if the unit super user determines that a device is malfunctioning. After help desk business hours, the nursing Supervisor or the clinical systems administrator on call will be available.
    B.   If unable to resolve the issue, a spare workstation will be supplied by the Information Service help desk or Nursing Supervisor.
    C.   Problems relating to EMR software or specific procedures should be addressed with the department Super User. If a Super User is unable to resolve the issue, a call should be placed to the clinical support phone. After business hours all software procedure questions unable to be resolved by the Super User should be directed to the Nursing Supervisor.

V.   Electronic Medication Administration – General
    A.   All inpatients will receive a bar-coded armband upon registration. If the patient does not have an armband with barcode, or if the armband has been removed or becomes non-scanable, a new armband must be applied to the patient prior to administering medications. Medications may not be administered to a patient without a bar-coded armband in place except during emergency situations. (Note: Exception is nursery. The infant ID band will be used to match patient identification information to the electronic record and the barcode attached to the infant bassinet).
    B.   Scanning the wristband is an additional verification of patient identity. Nurses will also visually verify the patient name, account number, medication, dose, route and time.
    C.   Medications should not be given until they appear in the EMR except in a true emergency situation; however, patient condition should never be compromised by undue waiting to administer a drug. In this case, give the medication, per provider orders, when needed, and chart it in the EMR after administration.
    D.   When you are in an urgent situation that requires you to administer a medication before pharmacy profiles the medication(s), you can create the order from your Medication Administration Wizard (MAW) and document against it. This is only for medication overrides. If you need to hang IVF's or drips, you must wait until pharmacy profiles the order(s), then scan the bag and change the administration time. Follow your policy for over-riding medications.
    E.   All order comments and order information will be reviewed before administering any medication.
    F.   A Medication Reconciliation report for transfer report should be printed and sent with the HBSNF patient's chart when the patient is going to OR, Cardiac Cath Lab or Endoscopy. This report should be printed at the time the patient leaves the skilled unit to ensure that all administrations (even ones performed just prior to the transfer) are included.
    G.   Orders are entered in the pharmacy system or by computerized physician order entry (CPOE) based on approved standard administration times. Nursing should make every effort to maintain this schedule, or communicate needed changes to the pharmacist.
    H.   Medications administered during code situations are to be documented on the code record.
    I.   Every attempt should be made to barcode all medications. Barcodes that are not scanable should be sent to pharmacy for review. Notify pharmacy if a medication does not contain a barcode. In the event that a medication is given without scanning a barcode, select the correct drug from the list of medications on the MAW, address the Wwarning and then select sign. A second nurse should validate the medication is

correct.

    J.   Overdue medications will appear on the MAW until addressed.

    K.   A due dose that will not be given at the due time or a later time should be marked as "Not Given" or Chart "Not Done" and complete the reason field the medication was not administered. If that dose of the medication might be administered at a later time, it should be left on the MAW.

    L.   Due medications that have not been administered by the end of the shift should be communicated to the oncoming caregiver.

VI.   Order verification

    A.   Nursing should continue to sign off all provider orders in the chart following established procedures (see policy *Standards for Medication Ordering and Processing*).

    B.   If the order that appears in the system does not match the written provider order, the nurse will not verify the order and will communicate the discrepancy to the Pharmacist.

    C.   Orders must be viewed on the EMR under the orders tab. All orders should be reviewed by the nurse and compared to the original provider order. If orders entered via CPOE by the provider, the nurse needs to ensure that order is appropriate for the patient. The person verifying the order should check for duplicates. Discontinued orders will display with a status of "discontinued". The nurse verifying the order will ensure that the correct order appears as "Discontinued" in the "Status".

    D.   Accepting, or verifying the order, as it appears in the EMR documents user acceptance of the order as correct – ***this is the same as signing the paper medication order.***

    E.   A check for unverified orders should be made prior to the end of the shift.

VII.   Medication Administration – Special Conditions

    A.   Required Witness

        1.   Certain medicatoins require a witness to verify the order, dose, wastage or pump setting to ensure patient safety prior to administration. (see policy *Medication Administration Standards*)

        2.   After scanning one of these medications requiring a witness, insert the name of witnessing RN in the "witnessed by" field. The witnessing RN will enter her password.

        3.   Medications may also be cosigned by accessing administrations from the EMAR, and selecting cosign from the order detail screen.

    B.   Large volume, continuous IV solutions, and TPN's will display in the MAR under Continuous Infusions. IV solutions that have been scanned and administered will display on the MAR, to the right of the fluid you will see a Pending with a last bag started date and time. The fluid will also display in your "MAW" under the PRN medications with a schedule of continuous. Once a bag is scanned and charted as hanging, a task will fire to the nurse's task list for infusion billing. This task needs to be completed.

    C.   Epidural medications will be handled as described for large volume IVs. (Note: the epidural controlled drug administration records which come with the medication must still be completed.)

VIII.   PRN Medications

    A.   PRN medications will appear in the MAW under the PRN section.

    B.   If a medication is needed by the patient but has not yet been entered by the pharmacy, an order or override may be created. Creating an order is to be used only in urgent situations when the risk of waiting for pharmacy to profile outweighs the benefit to the patient. These steps are as follows:

- Review the provider order, verifying the 7 rights of medication administration.
- Access the patient profile in the automated dispensing cabinet. Remove the desired medication.
- Compare the removed medication to the provider order, verifying the 7 rights of medication administration.
- Using the workstation on wheels, create the order from MAW. Scan, document and complete the required fields prior to administration.
- Ensure the 7 rights of medication administration are verified.

IX. Medication Patches
- **A.** The nurse must chart the application of patch and site where applied
- **B.** A task will fire to the Task list for the patch removal.

X. On Call medications will appear as On-Call on the MAW. The medication displays on the "Due" list until it is given or marked as "Not Given."

XI. Nursing will administer all skin tests through the MAW and chart on the appropriate paper form.

XII. Medication Administration – Respiratory Therapy Orders
- **A.** Respiratory Therapy medications will appear in MAW. IMH requires that new orders must be verified prior to administration of the first dose.
- **B.** Once respiratory orders appear in MAW, Respiratory Therapy will scan and document the medications as described above to document administration.

XIII. Documentation
- **A.** All medications are to be charted in the EMR with the exception of those listed in this policy or during downtime.
- **B.** The administration history may be viewed via the MAR Summary.
- **C.** Downtime MAR is generated from the downtime computer system. This report will be used during downtime procedures for medication administration. When utilized, this report becomes part of the permanent medical record per the downtime procedures. Refer to the downtime policy and procedure.
- **D.** Downtime procedures will vary based on the expected length of the downtime, part of the system affected, and new versus existing orders.