MEDICATION ADMINISTRATION POLICY

Summary of Changes

	NEW	**Previous**
All Sites	Exception for Hospital at Home Programs within the Self-Administered/Family Administered Section	
VCH		Site based med admin times
PHC		Site based med admin times
PHSA		Site based med admin times

Contents

1. Introduction

1.1 Purpose

To establish foundational medication administration standards for **Designated Health Care Professionals** (DHCP) engaged in medication administration within the Health Organizations (HO - i.e. VCH, PHSA and PHC).

DHCPs are expected to meet the medication administration standards as outlined by laws and regulations, their respective College, the employer, and this policy.

1.2 Scope

a. This policy applies to all **Designated Health Care Professionals (DHCP)** working across the Health Organizations who are **authorized** to administer medications.

b. Medication administration by students must be overseen by an assigned preceptor and/or instructor.

c. Medication administration by a DHCP is limited to patients only.
Exception:
Medical emergencies (e.g. naloxone for suspected opioid overdose).

2. Policy

2.1 Medication Orders

a. All DHCP authorized to administer medication must have an order from an approved licensed prescriber as per their regulatory body and the HO, i.e. clinical privileges where in place.
Exceptions:
i. Nurse Independent Activity
ii. Nurse Initiated Protocol
iii. BCCNP Certified Practice
iv. Emergency Situations as outlined by regulatory body and/or approved by Employer

b. A pharmacist must review all medication orders prior to administration of the medication. When a pharmacist has not reviewed a medication order, a DHCP must take steps to ensure the pharmaceutical and therapeutic suitability of the medication for the client.
Exceptions:
i. Code Blue
ii. Emergency situations
iii. When a Pharmacist is not available (e.g. in the operating room, when Pharmacy is closed, Ambulatory/diagnostic setting).
iv. If the medication order is autoverified.

c. **Nurses may dispense medication** without an order in clinically appropriate situations when they have the organizational approval and professional scope of practice to dispense, e.g. enacting a Nurse Independent Activity (NIA) to dispense naloxone take home kits, or certified practice.

2.2 Independent Double Check/Double Check

a. Any clinician requesting an Independent Double Check or a Double Check from a colleague will not be denied.

i. Staff prior to administering a medication must conduct an Independent Check or an Independent Double Check as outlined in the HO High Alert Policy and or related document (e.g. Independent Double Check/ Double Check Guideline).
ii. Students may ask for an Independent Double Check or Double Check of their work; however, they may not perform this verification process for another clinician.
See related documents for VCH-PHC Independent Double Check/Double Check or BC Cancer High Alert Medication Policy.

2.3 Patient and Family Engagement

a. Patient and **family** engagement is an expected part of the medication administration process; each medication administration is an opportunity to communicate with the patient and family.

b. A discussion with the patient/family/**Substitute Decision Maker (SDM)** is required at a minimum before a new medication is given, when a dose adjustment is made, or after a medication error has occurred.
Exception:
i. When patient's condition (e.g. unconscious, severe cognitive impairment) does not permit discussion and there is no family available.

2.4 Patient Height and Weight

a. When a patient's condition permits, at triage or upon admission an initial actual weight in kilograms (kg) must be documented. An estimated weight is acceptable until it is possible to take an actual weight Measured or estimated weight can be documented at any time. **Dosing weight** should not be adjusted unless there is consultation with a provider, pharmacist, or dietitian.

b. For clinical areas where height measurement is required, it must be measured in centimetres (cm).
Exception: Community/Residential - per local policy and/or when medication is height and/or weight based dosing.

2.5 Barcode Scanning

a. Medication administration barcode scanning must be utilized where available. Barcode scanning includes both the scanning of the medication and the patient's barcode.
Exception:
i. When barcode scanning is not functioning, medication administration must be manually documented in the patient record (e.g. in the MAR/eMAR).

2.6 Medication Verification

a. All medication should be verified by the DHCP against the order prior to administration by the use of the MAR/eMAR and/or original prescriber's orders.

