CLINICAL PRACTICE DOCUMENT   PLEASE NOTE: UNDER REVIEW   D-00-07-30252

Medication Administration and Documentation

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Site Applicability

VGH, UBCH, GFS

Practice Level

RN, RPN, LPN

Goal

Accurate and timely administration and documentation of medications.

Policy Statement

- See [General Policies for Administration of Medications.](#)
- The Medication Administration Record (MAR) is the primary document for medication administration.
- A computer-generated MAR is auto printed daily for all acute care inpatient units.
- Medications are not administered until the new MAR has been checked and initialed.

NOTE: This is a controlled document. A printed copy may not reflect the current, electronic version on the VCH Intranet. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version. This CPD has been prepared as a guide to assist and support practice for staff working at Vancouver Acute. It is not a substitute for proper training, experience and the exercise of professional judgment. Please do not distribute this document outside of VCHA without the approval of the VCH Office of Professional Practice.

- Medications may be given up to one hour on either side of the administration time except for insulin and controlled/narcotic drugs. The administration time of insulin is scheduled around the onset of action of insulin and mealtimes. Regularly scheduled and PRN controlled/narcotic medications need to be administered at the time interval as ordered. (Refer to Guidelines to Standardize Oral Medication Dosing Times)

Procedure

A. Procedure: Medication Administration using the Automated Unit Dose (AUD) System

- The automated unit dose system are strips of medications that are dispensed in individually sealed, single dose units and labeled with the medication name, patient's name and medication times.
- Medications that are ordered to be regularly scheduled and in tablet or capsule form are packaged at the Regional Production Centre (RPC) located at St. Paul's Hospital.

1. AUD Delivery:

   o **VGH:** trays are delivered three times/day
   o **UBCH and GFS:** trays are delivered once a day

SITE	ARRIVES ON UNIT	FIRST ADMIN DOSE	LAST ADMIN DOSE
VGH	0700	0800	1459
VGH	1400	1500	2059
VGH	2000	2100	0759
GFS	0300	0800	0759
UBCH	0300	0800	0759

   o **VGH:**
      a. Pharmacy reviews and adjusts the trays for transferred/discharged patients and discontinued medication orders as necessary before delivery to the units.
      b. The new AUD trays will be exchanged with empty AUD trays at each delivery time.
      c. Prior to each tray delivery, all medication strips must be removed and placed in the patient cassettes or medication cart drawers.
   o **GFS & UBCH:**
      a. The trays are delivered from RPC to the units via courier.
      b. A 24 hours supply of medication will be supplied with each delivery.
      c. On the designated unit, nursing is responsible to break open the seal of the grey tote and sign for the right number of trays. See Delivery Log Sheet
      d. Night nurses will place the AUD strips into the medication carts but are not responsible for checking the AUD strips against the MAR

    e. All trays must be emptied before they can be exchanged by the courier. Any discontinued medications should be returned to the local pharmacy

    f. **Note: Medications will be delivered in a brown bag if an AUD tray is missing.

    g. If delivery trays are delayed and extends beyond the first dosing time, follow the procedure from step # 6: Missing or Replacing medications.

2. **AUD Strip:**

    a. Strips are sorted by administration times for each patient. One strip of meds may contain more than one administration time

    b. The header of the strip contains: patient's name, MRN; administration date and time, nursing unit, site, room, and bed number.

    c. There is no allergy status or date of birth on the header.

    d. **Tablets are individually packaged. If a dose includes a full and a partial tablet, the full and partial tablet will be packaged separately.**

    e. The sequence of the patient's medication in the AUD strip will match the sequence on the MAR.

