
administration, side effects, proper storage condition, etc. either verbally or utilizing supporting written educational materials. To respect patient rights; patient counseling must be provided in as private environment as possible.

MM.36 The hospital has a safe system for drug administration.

- MM.36.1 The hospital defines nurses and other clinical staff authorized to administer medications with or without supervision.
 - MM.36.2 Qualifications, experiences, and competency assessments of individuals involved in drug administration are available in their personnel files.
 - MM.36.3 The hospital guidelines for safe administration of intravenous push medications are available, disseminated and implemented in all patient care units. The guidelines include medication name, infusion time, nurse qualification and patient care unit.
 - MM.36.4 The hospital has approved, disseminated, and implemented guidelines on standard drug administration time.
 - MM.36.5 The hospital maintains accurate records of the disposal of the unused portion of narcotic drugs and controlled substances.
 - MM.36.6 The hospital maintains updated and accurate records of drug administration.
 - MM.36.7 Independent double check of all high alert medications is performed.
 - MM.36.8 The hospital adopts safe administration and disposal of chemotherapy.
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Standard Intent:

Nurses often serve as the final point in the checks-and-balances triad (physicians and other prescribers, pharmacists, and nurses) for the medication use process. Nurses who practice in hospital settings should be familiar with standard medication administration times. Standard drug administration times should be established for the hospital by the P&T committee (or its equivalent). All doses should be administered at scheduled times unless there are questions or problems to be resolved. Medication doses should not be removed from packaging or labeling until immediately before administration. The administration of medication should be documented (in the medication administration record, MAR) as soon as it is completed. Only authorized nurses with the appropriate qualification, experience, and competencies are allowed to administer medications. Special skills and competencies for nursing staff are required for administration of IV push medications, narcotics and controlled medications, chemotherapy and other high alert medications.

MM.37 The hospital has a system to review and verify medications before administration.

- MM.37.1 The hospital implements a multidisciplinary policy and procedure on proper verification of dispensed medications before administration (right patient, right medicine, right dose, right frequency, right route, and right time).
- MM.37.2 Medications are verified against the medication administration record (MAR) before administration.

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