2.7 Medication Preparation

a. Medication must be prepared for one patient at a time.
b. Medication must remain in its manufacturing/pharmacy packaging until taken to the patient at the time of administration.
Exceptions:
i. If medication must be compounded and/or prepared (e.g. split, crushed, drawn into a syringe), the original packaging should be available at time of administration.
ii. Oral liquid medication which is not unit dosed

c. Medication provided for one patient must never be administered to another patient.
d. The DHCP must observe the taking of all medication by patient.
   Exception:
   i. Self-administered medication (see Section 2.24)

e. A DHCP must only administer medication that was prepared by self or Pharmacy.
   Exceptions:
   i. Code Blue/medical emergency
   ii. Operating Room
   iii. Sterile procedures

f. Oral liquid medication must be prepared using an oral syringe and administered directly to patient.
   Exception:
   i. Unit dose medication provided by Pharmacy
   ii. Community settings when not available
   iii. If patient prefers medication to be diluted, this must occur after the patient has been given the opportunity to see the volume in the syringe or unit dose package (e.g. methadone, HYDROmorphone).

2.8 Emergency Situations

a. In emergent/urgent situations and upon a Physician's/Nurse Practitioner's order and in their presence, nurses may administer medications normally restricted to another care area, or restricted to "physician administration only" by the following routes: intravenous, intramuscular or subcutaneous. If the order was verbal, immediately following the emergent/urgent situation, the physician must write/sign the order. In situations where the nurse does not have the competency to monitor for the effects of the drug, the physician must assume this responsibility.

2.9 Investigational Drugs

a. A nurse may administer an investigational drug when its' use has been approved through a formal research program (Clinical Drug Trials process) and dispensed by the Pharmacy Department. The Pharmacy will provide drug information upon dispensing and/or it must be obtained prior to administration.

2.10 Rights of Medication Administration

a. The "Rights of Medication Administration" must be used by all DHCPs when administering medications:
   i. Right patient (as determined by Two Client Identifier Policy)
   ii. Right drug (diluent, allergy status, appearance, expiry dating)
   iii. Right dose (rate and concentration)
   iv. Right time
   v. Right route
   vi. Right indication
   vii. Right documentation

   Exception: **Approved Non Regulated Health Care Professionals (ANRHCP)** must function within their role description and training. A regulated DHCP is responsible for functions outside of ANRHCP responsibility.

b. Prior to administration, a Regulated Health Care Professional must ensure medication is subject to
   i. Right monitoring for efficacy, toxicity, and side effects
   ii. Right (i.e. appropriate) patient/family medication education

c. A DHCP must consult with the prescriber or pharmacist if they have any questions/concerns about a medication order.

d. A DHCP that withholds the scheduled administration of a medication for a clinical reason must document and notify the most responsible provider.

2.11 Administration Times

a. Unless it is clinically appropriate to re-schedule the medication task time a medication must be given as close as possible to the scheduled administration time (see Appendix A), i.e. within one hour before or one hour after the scheduled time.

   Exceptions:
   i. First doses and loading doses
   ii. One-time doses
   iii. Specifically timed doses (e.g. antibiotic for surgical patient before incision, drug desensitization protocols)
   iv. Time-sequenced or concomitant medications (e.g. chemotherapy and rescue agents)
   v. Drugs administered at specific times to ensure accurate peak/trough/serum levels
   vi. Investigational drugs in clinical trials per study protocol
   vii. As needed (PRN) medications
   viii. Regularly scheduled long acting injections.
   ix. Exceptions to Standard Oral Administration Times (see Appendix B).
   x. Standard administration times can be flexed at the BC Children's Hospital facility.

b. STAT, NOW and ROUTINE Orders administration
   As per the Orders Management Policy - Section 2.10
   i. For **STAT orders**, Pharmacy and Nursing will work together to begin medication administration immediately, with a target of less than 15 minutes from order placement.
   ii. For **NOW orders**, Pharmacy and Nursing will work together to begin medication administration as soon as possible, with a target of less than 60 minutes from order placement.
   iii. For **ROUTINE Orders**, Pharmacy will verify, fill and deliver to floor before next scheduled dosing time (if delivery is necessary)*. Medication administration at next scheduled dosing time **
   *Assuming pharmacy is open and medication is available on site.
   **Once medication is received

