

## Medication Administration and Cross Check (≥ PL1)

### Clinical Indications:

1. Before administering any medication, then the provider should know:
  - a. Why is this medication indicated?
  - b. What is the safe and effective dose?
  - c. What is the correct administration route?
  - d. Does the patient have an allergy or other contraindication to this medication?
  - e. What are the expected effects, side effects, and adverse effects?
  - f. Is the medication expired?

### Contraindications:

1. None

### Notes:

1. Medication formulary and dosing charts in addition to the Medication Administration Cross Check are required for each medication administration.
2. The *Six Rights* of medication administration:
  - a. Right Patient - indicated for this patient, no contraindications, no allergies
  - b. Right Drug - the correct name (trade vs. generic name), correct concentration
  - c. Right Dose - per system formulary
  - d. Right Route - oral, topical, nebulized, IV, IO, IN, IM
  - e. Right Time - slow or rapid IVP, or infusion over time
  - f. Right Documentation - preceding 5 rights documented in the ePCR.
3. Pre-filled syringe medications must remain in their original box/package until prepared for patient administration.

### Procedure:

1. Assemble required delivery device to measure and administer the medication.
2. Tap vial or ampule gently until all medication is at the bottom as needed.
3. Remove sterile cap to access the vial or safely snap the ampule neck at the scored line to access the medication.
4. Cleanse ampule with chlorohexidine prep pad.
5. With the appropriately sized needle and appropriately sized syringe, draw up only the amount of medication to be administered in a single dose per system clinical guidelines and formulary.
6. Perform System Medication Safety Cross Check prior to administration of the medication.
7. Administer the medication via the determined route and time.
8. Dispose of the medication delivery devices in approved sharps containers.
9. Document medications administered, which includes:
  - a. Time of medication administration
  - b. Route of administration
  - c. Site or location for IM medication
  - d. Dose and volume administered
  - e. Name of provider that administered the medication
  - f. Any medication related complications and steps taken to correct
  - g. Patient's response to medication treatment

Medication Administration Cross Check is on Page 2

## Medication Administration and Cross Check (≥ PL1)

### Medication Administration Cross Check

- ❑ **Provider 1** initiates the procedure by stating, *Cross check or Med check*
- ❑ **Provider 2** responds they are *Ready*. It is important to avoid using ambiguous responses such as *okay* since they may be interpreted many different ways and do not effectively reflect the provider's condition.
  - It is essential that Provider 2 participate in an engaged manner and not passively participate. This is a known weakness of the procedure, and human factors/ patient safety literature and research has demonstrated that when an effective attentional capture does not occur by those participating in such a procedure, errors may penetrate the barrier and ultimately reach the patient.
- ❑ **Provider 1** states the phrase, *I am going to give* and using the clinical guidelines and formulary provide the dose, name, route, rate, patient weight, and the reason.
  - If any only if there is concurrence on Provider 2's behalf does the cross-check procedure continue. Provider 2 then verifies using the clinical guidelines and formulary. If provider 2 does not agree that the drug, dose, route, rate, patient weight or reason are appropriate, then he or she will need to resolve the conflict and make corrections as necessary and provider 1 will need to begin again. Other reasons why provider 2 may not agree include perhaps contraindications that he is aware of, but provider 1 has not been made aware of yet.

- ❑ If **Provider 2** agrees, then they respond with the question, *are there contraindications?* or simply *contraindications?* This can be colloquial, it does not have to be robotic or verbatim, but the specific questions must be asked.
- ❑ **Provider 1** must check the expiration date if they have not already done so, verify that the patient's vital signs are appropriate and any medication allergies. Provider 1 should respond either by saying *no contraindications* or by stating any relative contraindications present.
- ❑ If **Provider 2** concurs, then they response with the question *what's your volume?* or simply *volume?*
- ❑ **Provider 1** should state the drug concentration, the volume they intend to deliver, and should show the vital to provider 2. If it is safe to do so, such as the other provider is not driving, etc.
- ❑ If **Provider 2** agrees after making a positive visual verification, then they respond with the phrase, *sounds good* or *I agree* and the order to *give it* in some form or another; again, avoiding ambiguous words.

**If the patient condition changes before the medication is administered and/or an interruption occurs during the cross-check, then return to the beginning of the cross-check.**