3. **Medication Administration Process:**

    a. Remove AUD medication strip from medication drawer and separate off the medications needed.

    b. Check medication using the 7 RIGHTS and 3 checks (Medication Safety Checks)

    c. Empty Reminder Packages are used for medications that cannot be packaged by the AUD machine but come from the RPC.

        i. These include: medications that are unstable if removed from original production, cytotoxic medications (e.g. Cyclophosphamide, Azathioprine) or other medications that cannot be run through the AUD machine such as fragile, large, or small tablets.

        ii. These medications will come from the RPC in separate labeled plastic zip lock bags in the tray with the AUD strip.

        iii. Non Formulary medications (NF) are excluded from the AUD strips. If approved, these medications will be supplied as usual in a ten-day supply from pharmacy. NF medications will NOT have reminder packages in the strips but "NF" will be indicated on the MAR. See non-formulary drugs policy.

    d. Pick up any non-AUD meds such as IV or liquid medications from the Omnicell, medication cart or ward stock.

    e. If AUD medication needs crushing, put the package into a pill crusher.

    f. Open and administer the AUD medications at the bedside using the Medication Safety Checks. Note: Check allergy status against the MAR and patient's ID band. AUD headers do not have allergy information.

    g. Document on MAR as per policy.

    h. Disposing of the AUD package:

        i. if the header is blacked out, it can be put into the regular garbage.

        ii. If header is legible, the package is put into the sharps container for patient confidentiality.

4. **First and Interim Dose**

Interim doses are medications that need to be given before they are available in the AUD strip.

   a. Obtain the interim dose from the Omnicell or ward stock
   b. If the interim dose is not available on the unit, pharmacy will send the medication by the pneumatic tube system, porter/escort or pharmacy technician.
   c. Pharmacy Verification Required (PVR) Medications: medications that require verification by a pharmacist for clinical appropriateness. These medications can be accessed from the Omnicell once the order has been entered by pharmacy.
   d. **GFS and UBCH:** List of all the PVR medication can be found in the Omnicell Resource binder.
   e. When a medication is ordered to be given on a regular schedule and also as PRN (e.g. quetiapine 50 mg po TID and 50 mg po BID PRN), pharmacy will send a
   f. PRN supply of the medication. The interim regularly scheduled dose can be obtained from the PRN supply.

Orders processed in pharmacy between:		Will be in AUD strip for doses starting at:
VGH:	0700 – 1400	2100
	1400 – 2100	0800
	2100 – 0700	1500
UBCH:	0800 – 1830	0800 the following day
	1830 – 2000	0800 on the 2nd day
GFS:	0830 – 1630	0800 the following day

Note: the time listed is based on time the order is processed in pharmacy, not the time faxed to pharmacy.

5. **Discontinued Medications:**

   o **VGH:** AUD trays are reviewed and adjusted by pharmacy prior to delivery to the units. If a medication is discontinued, pharmacy will remove it from the AUD medication strip. If this separates medications in the strip, the doses will be placed in a Zip Lock bag with the header package clearly visible.
   o If a medication is discontinued after the AUD tray has been delivered to the unit, do not remove the discontinued medication until the medication time is due. For example: if a medication that is ordered for 0800 and 1200 is discontinued, do not remove the discontinued 1200 medication from the strip until it's time to administer the 1200 dose.

6. **Missing or Replacing Medications:**

    a. Nurses can obtain a missing or replacement medication from the Omnicell , unit ward stock or from pharmacy

    b. To obtain a medication from Pharmacy:

        1. **VGH:** complete and fax Pharmacy the "Missing Medication Request" form (VCH.VA.VGH.0133). Medication will be sent to unit by pneumatic tube or by a porter

        2. **GFS, UBCH:** complete and fax a MAR memo to request the missing or replacement medication. GFS medication drop off runs are at 1300 and 1600. At UBC, the medication will be delivered by a porter

    c. Obtaining medications after hours: Formulary: Obtaining Medications After Hours

        1. **VGH:** (2400 - 0630)

            i. Check the Master Wardstock List to determine if the medication is available on another unit in the hospital

            ii. If the medication is not available and it's needed before pharmacy opens, contact the on- call pharmacist through the switchboard

        2. **UBCH:** (2400 - 0630)

            i. Check the UBC Omnicell Medication List to determine if the medication is available in an Omnicell machine, including the Urgent Care Centre.

            ii. If the medication is not available and it's needed before pharmacy opens, contact the VGH on- call pharmacist through the UBC switchboard.