2.12 Intravenous Medication

a. Intravenous solution and medication must be administered using an infusion pump and, when available, programmed using the **dose error reduction system (DERS).**

   Exceptions:
   i. Code Blue/Medical emergency
   ii. IV direct (push)
   iii. When a pump is not available

b. Change continuous intravenous medication solutions as follows:
   i. Medicated (by manufacturer) – continuous: Change when empty or with tubing change every 96 hours (whichever comes first).
   ii. Medicated (added by nursing on the unit or pharmacy) – continuous: Check drug stability with pharmacy, otherwise change when empty or with tubing change every 96 hours (whichever comes first).
   iii. Continuous intravenous medication solutions initiated in an emergency should be changed as soon as the patient is stable following the emergency (e.g. Code Blue).

   Exception: Chemotherapy

c. When using the Alaris Smart System Infusion Pump, the patient's Medical Record Number (MRN) must be entered into the pump prior to fluid and medication administration, i.e. upon initial pump set up.

   Exception:
   Emergency Department
   i. Unknown patients: the MRN must be entered when the patient's identity becomes known
   ii. Canadian Triage and Acuity Scale (CTAS) 1 and CTAS 2: the MRN must be entered when the patient's urgent care needs are met

d. A nurse can choose, based on the patient's weight/age/clinical status and duration of the ordered infusion, the most appropriate intravenous fluid bag volume to hang for the purposes of maintenance or to keep vein open. The nurse will establish this using commercially prepared IV solution bags obtained from unit supplies provided through stores, regardless of the volume indicated within the order. The nurse must modify the order to reflect the volume of the bag chosen, ensuring the patient profile/MAR entry volume matches the volume of the bag hung.

e. When programming an infusion pump, infusion rates are programmed to the closest allowable number of digits on the pump. When the exact digits from the order are not possible to program, round to an integer if no decimal places are available, or to the nearest tenth, when possible. For values 1 through 4 inclusive, round down, for values 5 through 9 inclusive round up).

2.13 Intramuscular and Subcutaneous Medication Injection

a. Refer to local policies, BC Cancer - Cancer Drug Manual, Parenteral Drug Therapy Manual and/or Elsevier Clinical Skills for appropriate intramuscular and subcutaneous medication injection volumes.

2.14 Labelling

a. All medications that are prepared by the DHCP must be clearly labeled (e.g. IV bags, parenteral, intra-muscular, subcutaneous and oral syringes).

b. Labels should include
   i. Patient name
   ii. Drug
   iii. Dose and/or concentration
   iv. Date and time prepared

v. DHCP initials
vi. Expiry date and time as appropriate

2.15 Multi-Dose Medication

a. Multi-dose ward stock medication (e.g. vials, inhalers, sprays and ointments/creams) must be labelled patient-specific by the DHCP including two unique patient identifiers and expiry date (where applicable),
Exception: bulk bottles of oral liquid

2.16 Medication Storage

a. Medication must be stored securely (i.e. automated dispensing cabinet, locked medication fridge, locked medication cart, narcotic vaults, locked cupboard/drawer and clinical areas with secured access - e.g. OR) or as approved collaboratively by Pharmacy, Operations and/or Professional Practice.

Exceptions:
i. Medication that is infusing.
ii. Bowel preparations, e.g. PEGLyte or GoLYTELY
iii. Radiology preparations, e.g. contrast agents
iv. Medication ordered for self-administration as per local procedure.
v. Hypersensitivity reaction medications – as per local procedure.

2.17 Enacting orders with a 24 hour maximum dose limit:

a. Prior to administering a medication with a 24 hour maximum dose limit, the DHCP will calculate the total amount of all doses of the medication administered within the past 24 hours to ensure the dose limit will not be exceeded.

