

Independent Double Check of Medication

Site Applicability

All PHC sites

Practice Level

Basic skills, for medications within the respective scope of practice for the following professions:

- RN, RPN, LPN, NP
- Anesthesia Assistant (AA)
- Respiratory Therapist (RT)

Requirements

- Any clinician requesting an Independent Double Check or a Double Check from a colleague will not be denied.
- An Independent Double Check or Double Check is **required** when administering select high alert medications as outlined in the [High-Alert Medications Policy](#). There may be unit or clinician specific Independent Double Check or Double Check requirements in addition to what is outlined in the [High-Alert Medications Policy](#).
- 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.

Need to Know

An Independent Double Check or Double Check can also be used in high risk situations where the clinician is unfamiliar or feels uncertain about medication related to care they are about to provide.

The Institute for Safe Medication Practices (ISMP) and Accreditation Canada support using Independent Double Checks as a strategy to mitigate potential harm from medication error. Research has shown that, “people find approximately 95% of mistakes when checking the work of others” (ISMP Canada Safety Bulletin, Jan, 2005, 5 (1) para. 6)

When a clinician requires an Independent Double Check or Double Check but is working without access to another clinician to perform this process they will:

- Allow 10 (ten) minutes to elapse between the first and second checks to repeat verification of the accuracy of the parameters specified in the guideline/checklist below.
- Document in the health record that an independent double check or double check was not done by two clinicians.

Processing and transcription of an order performed by a Unit Coordinator does not count as a Double Check or Independent Double Check.

Guideline

Checklist for Independent Double Check and Double Check related to Medication

- When transcribing an order onto the Medication Administration Record (MAR) compare the original order and the relevant medical history with the transcribed order on MAR.
- When preparing client-specific medication for administration:
 - For the initial doses, compare the original order and the relevant medical history with the medication label.
 - Then compare the verified medication label with the prepared medication.
- When administering a medication:
 - For the initial doses, compare the original order and the relevant medical history with the medication label and infusion pump settings (if applicable)
 - Then compare the verified medication label with the MAR.

Parameter to Check	Order Processing/ Transcription	Preparation	Administration
Client Identifiers	✓	✓	
Medication	✓	✓	✓
Strength/ concentration	✓ (if applicable)	✓	✓
Weight	✓ (if applicable)	✓ (if applicable)	✓ (if applicable)
Body surface area (BSA)	✓ (if applicable)	✓ (if applicable)	✓ (if applicable)
Dose calculation	✓ (if applicable)	✓ (if applicable)	✓ (if applicable)
Dose	✓	✓	✓
Route	✓	✓	✓
Frequency	✓	✓	✓
Volume of additive		✓ (if applicable)	
Diluent		✓ (if applicable)	✓ (if applicable)
Volume of diluent		✓ (if applicable)	
Volume of final solution		✓ (if applicable)	✓ (if applicable)
Time	✓ (if applicable)		✓
Relevant medical history	✓ (if applicable)		✓

Infusion pumps

If an infusion pump is used, review the following additional pump settings (if the parameters can be programmed into the pump):

- Client ID (as per policy), if applicable
- Medication
- Medication order is within pump library guardrails
- If IV infusion pumps with drug error reducing systems and barcode scanning capability are used, the bar code of the Client ID programmed into the pump is acceptable as an IDC for client ID only. The remaining parameters in the Steps for Administering the Medication are checked by both clinicians.
 - Strength/concentration
 - Weight /body surface area (BSA), if applicable
 - Dose/volume to be infused
 - Infusion rate/duration
 - Route (e.g. intravenous versus epidural).

For all infusions, confirm connection to the correct port and insertion site for the route specified on the prescriber order.

Documentation

Both clinicians document the verification on the Client's health record in the same location.

Independent Double Check

- Both clinicians write their initials adjacent to each other.
- To indicate an IDC, the second clinician writes "IDC" adjacent to the two clinicians' initials
e.g. LT/JZ (IDC)

Double check

- Two initials without "IDC" indicate a Double Check **e.g. LT/JZ**

When a clinician requires an Independent Double Check or Double Check but is working without access to another clinician to perform this process they will perform the required check as detailed above and then document in the health record that an independent double check or double check was not done by two clinicians.

Electronic Health Records

- When documenting in an electronic health record (i.e. PARIS, EMR) where you cannot enter a second signature use a narrative note to document who performed the Independent Double Check or Double Check.

Related Documents

- Lower Mainland Pharmacy Services: [High Alert Policy](#)
- [High Alert Medications Policy](#)

References

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Definitions

“Client” refers to a patient, resident or client receiving care.

“Double Check” is a process by which two clinicians work **together** to verify the accuracy of an order and the medication related care to be delivered. The two clinicians may work together through the process of verification, results are compared and discrepancies, if any, must be resolved before any action is taken, e.g. transcribing, preparing or administering.

“High-Alert Medications” are drugs that bear a heightened risk of causing significant client harm when used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more harmful to clients.

“Independent Double Check” (IDC) is a process by which two clinicians work **separately** to verify the accuracy of the order and medication related care to be delivered. The two clinicians perform the verification process independent of one another, without assistance from each other and without knowledge of the steps followed or conclusions arrived at by each other. Once verifications are complete, results are compared and discrepancies, if any, must be resolved before any action is taken, e.g. transcribing, preparing or administering.

“Discrepancies” are when the results from the Independent Double Check or Double Check are not congruent. When this occurs, care must not proceed until the discrepancy is resolved.

Resolution of Discrepancies

- If a discrepancy is identified, the clinicians repeat the Independent Double Check or Double Check process.
- If discrepancies continue, ask a third clinician to do an Independent Double Check or Double Check of the medication and/or contact their supervisor for assistance.

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Medication Safety/Medication Management

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Appendix A: Adult List: Medications that must be Independently Double Checked

Adult list of medications that must be Independently Double Checked prior to administration. <ul style="list-style-type: none"> Clinicians are to consider requesting an Independent Double Check for a medication whenever encountering uncertainty or unfamiliarity while prescribing, dispensing and/or administering a drug, particularly the first time.
Alteplase <ul style="list-style-type: none"> IV route Exceptions- Intra cannula dwells
BC Cancer High Alert Oncology Medications List <ul style="list-style-type: none"> all parenteral routes
Diacetylmorphine <ul style="list-style-type: none"> all routes
Heparin <ul style="list-style-type: none"> IV route
HYDROmorphine <ul style="list-style-type: none"> all routes – 50 mg/mL concentration (injectable)
Insulin <ul style="list-style-type: none"> IV route
Ketamine <ul style="list-style-type: none"> IV route
Lidocaine <ul style="list-style-type: none"> IV route
Methadone <ul style="list-style-type: none"> oral route (liquid)
Methotrexate <ul style="list-style-type: none"> all routes
Midazolam <ul style="list-style-type: none"> subcutaneous infusions
Opioids <ul style="list-style-type: none"> subcutaneous infusions
Tenecteplase <ul style="list-style-type: none"> IV route
All Medications <ul style="list-style-type: none"> intrathecal, epidural, perineural routes
All Medications <ul style="list-style-type: none"> Patient Controlled Analgesia (PCA) IV route

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