



POLICY NUMBER	APPROVAL DATE	EFFECTIVE DATE	
APP-MM-36-V3	27-08-2023	03-09-2023	
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04-03-2026	THREE (3)	VERSION 2	11
APPROVED BY		APPLIES TO	
HOSPITAL DIRECTOR		HOSPITAL WIDE	

1. PURPOSE:

- 1.1. To enhance patient safety care in all care unit.
- 1.2. To ensure full understanding of medication administration and its implications for patient safety.

2. DEFINITIONS:

- 2.1 **Drug** is a substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease; a substance (other than food) intended to affect the structure or any function of the body; and a substance intended for use as a component of a medicine but not a device or a component, part or accessory of a device.
- 2.2 **Drug Administration** is the giving of therapeutic agent to a patient, e.g. by infusion, inhalation, injection, paste, suppository or tablet.

3. RESPONSIBILITY:

- 3.1 Medical Staff
- 3.2 Pharmacy Staff
- 3.3 Nursing Staff

4. POLICY:

- 4.1 Nurses are primarily involved in the administration of medications. Nurses can also be involved in both the dispensing and preparation of medications (in a similar role to pharmacists), such as crushing pills and drawing up a measured amount for injections. Please refer to APP-NR-5.3.3-V2- Overview on Medication Administration and Safety; APP-NR-5.3.4-V2- Intravenous Therapy
- 4.2 Physicians, and other certified medication technicians – Respiratory Therapist, Anesthesia Technician, can also administer medications. (Please refer to personnel file for privileges, qualifications and credentials.)
- 4.3 Qualifications, experiences and competency assessments of Physicians, Nurses and other qualified personnel in administering medications are available in their personnel files.



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- 4.4 Samtah General Hospital's Injectable Drugs Guidelines are available in all wards nursing station.
- 4.5 Samtah General Hospital is following Standard Medication Administration Time. Please refer to APP-MM-36.4-V2 - Standard Medication Administration Time.
- 4.6 The hospital maintains records of the disposal of the unused portion of Narcotic Drugs and Controlled Substances. Please refer to APP-MM-18-V2- Procedure 5.6 page 7: Disposal of Unused Injectable Narcotic & Controlled Drugs.
- 4.7 All drug administration are properly recorded and documented in the Medication Administration Record (MAR).
- 4.8 Independent double check of all High Alert Medication are done by two (2) nurses or other drug administration personnel and properly recorded and documented in MAR.

5. PROCEDURE:

5.1 Guidelines for Safe Medication Administration

Principle	Additional Information
5.1.1 Be vigilant when preparing medications	Avoid distractions. Nurses and other Health Care Providers should prepare medications without interruptions.
5.1.2 Check for allergies.	Always ask patient about allergies, types of reactions, and severity of reactions.
5.1.3 Use two patient identifiers at all times. Always follow hospital policy for patient identification.	Use at least two patient identifiers before administration <i>and</i> compare against the MAR.
5.1.4 Assessment comes before medication administration.	All medications require an assessment (review of lab values, pain, respiratory assessment, cardiac assessment, etc.) prior to medication administration to ensure the patient is receiving the correct medication for the correct reason.
5.1.5 Be diligent in all medication calculations.	Errors in medication calculations have contributed to dosage errors, especially when adjusting or titrating dosages.