2.18 Medication Dose Range Orders

a. The total dose amount cannot be exceeded within the specified time interval starting from each individual dose, rather than the first dose. This follows the same methodology of how nurses are to determine if the patient has received the total amount of medication within a 24 hour period.

2.19 Dose Change Orders

a. New orders for an increase in dose must be acted upon at the next scheduled dosing time, unless otherwise ordered by a prescriber.

2.20 Medication for Return to Pharmacy

a. When a patient is transferred between different clinical areas only patient specific medication should be sent with patient. The sending unit must not send ward stock to the receiving unit.
b. Patient specific medication must be returned to the Pharmacy:
   i. When the medication is discontinued and/or the patient is discharged.
   ii. When the medication is removed from secure storage and not administered to a patient.

Exceptions:
i. Medication that has been taken to a patient bedside.
ii. Medication in altered unit dose packaging (e.g. torn, written on).
iii. Medication in patient specific multi-dose containers.

2.21 Pharmaceutical Waste

a. Pharmaceutical waste must be disposed of appropriately: Refer to HO policies and/or Regional Pharmaceutical Waste Policy.

2.22 Narcotic and Controlled Medication

a. Administration of narcotic and controlled medication by a DHCP is limited to patients with a prescriber order.
b. Dispensing on discharge or pass (e.g. Emergency Dept "Meds to Go") by a DHCP is limited to patients with a written prescriber order and must be witnessed by a second DHCP
c. Wasted medication must be accounted for through documentation and witnessed as per local policy/procedure.

2.23 Patient's Own Medication

a. An in-patient's own medication must be ordered, then verified and re-labelled by Pharmacy prior to administration by DHCP.

b. Any remaining stock of an inpatient's own medication will be returned to the patient on discharge.

c. In Ambulatory settings DHCP to document patient's self-administration of own medications in appropriate place in the health record (e.g. in EHR in either PowerForm or Interactive View).

2.24 Self-Administered/Family-Administered Medication

a. Medication must be ordered for patient self-administration or family administration or family assisted administration.
b. Medication for patient self-administration or family administration or family assisted administration is limited to non-controlled substances.

Exception: When a patient enrolled in a Hospital at Home program is in their home, orders do not need to specify whether medications are for self or family administration and administration of controlled substances is permitted.

c. The DHCP must document medications as administered by the patient or family.

Exception: Outpatients taking home medication during clinic visits.

2.25 Dispensing Medication

a. Dispensing of medication will be limited to:
    i. Medication ordered by a Prescriber for a specific patient.
    ii. Medication without an order that is approved by a local Pharmacy & Therapeutics (P&T) or equivalent Committee (e.g. Take Home Naloxone Kits).
b. When dispensing take-home medications the nurse should document on the Medication Administration Record (MAR) in addition to the Nurse Dispense PowerForm.
    Note: Documentation could be completed as "Given" or "Not Given".

2.26 Medication Safety Events

a. All medication safety events must be reported to the prescriber, manager or delegate and patient/family or Substitute Decision Maker immediately.

b. All medication safety events should be documented in the patient's health record.

c. A Patient Safety Learning System (PSLS) report should be completed for all medication safety events and near misses. Refer to HO policies/guidelines: Clinical (Patient) Event Reporting Process.

d. Adverse Drugs events must be reported to Health Canada by the DHCP as per established organizational practice.

2.27 Documentation

a. At the time of administration each medication must be documented on Cerner MAR by the administering DHCP.

Exceptions:

i. Code Blue/Medical Emergencies: document in Code Blue/Medical Emergency Record.
ii. Procedures and Operating Room: document in procedural records/notes

Note: High risk medication in the cardiac procedural settings such as the catheterization labs includes anticoagulants (e.g. heparin) and antiplatelets (e.g. ticagrelor). These medications must be documented in the eMAR as well as the MACLAB/CARDIOLAB report.

b. Charting "not done" instead of “not given” is permissible to bypass medication documentation when a mandatory field is required to be filled-in prior to administration of the medication (e.g. heart rate measurement prior to administration of digoxin).

