



Section: Medical Operations General
Subject: Medication Administration Error Prevention and Reporting
Section #: 300.12
Issue Date: December 1, 2017
Revision Date:
Approved By: 

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Michael Lozano, Jr., M.D., HCFR Medical Director


1. Ensure six basic "rights" of medication handling prior to medication administration
 - a. Right patient
 - b. Right drug
 - c. Right dose
 - d. Right route of administration
 - e. Right time and frequency
 - f. Right documentation
2. Steps prior to medication administration
 - a. When possible, always ask about the patient's allergies to medications prior to administering any medication.
 - b. Ensure that vials and packaging with similar appearance are separated in storage and clearly marked to avoid choosing the wrong one
 - c. Double check to make certain the medication you intend to administer is the one you are holding prior to administration
 - d. Always double check the medication, dose, concentration and expiration date prior to administration.
3. Error notification process
 - a. Error is known at the time of transfer to the hospital.
 - i. Rescue Officer shall advise the hospital staff (RN who receives the patient and preferably the Charge Nurse of the emergency department or the ER physician who will be treating the patient) of the error during the transfer of care, making note of the name(s) and title(s) of the person(s) receiving report. The medication/procedure administered in error, dose, route, time administered, any observed clinical reaction or lack thereof, and other medically pertinent information shall be included in the ePCR.
 - ii. Battalion Chief/Shift Commander notification is required.
 - iii. The Battalion Chief shall obtain statements expounding upon the circumstances of the event from all crew members with knowledge of the incident and/or assigned to the apparatus reporting the error prior to end of shift. These statements shall be forwarded to the Quality Management Chief for review.
 - iv. The Quality Management Chief will formally investigate the incident *and* ensure compliance with FAC 64J and applicable FSS (i.e. Medical Director notification etc.) as applicable.
 - b. Error is discovered after the transfer of care at the hospital.
 - i. Rescue Officer shall immediately, upon discovery of the error, contact the hospital staff caring for the patient and inform them of the error. The notification should be made to the Charge Nurse of the department caring for the patient and/or the treating physician. Document the name, title of the person notified of the error and the date and time notification occurred.
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- iv. The Quality Management Chief will investigate the incident *and* ensure compliance with requirements set forth in FAC 64J and FSS (i.e. Medical Director notification etc.) as applicable.
- v. The ePCR shall be edited to record the medication/procedure administered in error to include dose, route, time administered, any observed clinical reaction or lack thereof, and other medically pertinent information.
- vi. If the ePCR had previously been closed and submitted, a copy of the edited ePCR shall be securely faxed to the attention of the hospital staff member to whom the error was reported so it can be added to the patients chart. A copy of the fax receipt, if available, shall be scanned into the ePCR.