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5.1.6 Avoid reliance on memory; use checklists and memory aids.	Slips in memory are caused by lack of attention, fatigue, distractions. Mistakes are often referred to as attentional behaviors where lack of training or knowledge is the cause of the error. If possible, follow a standard list of steps for every patient.
5.1.7 Communicate with your patient before and after administration.	Provide information to patient about the medication before administering it. Answer questions regarding usage, dose, and special considerations. Give the patient an opportunity to ask questions. Include family members if appropriate.
5.1.8 Avoid workarounds.	A workaround is a process that bypasses a procedure, policy, or problem in a system. For example, a nurse may “borrow” a medication from another patient while waiting for an order to be filled by the pharmacy. These workarounds should be avoided to ensure safe medication practices.
5.1.9 Ensure medication has not expired.	Medication may be inactive if expired.
5.1.10 Always clarify an order or procedure that is unclear.	Always ask for help whenever you are uncertain or unclear about an order. Consult with the pharmacist, charge nurse, or other health care providers and be sure to resolve all questions before proceeding with medication administration.
5.1.11 Use available technology to administer medications.	Bar-code scanning (eMAR) and computerized physician order has decreased errors in medication administration. Technology has the potential to help decrease errors. Use technology when administering medications but be aware of technology-induced errors.
5.1.12 Report all near misses, errors, and adverse reactions.	Reporting allows for analysis and identification of potential errors, which can lead to improvements and sharing of information for safer patient care.
5.1.13 Be alert to error-prone situations and High-Alert Medications .	High-Alert Medications are those that are most likely to cause significant harm, even when used as intended. The most common High-Alert Medications are anticoagulants, narcotics and opiates, insulins, and sedatives. The types of harm most commonly associated with these medications include hypotension, delirium, bleeding, hypoglycemia, bradycardia, and lethargy.



<p>5.1.14 The “Rights of Medication Administration” include:</p> <ol style="list-style-type: none"> 1. Right Medication 2. Right Dose 3. Right Time/Frequency 4. Right Route 5. Right Patient 6. Right Patient Education 7. Right Documentation 8. Right to Refuse 9. Right Assessment 10. Right Evaluation <p>These rights are critical for nurses.</p>	<p>The complexity of the medication process has led to the formulation of the rights of nurses in the area of medication administration. The essential environmental conditions conducive to safe medication practices include:</p> <ol style="list-style-type: none"> 1. the right to complete and clearly written orders that clearly specify the drug, dose, route, and frequency 2. the right to have the correct drug route and dose dispensed from pharmacies 3. the right to have access to drug information 4. the right to have policies on safe medication administration 5. the right to administer medications safely and to identify problems in the system 6. the right to stop, think, and be vigilant when administering medications.
<p>5.1.15 If a patient questions or expresses concern about a medication, stop and do not administer it.</p>	<p>If a patient questions a medication, stop and explore the patient's concerns, review the physician's order, and, if necessary, notify the practitioner in charge of the patient.</p>



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6. FORMS:

1. MAR - MEDICATION ADMINISTRATION RECORD (5 pages)

Kingdom Of Saudi Arabia Ministry Of Health Jazan Health  وزارة الصحة Ministry of Health Hospital : _____		MRN: _____ Name: _____ Nationality: _____ Age: _____ Years _____ Months _____ Days Date of Birth: _____ / _____ / 14 _____ H _____ / 20 _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
MEDICATION ADMINISTRATION RECORD								
Admission date:		Weight:						
ALLERGIES: <input type="checkbox"/> NKA <input type="checkbox"/> Yes (If yes, include allergy to medications, food & blood products):								
Nurse's Notes: 1. When a new prescription sheet is used, all current treatments must be fully re-written, re-signed. 2. Check for entries in every section in order to avoid omissions. 3. Follow medication administration and transcription order policy. 4. In the event of a medicine not given, enter the appropriate code in the administration box available in page 2.								
ONCE ONLY PRESCRIPTION (STAT)								
Date	Time Ordered	Drug	Dose	Route	Time given	Assigned Nurse Initial	Staff Nurse Initial	
INTRAVENOUS SOLUTION								
Date	Time Ordered	Types/ Volume of Fluids	Types/ Amount of Additives	Rate	Starting time	Assigned Nurse Initial	Staff Nurse Initial	Date/Time Discontinued
NOTE: Utilize the last page if the above spaces provided are insufficient.								
NURSES IDENTIFICATION:								
Name	Job Number	Initial	Name	Job Number	Initial	Name	Job Number	Initial
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Name: _____	الاسم: _____	MRN: _____	(رقم الملف الطبي)
Medication Name:		DATE TIME	
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE TIME	
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE TIME	
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE TIME	
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE TIME	
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		