        3. **GFS:** (1630 - 0830, weekends and STATs)

            i. Check the GFS Omnicell Medication list to determine if the medication is available in an Omnicell on another unit.

            ii. If the medication is not available and it's urgently needed, contact the VGH Pharmacy.

            iii. If a medication is needed after 2400, the physician may contact the on- call pharmacist through the VGH switchboard

B. Procedure: Medication Documentation

- Refer to Medication Order Processing and 24 Hour Chart Check Guidelines [D-00-07-30253] for procedure on transcription of medication orders and the 24 hour chart check.
- Document the administration of medication by initialing beside the administration time on the MAR.
- For medications that require physiological monitoring (check Apex, check BP) prior to administration, document this value on the vital signs record.
- For PRN medications, record time of administration, the dose given and initials on the MAR or the Pain Flow Sheet. See ICU and ED exceptions below
- When a medication is not given, a reason (e.g. refused, NPO) must be documented beside the appropriate time and the entry initialed.
- **ICU:** PRN sedation, analgesia and anti-delirium agents are documented on the Sedation analgesia and Delirium Record

- **Emergency Department:** Medications are charted in red ink in the ED nurses notes. Once a patient is admitted to a service, scheduled medications are charted on the yellow ED Medication record (form M18) and PRN medications are charted in red ink in the ED nurses notes.

1. **Analgesic Administration:**

   a. **VA surgical units:** all PCA, Epidural infusions, Ketamine infusions, opiate analgesics and acetaminophen are documented on the MAR. Pain assessment is charted on the Pain Assessment Record.

   b. **VA Medical units:** pain medications and assessment are documented on the pain flowsheet

   c. **VGH Psychiatry and the STAT Centre:** document all regularly scheduled and PRN analgesics on the MAR unless the healthcare team has identified the need for a Pain Flow Sheet.

   d. **ICU:**

      i. All regularly scheduled medications given for sedation, analgesia, delirium or agitation are documented on the MAR.

      ii. All PRN medications given for sedation, analgesia, delirium or agitation are documented on the ICU Daily Sedation, Analgesia and Delirium record.

      iii. Analgesic and sedation infusions are documented hourly on the Critical Care Flow Sheet. Any changes made within the hour are documented in the nurses' notes. The volume of fluid associated with the medication infusion must be entered on the Intake record of the Critical Care flow sheet.

2. **Anti-Coagulant Administration:**

   a. The Anticoagulant Record is used to document: **(except in ICU)**

      i. The administration of any anticoagulant medications being dose **titrated** such as Heparin infusions and Warfarin

      ii. INR/PTT measurements used for titration of anticoagulants

   b. Heparin infusions are documented on the anticoagulant record a minimum of once per shift and when there is a dose change. See Guideline for Use for more details

      i. In the time column: write the shift time (e.g. 0700-1900) or the specific time (e.g. 1100).

      ii. Under dose, enter units per hour. Record any changes in rate/dose on a new line. Record the time when an infusion is temporarily stopped.

      iii. The volume of fluid associated with the medication infusion will be entered on the 24 hour fluid balance record as mL/hour

      iv. Heparin infusions that are **not titrated** (BMT program) will be documented on the MAR

   c. Any anticoagulant medications that are not dose titrated are documented on the MAR

   d. Do not photocopy the heparin protocol orders and place in the MAR binder. The most current order in the chart must be checked prior to the administration of any anticoagulant.

