

## Measurable Elements of MMU.05.02

1. ⑩ The hospital defines, in writing, the patient-specific information required for an effective review process, and the source or availability of this information is available at all times when the pharmacy is open or closed.
2. Each prescription or order is reviewed for appropriateness in a manner, identified by the hospital, that ensures a full appropriateness review prior to dispensing and administration, except in an emergency or when the ordering physician is present for ordering, administering, and monitoring of the patient, in accordance with laws and regulations. (*See also* MMU.06.00, ME 2)
3. The process to conduct an appropriateness review for an order or prescription prior to dispensing includes evaluation of the following:
  - Appropriateness of the drug, dose, frequency, and route of administration
  - Therapeutic duplication
  - Real or potential allergies or sensitivities
  - Real or potential interactions between the medication and other medications or food
  - Variation from hospital criteria for use
  - Patient's weight and other physiological information
  - Current or potential impact as indicated by laboratory values
  - Other contraindications
4. Individuals permitted to conduct appropriateness reviews meet the following criteria:
  - Are assessed competent to do so by a qualified individual(s).
  - Are permitted to do so by privileges or job descriptions.
  - Are provided resources to support the review process.
5. When the designated licensed professional is not available to perform the full appropriateness review, a trained individual conducts and documents a review of the following critical elements for the first dose, prior to the full appropriateness review that must be conducted within 24 hours:
  - Allergies
  - Lethal drug-drug interactions
  - Weight-based dosing
  - Potential organ toxicity
6. Clinical decision support programs used in conjunction with a designated licensed professional or trained individual for the full appropriateness review, as well as other computer programs and print reference materials used to cross-check the critical elements of an appropriateness review, are current and updated.
7. ⑩ After the medication order has been reviewed, concerns, issues, or questions are clarified with the individual prescriber before dispensing according to hospital policy.

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## Standard MMU.05.03

A system is used to safely dispense medications in the right dose to the right patient at the right time.

### Intent of MMU.05.03

Medication use has become increasingly complex, and medication errors are a major cause of preventable patient harm. A uniform system for dispensing and distributing medications in the most ready-to-administer form can help reduce the risk of medication errors.

The hospital dispenses medications in the most ready-to-administer form possible to minimize opportunities for error during distribution and administration. The issue of the most ready-to-administer form becomes crucial during emergent situations in which immediate administration of the medication is lifesaving (for example, during resuscitation). The central pharmacy and other medication-distribution points throughout the hospital use the same system. The system supports accurate dispensing of medications in a timely manner.

Dispensing practices and recordkeeping must include antidiversion strategies. When medications are prepared by someone different from the person administering the medication (for example, when medications are prepared by the surgical nurse to be administered to a patient during a surgical procedure in the operating theatre by the surgeon), the risk of a medication error is increased. Thus, when a medication is removed from its original packaging or prepared and dispensed in a different form/container—and not immediately administered (for example, insulin, medications prepared for use during a surgical procedure in the operating theatre, intravenous continuous drip medication, total parental nutrition [TPN])—the medication must be labeled with the name of the medication, the dosage/concentration of the medication, the date of preparation, the date of expiration, and two patient identifiers. When medications are prepared for use during a surgical procedure in the operating theatre and unused portions are discarded immediately following the surgical procedure, the patient's name and expiration date may not be necessary.

### **Measurable Elements of MMU.05.03**

1. The hospital dispenses medications and maintains records in accordance with laws and regulations, licensure, and professional standards of practice.
2. Medications are dispensed in the most ready-to-administer form available.
3. The system supports accurate and timely dispensing and documentation of dispensing practices that meet patient needs.
4. ⑩ The hospital has a written policy for medication labeling practices that at minimum includes the following:
  - Information on medication labels
  - Medications not immediately administered
  - Preparing individualized medications for multiple patients (*See also* IPSG.01.00, ME 1)
  - When a patient medication(s) is prepared by someone other than the person administering the medication*(See also* IPSG.03.02, ME 1)
5. All medications prepared in the hospital are correctly labeled with the following:
  - Medication name, strength, and amount (if not apparent from the container)
  - Expiration date when not used within 24 hours
  - Expiration date and time when expiration occurs in less than 24 hours
  - The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas

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## **Administration**

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### **Standard MMU.06.00**

Medication administration is safely performed by qualified individuals.

#### **Intent of MMU.06.00**

Each hospital is responsible for identifying those individuals with the requisite knowledge and experience and who are also permitted by licensure, certification, laws, or regulations to administer medications. Administering a medication to treat a patient requires specific knowledge and experience. A hospital may place limits on medication administration by an individual, such as for controlled substances or radioactive and investigational medications. In emergency situations, the hospital identifies any additional individuals permitted to administer medications.

The medical record of each patient who receives medication contains a list of the medications prescribed or ordered for the patient and the dosage and times the medication was administered. Included are medications