3. Responsibilities and Compliance

3.1 Responsibilities

Designated Health Care Professionals are responsible for:

a. Ensuring medication administration is complete and safe in accordance with this policy and within their scope of practice or role description.

3.2 Compliance

a. Compliance with this policy is expected. Anyone noting a violation of the policy may support others to locate and understand the policy and/or advise leadership of the need for education and support regarding the policy. After education and support is offered, and the person remains non-compliant, the HO may remove the person from their workplace position (job) up to and including termination of employment or privileges within the organization.

4. Definitions

Authorized: refers to permission to administer medications in accordance with

- Health Organization (HO), hospital and departmental policies and procedures
- Provincial laws defining scope of practice and licensure
- Departmental certification, training, or other measures to assure proficiency in medication administration

Barcode scanning: Barcoded Medication Administration (BCMA) is an inventory control system that uses barcodes to prevent human errors in the administration of **medications.**

Closed Loop Medication System: a fully electronic medication management process, in which all relevant information is documented seamlessly; closed loop medication management requires four

things: an active medication order, an electronically-identified provider or nurse; a barcoded drug; and an electronically-identified patient.

Designated Health Care Professionals (DHCP): refers to both **Regulated Health Care Professionals (RHCP)** and **Approved Non-regulated Health Care Professionals (ANHCP)**.

a. **Regulated Health Care Professionals:** Professionals regulated by regulatory colleges under the *Health Professions Act* (e.g. Physicians, Midwives, Pharmacists, Nurses, and Dietitians). For complete list see BC Ministry of Health Professional Regulation.
b. **Approved Non-regulated Health Care Professionals**: non-regulated professionals (including students) designated through the health organizations approval process (e.g. Medical Imaging Technologists, Cardiology Technologists, Respiratory Therapists, Care Aides).
c. **Students** in Designated Health Care Professions.

Dose Error Reduction System (DERS): Software on "Smart" pumps which include hospital-defined Drug Libraries with soft and hard dosing limits and other clinical advisories integrated into the system. Soft limits notify the user that the dose selected is out of the anticipated range for the particular medication; however, soft limits can be overridden by the user. Hard limits notify the user that the chosen medication dose is out of the health authority determined safe range and will not allow the infusion to be delivered unless the IV pump is reprogrammed with an acceptable dose range. (Institute for Safe Medication Practices, 2009)

Dosing Weight: the value that is used to calculate weight-based medication doses (e.g. 15 mg/kg). Depending on the circumstances, an estimated, measured or calculated weight (i.e. ideal body weight) can be used.

Double Check: the process by which a second health care provider reviews the medication together with the first health care provider; results are compared and discrepancies, if any, are addressed before the medication is administered.

Family is defined by the patient. When the patient is unable to define family the patient's substitute decision maker or court provides the definition. Family members are the people who provide the primary physical, psychological, or emotional support for the patient. Family is not necessarily blood relatives. Family members are encouraged to be involved and supportive of the patient and integral to the overall well-being of the patient.

High Alert Medication: A medication that has an increased risk of causing significant harm when it is administered in error.

Independent Double Check: the process of two health care providers working independently to verify the accuracy of medication dose; the second health care provider performs a check of the medication process without assistance from or prior knowledge of the steps or conclusions arrived at by the first health care provider. Results are compared and any discrepancies addressed before the medication is administered.

Medication: Any chemical substance, which may be natural or synthetic that has a medical or pharmacologic effect on the body.

Medication Safety Event – Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and

systems, and include prescribing, order communication, product labelling/ packaging/ nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.
Adapted from the National Coordinating Council for Medication Error Reporting and Prevention, What Is Medication Error?

Nurse dispensing medication – see
Dispensing medication (bccnm.ca)

Nurse Independent Activity (NIA): is a process whereby the RN/RPN makes a diagnosis of a condition and carries out a focused intervention or activity to ameliorate or resolve the condition. This includes follow up and communication with the MRP. The nurse is solely accountable for all aspects of the intervention or activity including all outcomes.