   e. **ICU:**

      i. Anticoagulant infusions are documented daily on the drug infusions area of the Critical Care Flow Sheet

      ii. Volume of fluid associated with the medication infusion will be recorded on the intake record of the Critical Care Flow Sheet

      iii. Heparin bolus or subcutaneous heparin are documented on the MAR

      iv. PTT/INR are documented on the Critical Care Flow sheet

    f.   Continuous Renal Replacement Therapy (CRRT) patients will have their Heparin bolus documented on the MAR

3.   **Insulin/Oral Hypoglycemic Administration:**

    a.   Diabetic Record is used to record the administration of:
        i.   Insulin including insulin infusions
        ii.   Oral hypoglycemic medications
        iii.   All blood glucose reading results

    b.   Do not sign for insulin or oral hypoglycemic medications on the MAR

    c.   Do not photocopy physician insulin orders and place in the MAR binder. The most current insulin order in the chart must be checked prior to the administration of any insulin.

    d.   ICU:
        i.   Insulin infusions are documented hourly on the drug infusion area of the Critical Care Flow sheet
        ii.   Volume of fluid associated with the medication infusion will be recorded on the intake record of the Critical Care Flow sheet
        iii.   Insulin bolus and subcutaneous injections are signed for on the MAR
        iv.   Blood glucose readings are recorded on the Critical Care Flow sheet

4.   **Continuous or Titrated Infusions**

    a.   Acute Cate
        i.   Continuous medication infusions (e.g. KCL) are documented on the MAR once per shift
        ii.   Titrated medication infusions are documented on the MAR.Do not sign for insulin or oral hypoglycemic medications on the MAR
             Exception
               •   Neurosciences units documents frequent infusion and dose changes on the Critical Care Flow Sheet. "See Critical Care Flow Sheet" will be documented on the MAR.
               •   Cardiac Sciences units documents frequent medication infusion changes in the nurses notes. "See Nurse Notes" will be documented on the MAR.
        iii.   Indicate date and time if a medication infusion temporary stops or if it's discontinued.
        iv.   Volume of fluid associated with the medication infusion will be recorded on the intake record of the Critical Care Flow Sheet

    b.   ICU:
        i.   Titrated infusions are documented on the drug infusion section of the Critical Care Flow sheet
        ii.   If the dose to a medication infusion is changed frequently, the dose change and the monitoring parameter are documented in the nurses' notes.
        iii.   All physiological monitoring parameters used for titration of a medication infusion are recorded on the Critical Care Flow Sheet or the ICU Daily Sedation, Analgesia and Delirium record.
        iv.   Volume of fluid associated with the medication infusion will be recorded on the intake record of the Critical Care Flow sheet

5. Transdermal Patches

a. Record initial, location and number of patches applied (if more than one of the same strength required) on the MAR.
b. For transdermal patches that remain on for more than one day, check that the patch is intact twice a day and initial on the MAR.
c. Initial the MAR to indicate removal of the old transdermal patch.
d. Fentanyl patch: patch location check entry will stay on the MAR until there is a discontinue order or nursing sends a MAR memo to pharmacy to remove. It will not fall off the MAR with auto stopdates.

6. Vaccine Administration

a. For each vaccine administered, document the product name, expiry date and lot number on the MAR, vaccine PPO or in the nurses' notes (ED only).

7. STAT/One Dose Only/Pre-op Medication:

a. STAT, one dose only or pre-operative medication: record the time of administration and initial on the MAR, Diabetic Record, Anticoagulant Record or Pain Flow sheet. After administration, discontinue the medication order on the MAR by stroking through it with a blue highlighter pen and handwriting "discontinued" in red ink.
b. STAT medications: write "given" on the physician's order beside the medication name.

8. Pass Medication

Please note: This section is under review due to new RN Dispensing Standards from CRNBC. Please contact Professional Practice with any questions or concerns.