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Name: _____	الاسم: _____	MRN: _____	_____ United Health Care
NON-ADMINISTRATION If a dose is not administered by a nurse for any reason, the nurse should initial the administration record and enter the appropriate code number.			
CODES: 1 = Allergic Reaction 4 = Patient Refused 2 = Patient Pending 5 = Patient Unavailability 3 = Canceled for Clinical Reasons 6 = Drug Unavailability 7 = Self Administration			
Medication Name:		DATE	TIME
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE	TIME
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE	TIME
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		
Medication Name:		DATE	TIME
Dose	Route	Frequency	
Initial dose:	Starting date:		
RN Name:	RN Initial:		
COUNTERSIGNED BY: (STAFF NURSE)			
Name:	Initial:		
Time:	Date:	Other instructions:	
Time drug discontinued:			
Date:	/		



Name: _____	MRN: _____	رقم الملف الطبي: _____
HIGH ALERT MEDICATION		
Medication Name:		DATE TIME
Dose	Route	Frequency
Initial dose:	Starting date:	
RN Name:	RN Initial:	
DOUBLE CHECKED BY: (STAFF NURSE)		
Name:	Initial:	
Time :	Date:	Other instructions:
Time drug discontinued:		
Date:	/ /	
Medication Name:		DATE TIME
Dose	Route	Frequency
Initial dose:	Starting date:	
RN Name:	RN Initial:	
DOUBLE CHECKED BY: (STAFF NURSE)		
Name:	Initial:	
Time :	Date:	Other instructions:
Time drug discontinued:		
Date:	/ /	
Medication Name:		DATE TIME
Dose	Route	Frequency
Initial dose:	Starting date:	
RN Name:	RN Initial:	
DOUBLE CHECKED BY: (STAFF NURSE)		
Name:	Initial:	
Time :	Date:	Other instructions:
Time drug discontinued:		
Date:	/ /	
Medication Name:		DATE TIME
Dose	Route	Frequency
Initial dose:	Starting date:	
RN Name:	RN Initial:	
DOUBLE CHECKED BY: (STAFF NURSE)		
Name:	Initial:	
Time :	Date:	Other instructions:
Time drug discontinued:		
Date:	/ /	
Medication Name:		DATE TIME
Dose	Route	Frequency
Initial dose:	Starting date:	
RN Name:	RN Initial:	
DOUBLE CHECKED BY: (STAFF NURSE)		
Name:	Initial:	
Time :	Date:	Other instructions:
Time drug discontinued:		
Date:	/ /	

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7. REFERENCES :

- 7.1 Central Board for Accreditation of Healthcare Institutions (CBAHI)
- 7.2 Agency for Healthcare Research and Quality, 2014; Canadian Patient Safety Institute, 2012; Debono et al., 2013; Institute for Healthcare Improvement, 2015; National Patient Safety Agency, 2009; National Priority Partnership, 2010; Prakash et al., 2014
- 7.3 Massachusetts Nurses Association (MNA). Nurses' six rights for safe medication administration. Paper presented at MNA Congress on Nursing Practice; Canton, MA. 2006. Available at: www.massnurses.org/nurse_practice/_sixrights.htm.
- 7.4 <https://medical-dictionary.thefreedictionary.com/drug+administration>
- 7.5 Samtah General Hospital Personal File – Human Resource Department
- 7.6 APP-NR-5.3.3-V2- Overview on Medication Administration and Safety, In house Policy & Procedure
- 7.7 APP-NR-5.3.4-V2- Intravenous Therapy - In house Policy & Procedure
- 7.8 APP-MM-36.4-V2 - Standard Medication Administration Time- In house Policy & Procedure
- 7.9 APP-MM-18-V2- Procedure 5.6 page 7: Disposal of Unused Injectable Narcotic & Controlled Drugs - In house Policy & Procedure



APPROVAL:

	Name	Signature	Date
Prepared by	Ph. Raghad Yahya Mathkor Pharmacy Quality Management Coordinator		
Reviewed by	Ph. Roaa Ahmed Shbaily Pharmacy Director		
	Ms. Fatimah Najmi Nursing Director		
	Mr. Abdullah Yahya Al-Yami Quality Management & Patient Safety Director		
Concurred by	Dr. Sultan Quhal. Medical Director/Policies & Procedures Committee Chairman		
Approved by	Dr. Tawfeeq Mousa Alfaifi Hospital Director		
HOSPITAL STAMP			