



MM.37.3 Medications are administered in the prescribed dose and by the correct route.

MM.37.4 Medications are administered at the correct time (the approved hospital standard administration time).

MM.37.5 Medications are administered after verifying the expiry date.

MM.37.6 Medications are administered after visual inspection for discoloration, particulate, or other clues of loss of integrity or instability.

MM.37.7 Medications are administered after verifying that there are no contraindications.

Standard Intent:

All drug orders should be verified before medication administration. Nurses should carefully review original medication orders before administration of the first dose and compare them with medications dispensed. Transcriptions of orders should be avoided to the extent possible and should be recognized as prime opportunities for errors.

Doses should not be administered unless the meaning of the original order is clear and unambiguous and there are no questions with respect to the correctness of the prescribed regimen. Nurses should check the drug identity, dose, route, and integrity (e.g., expiration date and general appearance) of the medications dispensed before administering them. When there are discrepancies, the nurse should contact the pharmacy department and determine the appropriate action. Patient identity should be verified before the administration of each prescribed dose. Nurses should make sure that there are no contraindications before administering the prescribed medication.

MM.38 The hospital has a safe system for self-administration of medications.

MM.38.1 The hospital educates patients and families involved in self-administration of medications about:

MM.38.1.1 Medication name, type, and indication.

MM.38.1.2 Time, frequency, route, and dose of medication.

MM.38.1.3 Expected medication effect and potential side effects.

MM.38.1.4 Monitoring and reporting of medication effects.

MM.38.2 The hospital does not allow administration of any medication brought from outside the hospital unless prescribed by the treating physician.

MM.38.3 The hospital does not allow administration of free medical samples.

Standard Intent:

Some hospitals have developed patient self-administration program as an alternative medication administration method for selected patients. The self-administration of medication by patients in the hospital offers many advantages. It allows patients to assume more responsibility for their direct care, to learn how to use medication



properly, and to be able to anticipate potential side effects and other medication-related problems. Healthcare providers must educate patients and families on the safe and proper use of medications. Patients should be encouraged and taught how to report medication errors and near misses that occur as a result of self-administration.

Hospital that allow a patient to self-administer specific medications must have policies and procedures in place that address several issues. One of these issues is assessment of the patient's capacity to self-administer the medications. Patients with stable medication regimens, receiving chronic medications, and good physical and mental health are appropriate candidates for self-administration. Another issue is the security of those medications. Yet another issue is documentation in the medical record of each instance of medication administration by the patient. Nursing should make round to ensure that patients are using their medication appropriately.

Free medical samples of newly manufactured pharmaceuticals are designed for advertisement and not meant for clinical use therefore, free medical samples should not be used in hospitals.

MM.39 The hospital has a system to monitor the patient response to medications.

MM.39.1 There is a multidisciplinary policy and procedure on monitoring the patient response to medications.

MM.39.2 There is an annually updated list of all formulary medications that cause changes in the patient's equilibrium and may raise the risk of falls.

MM.39.3 The hospital has a collaborative process, involving physicians, nurses, and pharmacists, to monitor the patient's response to medications.

MM.39.4 Monitoring includes the following:

MM.39.4.1 The medication's effect on patient's clinical condition, as well as blood count, liver and renal functions and other relevant therapeutic monitoring parameters.

MM.39.4.2 The patient's perception of side effects to the first dose of a new medication.

MM.39.4.3 Unanticipated drug-drug interactions.

MM.39.4.4 Changes in the patient's equilibrium that may raise the risk of falls

MM.39.4.5 Allergic reactions including documentation and flagging of medical records.

Standard Intent:

Monitoring activities are primarily the responsibility of the physician. However, observation and reporting are required from the person who administered the