A physician's order for therapeutic pass is required; patients with approved therapeutic leave may take required medications with them. Pass medications are limited to those drugs that are required to maintain continuity of care. Non-prescription PRN medication will not be supplied by the hospital. See Therapeutic Pass Policy in the Formulary and AUD Pass Medication Interim Procedure.

a. **VGH:**
   i. Physician prescribes the medication(s) the patient will require while out on pass and indicates the expected leave time.
   ii. For PRN medication orders, the number of doses must be specified.
   iii. Submit request for pass medications at least 24 hours before anticipated departure time.
   iv. Liquid medications, narcotic and controlled drugs are dispensed by pharmacy.
   v. Nursing provides a sufficient supply of the non narcotic and non controlled pass medications from the patient's AUD supply and/or ward stock.
   vi. For medications that are not available in AUD or as ward stock, fax the AUD Pass Medication Supply Request form to pharmacy 24h in advance of the patient's planned departure time. Pharmacy will supply sufficient quantities of the medications for the pass. See AUD Pass Medication Supply Request Information.

      vii.   Nursing will package pass medications in labeled envelops or vials. The following information must be documented on the envelop:
- patient's name,
- drug name,
- strength,
- quantity,
- directions,
- physician's name,
- date,
- nursing unit and
- nurse's initials

      viii.   For each medication time while patient is out on pass: write "out on pass" and initial on MAR including quantity dispensed.

      ix.   Document that patient teaching materials were provided as appropriate. See patient educational materials.

b. GFS:

      i.   Pass medications are dispensed by pharmacy with the exception of non-prescription PRN medications. Nursing completes the pass list and

      ii.   faxes it to pharmacy by 1600 on Wednesday for weekend passes.

      iii.   Nursing is responsible to check that the correct medications and number of doses have been prepared for the right patient

      iv.   For each pass medication, indicate the quantity given to the patient i.e. (10 mg X 3 tabs) as stated on the label of prepared medication vials.

      v.   If a "P" to indicate "pass" has been entered next to the medication time, initialing of the MAR will not be required.

c. UBCH:

      i.   Pharmacy will dispense pass medications for passes longer than 24 hours and will provide non-OTC PRNs if requested

      ii.   For each medication time while patient is out on pass: write "out on pass" and initial.

d. Return any unused pass medications to pharmacy. Document any missed regularly scheduled medications or any unused narcotic or controlled drugs in the patient's record (progress or nurses' notes).

e. Any AUD medications on the unit while the patient is out on pass should be placed in the pharmacy return bin.

9. Self-Medication Program

a. VGH: Solid Organ Transplant Unit.

      i.   Nurse or Clinical Pharmacist writes "Start patient on Solid Organ Transplant Patient Self-Medication Program" in the Prescriber's Order form and

      ii.   faxes it to pharmacy.

      iii.   Pharmacy will remove the patient from the AUD distribution and send a 7-day supply of medications to the unit.

      iv.   Nursing will check that the patient has prepared their medications correctly according to the medication sheet and MAR; nursing signs for the medications on the MAR

    v.   Nursing will update the medication sheet as needed.

    vi.   To discontinue the Self Medication Program, the Nurse or Clinical Pharmacist will write in the Prescriber's orders "Discontinue patient from Solid Organ Transplant Patient Self-Medication Program" and faxes it to pharmacy

b. **GFS:** Self Medication program is on hold for revision

c. **UBCH:** does not have a self medication program

Related Documents

- Medication Order Processing and 24 Hour Chart Check Guidelines[D-00-07-30253]
- Diabetes Record and Guidelines for Use
- Anticoagulant Record and Guidelines for Use
- Critical Care Flow Sheet Guidelines for Use
- VA Formulary: Policies and Procedures

Revised By

PROGRAM/UNIT: VA Medication Safety Committee

Task Group / Individual Names: VGH/UBCH/GFS Medication Safety Committee

Clinical Nurse Educator, Professional Practice - Nursing, VA

Clinical Nurse Educator, Professional Practice - Nursing, VA & Co-Chair VA Medication Safety Committee

