

PURPOSE

POLICY SCOPE: Applies to BC Children's Hospital

To ensure secure storage and safe administration of all medications in the Procedures Suites.

POLICY STATEMENTS

All medications in the unit are stored inside of either automated dispensing cabinet (ADC, Omnicell) or inside sealed drug trays.

Safe medication practice by all licensed personnel includes following the seven rights of medication administration: right patient, right medication, right dose, right route, right time, right indication, and right documentation.

It is the duty of all licensed personnel administering medications to report medication errors, including near-misses.

POLICY PRINCIPLES

SITE APPLICABILITY

BC Children's Hospital Procedures Suites

PRACTICE LEVEL/COMPETENCIES

This policy applies to Surgeons, Registered Nurses, Perfusionists, Anesthesia Assistants, Licensed Practical Nurses and Employed Student Nurses.

DEFINITIONS

N/A

EQUIPMENT

ADC (Omnicell); drug trays

INDICATIONS

N/A

PROCEDURE	Rationale
1. Retrieve medication(s) from ADC (Omnicell) for only one patient at a time and as close to the time of use as possible.	
2. Confirm verbal orders by repeating the order back to the surgeon and/or anesthesiologist. Refer to Medication Order Requirements Policy	<i>Verbal orders shall be confirmed by repeating the order back to the individual giving the verbal order prior to administration.</i>
3. Nurses/Anesthesia Assistants/Perfusionists verify all medications and their respective expiry dates verbally and visually in partnership with physicians before administering or delivering them to the sterile field/patient.	<i>Safe delivery of medications should be a collaborative effort between all members of the surgical team.</i>
4. All high alert medications are to be verified by a second health care provider, including anticoagulants, antineoplastics, concentrated electrolytes, DDAVP intranasal, digoxin, inotropes, insulins, investigational agents and	

<p>special access program, ketamine, midazolam, narcotics, opioids, parenteral nutrition. (Please note C&W has a separate Narcotic and Controlled Drugs Administration by Nurse or Physician Policy and High Alert Medications Policy).</p>	
<p>5. All medications that are to be administered by the following routes are to be verified by a second health care provider: epidural infusions, intrathecal medications, intravenous push medications.</p>	
<p>6. Verify and check all medication calculations.</p>	<p><i>The Rights of Medication Administration shall be followed as the goal of the medication process (Federico, 2016):</i></p> <ul style="list-style-type: none"> • <i>right patient/client;</i> • <i>right medication;</i> • <i>right dose;</i> • <i>right route;</i> • <i>right time;</i> • <i>right indication/reason; and</i> • <i>right documentation</i>
<p>7. All medications handed up to the sterile field are withdrawn using sterile technique and are labelled immediately with: medication name, strength, and dose.</p>	<p><i>Medication vials are not designed to be aseptically poured onto the sterile field</i></p> <p><i>Reaching over the sterile table compromises the sterile field</i></p>
<p>8. Retain all containers from medication(s) used for the surgical procedure in the OR until the end of the procedure.</p>	
<p>9. Place medication intended for topical use in a labelled solution bowl, not a parenteral syringe</p>	<p><i>To prevent the risk of injection of topical medication into the vascular system</i></p>
<p>10. At shift change, communicate all the medications that are on the sterile field and the amount that has been administered.</p>	<p><i>Inconsistent communication, interruptions, and other environmental distractions increase the risk of medication errors</i></p>
<p>11. Document medication, hemostatic agents, sealants, adhesives, dyes, and irrigation administration on appropriate form.</p>	
<p>12. All unused medications are to be returned into the ADC (Omniceil) return bin</p>	
<p>13. All used medication receptacles are to be disposed of in the dirty utility room after the patient has left the OR.</p>	

DOCUMENTATION

BCCH Pre Procedure Assessment Form, BCCH Operating Room Record, BCCH PACU Record, Cardiopulmonary Bypass Information Record, Cardiopulmonary Bypass Monitoring Record, Anesthesia Record.

REFERENCES

CRNBC. (2016). Medication Administration. Retrieved from <https://www.crnbc.ca/Standards/PracticeStandards/pages/medicationadmin.aspx>

Operating Room Nurses Association of Canada. (2017). The ORNAC standards for perioperative registered nursing practice (12th ed.). Toronto, ON.

Association of periOperative Registered Nurses. (2016). Perioperative standards and recommended practices: for inpatient and ambulatory settings (2013th ed.). Denver, CO.

C&W High Alert Medications Policy PTN 01.010 (Dec 2016): <http://policyandorders.cw.bc.ca/resource-gallery/Documents/Pharmacy,%20Therapeutics%20and%20Nutrition/PTN.01.010%20High%20Alert%20Medications.pdf>

C&W Medication Order Requirement Policy PTN 01.001 (May 2016):
<http://policyandorders.cw.bc.ca/resource-gallery/Documents/Pharmacy,%20Therapeutics%20and%20Nutrition/PTN.01.001%20Medication%20Order%20Requirements.doc.pdf>

C&W Narcotics and Controlled Drugs – Administration by Nurse or Prescriber (Except Anesthesiologist) PTN.06.002 (May 2017): <http://policyandorders.cw.bc.ca/resource-gallery/Documents/Pharmacy,%20Therapeutics%20and%20Nutrition/PTN.06.002%20Dose%20Administration%20By%20Nurse%20or%20Prescriber.pdf>