Nurse Initiated Protocol (NIP): refers to when the RN/RPN makes a provisional diagnosis of a disease/disorder and then initiates a protocol to carry out the activities that are within nurses' autonomous scope of practice to initiate but that require action and/or follow-up by a MRP.

Patient: refers to patient, client, resident or person in receipt of healthcare services.

Pharmaceutical suitability refers to:

a. Review of the order for completeness and appropriateness (e.g., drug, dosage, route and frequency of administration)
b. Review of the client's medication history and other personal health information;
c. Consideration of potential drug interactions, contraindications, allergies, therapeutic duplications and any other potential problems (e.g., adverse side effects);
d. Use of current, evidence-based resources to support their decision-making (e.g., online clinical databases, decision support tools); and
e. Consideration of the client's ability to follow the medication regimen.

Substitute Decision Maker (SDM) refers to a **Representative**, a **Committee of the Person** or a **Temporary Substitute Decision Maker** as defined below:

a. Representative refers to a person chosen by the patient when the patient was capable, who meets basic criteria and has entered into a Representation Agreement as part of advance care planning.
b. **Committee of the Person** refers to a person appointed by court order of the Supreme Court of BC under the Patients Property Act, giving them broad decision-making powers on behalf of the patient. This order will usually be in force for a long period of time.
c. **Temporary Substitute Decision Maker (TSDM)** refers to a person temporarily appointed under the Health Care (Consent) and Care Facility (Admission) Act as a substitute decision-maker. The health care provider must choose the first person who is available and qualifies:
    i. The patient's spouse (in the case of a married person who is separated but in a common law relationship; the common law spouse should be selected).
    ii. The patient's child
    iii. The patient's parent
    iv. The patient's brother or sister
    v. The patient's grandparent/grandchild
    vi. Anyone else related by birth or adoption of the patient
    vii. A close friend of the patient
    viii. A person immediately related to the patient by marriage

5. Related Documents

5.1 Related Standards / Guidelines / Forms

BC Cancer - Cancer Drug Manual

BCCH Intramuscular Medication Administration

BCCH Subcutaneous Medication Administration

BCCH Mixing Medicines for Parenteral Administration

BCCW Medication Administration guidelines, protocols, procedures

BCCNM Dispensing Medication

HO Parenteral Drug Therapy Manuals

Nurse Independent Activities (NIA) and Nurse-Initiated Protocols (NIP)

PHC Dispensing Nursing Standard

PHC Independent Double Check of Medication

VCH Dispensing Medications (Nursing)

VCH Independent Double Check (IDC) of Medications

VCH/PHC - IV Therapy, Peripheral: Insertion, Care and Maintenance

5.2 Related Policies

Allergy Documentation Policy

Documentation Policy

Orders Management Policy

PHC Pharmacy Medication Administration Policies

VCH-PHC High Alert Medication Policy

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7 Appendices

Appendix A: Standard Oral Medication Administration Times

Frequency	Default	Before Meals	With Meals	After Meals
Daily	0800	0730	0800	0900
Twice Daily	0800-2100	0730-1630	0800-1700	0900-1800
Three Times Daily	0800-1700-2100	0730-1130-1630	0800-1200-1700	0900-1300-1800
Four Times Daily	0800-1200 1700-2100	0730-1130 1630-2100	0800-1200 1700-2100	0900-1300 1800-2100
Bedtime	2100	-	-	-

Orders for oral medications that are written as Q12HR, Q8HR, Q6HR will be changed to bid, tid and qid.