Medication Safety Pharmacist, Pharmaceutical Sciences CSU & Co-Chair VA Medication Safety Committee

Endorsed By

SharePoint 2nd Reading - Final for Endorsement (PSMs & Affected Council Chairs)

Approved for Posting

Operations Director, Emergency, ICU & BPTU, Patient Flow & Access

Director, Professional Practice Nursing, Vancouver

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CLINICAL PRACTICE DOCUMENT   PLEASE NOTE: UNDER REVIEW   **D-00-07-30252**

Alternate Search Terms

med admin

medications

med documentation

self medication

first and interim doses

missing medications

PVR medications

Pharmacy verification required medications

automated unit dose

AUD

unit dose

pass medications

pass meds

med rec

medication reconciliation

MRO

Medrec

AUD Pass Medication Supply Request Information for VGH Nursing Staff (Non-Narcotic, Regularly Scheduled Tablets and Capsules only)

Please inform all patients and family that 24h notice is required for all passes greater than 4 hours in length.

This procedure applies to AUD pass medications only (non-narcotic, regularly scheduled tablets and capsules only).

All narcotic and controlled medications require a prescription as per hospital policy. Please fax the physician's order with full instructions to pharmacy. Pharmacy will send a patient specific supply. See narcotic pass med policy.

To Obtain Pass Medication Supplies:

1. For passes **less than 4 hours** in length:

   a. Floorstock medications

      i. Use Omnicell or floorstock supplies
      ii. Nursing staff are to package medications in Pass Medication Envelopes with appropriate dosing information.

   b. AUD Medications

      i. If AUD medication strip has been delivered, package doses required for pass in Pass Medication Envelopes with appropriate dosing information.
      ii. If AUD medication strip has not been delivered, administer medications after patient returns from pass.

      For Example:
      Patient to go on pass from 1730 – 2130h tonight.
      All doses due from 1730 – 2059 are supplied in the 1500h medication strip delivery, and should be sent out with the patient in pass med envelopes. Doses due after 2100 will be supplied in the 2100 medication strip delivery and should be administered when the patient returns from pass.

AUD Pass Medication Procedures
VGH Pharmacy

Page 1 of 2

October 16, 2008

**AUD Pass Medication Supply Request Information for VGH Nursing Staff
(Non-Narcotic, Regularly Scheduled Tablets and Capsules only)**

2. For passes **greater than 4 hours** in length:

   a. Floorstock medications

      i. Use Omnicell or floorstock supplies
      ii. Nursing staff to package medications in Pass Medication Envelopes with appropriate dosing information.

   b. AUD Medications

      i. Pass medication requests cannot be processed STAT and cannot take priority over urgent inpatient orders.
      ii. Please request a pass medication supply at least 24hours in advance of the anticipated departure time, using the **AUD Pass Medication Supply Request** form (see sample on next page)
      iii. Indicate the medications needed on the **AUD Pass Medication Supply Request** form, <u>or</u> print a copy of the patient's medication profile, document the number of doses required next to each medication order and fax to pharmacy (see sample profile on next page)
      iv. Pass medication supply will be sent in a zip-lock bag from pharmacy
      v. Nursing staff are to package medications in Pass Medication Envelopes with appropriate dosing information.
      vi. For conditional passes, please request medication supply when pass is deemed likely, do not wait for pass to be confirmed.

      For Example :
      Patient's family indicates on Thursday that they will take patient out on pass Saturday, <u>if the weather is nice</u>.
      Please order pass medication supply on Thursday, when pass is first requested; do not wait until Saturday to obtain medications.

AUD Pass Medication Procedures   Page 2 of 2   October 16, 2008
VGH Pharmacy

AUD Pass Medication Supply Request
(Non-Narcotic, Regularly Scheduled Tablets and Capsules only)

When AUD medications are needed for a pass, fax requisition to Pharmacy ASAP. Please provide at least 24hrs notice if possible; pass med requests cannot be processed as STATs. For Narcotic/Controlled pass meds please fax a physician's order with full instructions as per policy.

Type of pass: ☐ Standing Pass order   ☐ One Time Pass order

PCIS Addressograph Label

Today's Date: _____
Pass medication supply needed by: _____ (date) _____ (time)
Pass Duration: _____

Order #	Medication	Dose	Directions	# Doses

OR

☐   Copy of patient's medication profile indicating medications required and number of doses required faxed to pharmacy with this form. Ensure both sides of the profile pages are faxed. Total number of pages faxed including this form _____.

VGH Pharmacy
October 16, 2009

AUD Pass Medication Supply Request
(Non-Narcotic, Regularly Scheduled Tablets and Capsules only)

When AUD medications are needed for a pass, fax requisition to Pharmacy ASAP. Please provide at least 24hrs notice if possible; pass med requests cannot be processed as STATs. For Narcotic/Controlled pass meds please fax DPO with full instructions per policy.

Type of pass: ☐ Standing Pass order   ✔ One Time Pass order

```
PHN:                MRN: xCCCCCCC
TEST-PATIENT-3, KIM
31Dec1986      21    M      V
ACCT: 002968036     IA
JUE, JOHN (MD)
DATE:17Sep08       BED: CP824-3 (QA )
```

Today's Date: _10 Sept 2008_
Pass medication supply needed by: _12 Sept_ (date) _1500 H_ (time)
Pass Duration: _24 HRS_

Order #	Medication	Dose	Directions	# Doses
5	Ramipril	5mg	5mg daily	1
12	Metoprolol	25mg	25mg BID	2
14	Quetiapine	50mg	50mg QHS	1

OR

☐   Copy of patient's medication profile indicating medications required and number of doses required faxed to pharmacy with this form. Ensure both sides of the profile pages are faxed. Total number of pages faxed including this form _____.

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AUD Pass Medication Supply Request
(Non-Narcotic, Regularly Scheduled Tablets and Capsules only)

When AUD medications are needed for a pass, fax requisition to Pharmacy ASAP. Please provide at least 24hrs notice if possible; pass med requests cannot be processed as STATs. For Narcotic/Controlled pass meds please fax DPO with full instructions per policy.

Type of pass: ☐ Standing Pass order   ☑ One Time Pass order

```
PHN:              MRN: #CCCCCCC
TEST-PATIENT-3. KIM
31Dec1986    21    M      V
ACCT: 002968036   IA
JUE, JOHN (MD)
DATE:17Sep08    BED: CP824-3 [3R]
```

Today's Date: _11 Sept 2008_
Pass medication supply needed by: _13 Sept_ (date) _1600_ (time)
Pass Duration: _24 H_

Order #	Medication	Dose	Directions	# Doses

OR ✓

☑ Copy of patient's medication profile indicating medications required and number of doses required faxed to pharmacy with this form. Ensure both sides of the profile pages are faxed. Total number of pages faxed <u>including</u> this form _2_.

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Vancouver General Hospital
M E D I C A T I O N   P R O F I L E

PATIENT NAME: ████████, ████████   MED REC #: ████████   LOCATION: ██ ████ █
█████ ██ ████: ████████   ACCOUNT #: ████████   PHYSICIAN: ██████, ██. (MD)
ALLERGIES: AGE: ██ Years
  No Known Drug Allergies   NOTES:
  LATEX