Appendix B: Exceptions to Standard Oral Administration Times

Drug	Once Daily	Twice Daily	Three Times Daily	Four Times Daily
Acetaminophen - *Give as ordered*	-	-	-	-
Alendronate - *Once/week at 0700*	-	-	-	-
Amiodarone	0800	0800-1700	0800-1200-1700	
ASA, EC-ASA, ASA Compounds	0800			
Atorvastatin	2100			
AzaTHIOprine	2000			
Baclofen			0600-1400-2200	0600-1200-1800-2400
BuPROPion		0800-1700		
Calcium	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
CarBAMazepine	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Celecoxib	0800	0800-1700		
Ciprofloxacin	1000	1000-2100		
Clodronate	1000	1000-2100		
Cloxacillin				0700-1100-1600-2100
Codeine CR		0800-2000	0600-1400-2200	
Cortisone	0800	0800-1700		
Cortisone	0800	0800-1700		
CycloSPORINE		0800-2000		
Dexamethasone	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Dextroamphetamine		0800-1200		CST-46594
Diclofenac	0800	0800-1700	0800-1200-1700	
Diuretics		0800-1700		
Domperidone	0730	0730-1630	0730-1130-1630	0730-1130-1630-2100
Erythromycin		1000-2100	0700-1600-2100	0700-1100-1600-2100
Etidronate	2100			
Fenofibrate	1700			

Drug	Once Daily	Twice Daily	Three Times Daily	Four Times Daily
Ferrous fumarate, gluconate, sulfate	2000	1400-2000	0600-1400-2000	
Fludrocortisone	0800			
Gabapentin	Give as ordered			
GliCLAZide	0800	0800-1700		
GlyBURIDE	0800	0800-1700	0800-1200-1700	
HYDROmorphone LA		0800-2000	0600-1400-2200	
Hydralazine			0800-1400-2100	CST-46594
Ibuprofen	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Indomethacin	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Insulin	0730	0730-1630	0730-1130-1630	0730-1130-1630-2100
Isoniazid	1000			
Itraconazole caps	0800	0800-2000		
Itraconazole solution	1000	1000-2100		
Levo-thyroxine	1000			
Methadone			0600-1400-2200	
Methylphenidate		0800-1200		
MetFORMIN	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Metoclopramide	0730	0730-1630	0730-1130-1630	0730-1130-1630-2100
Metoprolol		0800-2100	0600-1400-2200	
Midodrine		0800-1700	0800-1200-1700	
Misoprostol	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Morphine LA		0800-2000	0600-1400-2200	
MOXIfloxacin	1000			
Mycophenolate		0800-2000		
Naproxen	0800	0800-1700	0800-1200-1700	
Nitrofurantoin		0800-1700		0800-1200-1700-2100
OxyCODONE LA		0800-2000	0600-1400-2200	
Pancreatic Enzymes		0800-1700	0800-1200-1700	0800-1200-1700-2100
Phenazopyridine		0800-1700	0800-1200-1700	0800-1200-1700-2100
Phenytoin	2100			
Potassium	0800	0800-1700	0800-1200-1700	0800-1200-1700-2100
Pravastatin	2100			
PrednISONE	0800	0800-1700		
Pregabalin	Give as ordered			
RifaMPin	1000			
Rivaroxaban	1000 (up to 10 mg) 1700 (greater than 10 mg)	0800-1700		
Rivastigmine		0800-1700		
Rosuvastatin	2100			

Drug	Once Daily	Twice Daily	Three Times Daily	Four Times Daily
Selegiline		0800-1200		
Sevelamer		0800-1700	0800-1200-1700	0800-1200-1700-2100
Simvastatin	2100			
SIrolimus		0800-2000		
Sucralfate	0730	0730-1630	0730-1130-1630	0730-1130-1630-2100
Sulfasalazine		0800-1700	0800-1200-1700	0800-1200-1700-2100
TACrolimus		0800-2000		
Tetracycline				0700-1100-1600-2100
Theophylline (UNIPHYL brand)	2100			
Thyroid (desiccated)	1000			
Tolbutamide	0800	0800-1700	0800-1200-1700	
Trimebutine			0730-1130-1630	0730-1130-1630-2100
Ursodiol		0800-2000		
Voriconazole		1000-2100		
Warfarin	1700			
Zidovudine	1000			

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