CURRENT ORDERS

MEDICATION ORDER			START DATE	AUTOMATIC STOP DATE
3014 propRANolol 10 mg TAB Route: po Freq: twice a day Ordering MD: NONE, ADMITTING ONLY	Dose: 20 mg	2 DOSES	21Aug08 0800	
1 DIVALPROEX EC 500 mg TAB Route: po Freq: At bedtime Ordering MD: LEVY, JOHN MARK (MD)	Dose: 1000 mg	1 DOSE	25Aug08 2:02	
0022 RISPERIDONE 3 mg TAB Route: po Freq: At bedtime Ordering MD: RAINA, RAJ (MD)	Dose: 3 mg	1 DOSE	3Sep08 2102	
0025 LAMOTRIGINE 25 mg TAB Route: po Freq: daily Ordering MD: RAINA, RAJ (MD)	Dose: 25 mg	1 DOSE	6Sep08 0800	
0006 clonazepam 0.5 mg TAB Route: po Freq: At bedtime Ordering MD: RAINA, RAJ (MD)	Dose: 0.5 mg		8Sep08 2130	
0022 LOXAPINE 50 mg/mL AMP IF NOT GIVING PO MAX 60mg/24hrs Route: im Freq: every hour PRN Ordering MD: NONE, ADMITTING ONLY	Dose: 17 mg		20Aug08 2201	
0005 LOXAPINE 10 mg TAB IF NOT GIVING IM MAX 50mg/24hrs Route: po Freq: every hour PRN Ordering MD: NONE, ADMITTING ONLY	Dose: 17 mg		20Aug08 2204	

                                                                     Page   1

CLINICAL PRACTICE DOCUMENT   PLEASE NOTE: UNDER REVIEW   **D-00-07-30252**

Vancouver
CoastalHealth

M-055

Delivery Log Sheet

vancouver
coastalHealth
Promoting wellness. Ensuring care.

providence
HEALTH CARE

Nursing Unit AUD Delivery Log

Contacts:
UCH Switchboard for On call Pharmacist: 604 022 7121

UK1S

Month:	NOV			Year:		2008					Scheduled Delivery time: 03:00H

Date	Actual Del Time	# Trays Del	# Trays P/U	Courier Name	Nurse / Clerk Accepting Delivery	Time of Call Notif Late Del	(Late) ETA	Name of Caller informing of Late Delivery	Nurse/Clerk Accepting Late Delivery Phone Call
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Note: This is a **controlled** document. Any documents appearing in paper form should **always** be checked against the server file versions (electronic version) prior to use. The electronic version is always the current version.

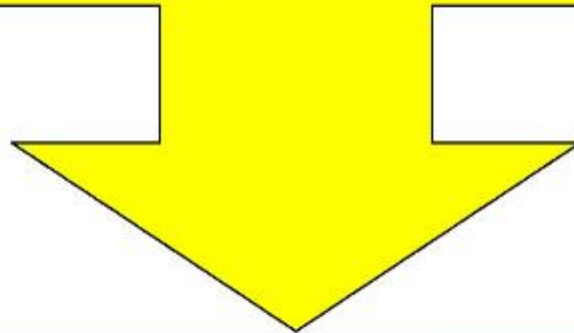Date: March 2009   M-055   Page 1 of 1

Vancouver **Coastal Health**

CLINICAL PRACTICE DOCUMENT   PLEASE NOTE: UNDER REVIEW   **D-00-07-30252**

MEDICATION SAFETY CHECKS

Prior to processing and administering any medication orders always:

Check THE 7 RIGHTS!

√ Is this the RIGHT DRUG?

√ For the RIGHT PATIENT?

√ In the RIGHT DOSE?

√ By the RIGHT ROUTE?

√ At the RIGHT TIME?

√ For the RIGHT REASON?

√ With the RIGHT DOCUMENTATION

Prior to each dose always ask yourself do you have the RIGHT DRUG?

DO THE 3 CHECKS!

√ Confirm the identity and strength against the container/bag and label on 3 separate occasions

1. Prior to drawing up or pouring the medication
2. Immediately after drawing up or pouring the medication
3. Just prior to administering to patient

√ Check the patient's ALLERGY BAND. Ensure that the patient has no allergies or other contraindications to receiving the drug, i.e. is this the appropriate drug for the patient?