



KEY POINTS ON SAFE MEDICATION ADMINISTRATION

1. MEDICATION RECONCILIATION

- **More than ½ of patients** have one or more medication discrepancies at the time of hospital admission. Almost 40% of these discrepancies result in moderate to severe potential harm.¹
- **Medication reconciliation** is the process of avoiding the potential harm by reviewing patients' complete medication regimen at the time of admission, transfer, and discharge and comparing it with the regimen being considered for the new setting of care. Medication reconciliation is important in both hospital and ambulatory care, as many patients receive prescriptions from more than one outpatient provider.²

2. **MEDICATION SIDE EFFECTS CAUSE 90% OF ADVERSE DRUG EVENTS.**³ Always consider whether your patients' signs and symptoms could be related to medication regimen.

3. **PREVENT COMPLICATIONS BY USING TACIT** to remember what you must assess when caring for patients taking medications.⁴

Therapeutic effect? (Does your patient exhibit the expected therapeutic effect?)
Allergic or **A**dverse reactions? (Signs of side effects or allergic or adverse reactions?)
Contraindications? (Contraindications to giving this drug?)
Interactions? (Possible drug interactions?)
Toxicity/overdose? (Signs of toxicity or overdose?)

3. **YOU** ARE THE LAST SAFETY NET FOR SAFE MEDICATION ADMINISTRATION.

- **Follow the 10 RIGHTS of medication administration:** Right patient, right medication, right time, right dose, right route, right reason, right patient education; right follow up assessment; right documentation; right to refuse.
- **Double check by-hand calculations with a calculator.** In complex situations, ask another nurse to check your math.)
- **Immediately before giving any medication, ask,** Do I know WHY this drug I'm about to give is indicated for this particular patient?

4. **EDUCATE YOUR PATIENTS:** Be sure they know how to keep a record of current medications (including over-the-counter drugs). Stress that they shouldn't take any drug without understanding why it's been prescribed, how it fits into their overall medication regimen, how it should be taken, and what side effects may occur. This applies to both in-patient and out-patient settings.

5. **FOR MORE INFORMATION:** Visit the Institute for Safe Medication Practices (<http://www.ismp.org/>).

REFERENCES

1. Cornish PL, Knowles SR, Marchesano R, et al. (2005) Unintended medication discrepancies at the time of hospital admission. *Arch Intern Med.* 165:424-429.
2. AHRQ. Medication Reconciliation Accessed August, 26, 2012 from: <http://www.psnet.ahrq.gov/primer.aspx?primerID=1>
3. AHRQ. *News and Numbers, Issue #225.* Retrieved from <http://www.ahrq.gov/news/newsnumix.htm> March 19, 2010
4. Alfaro-LeFevre, R. (2013). *Critical Thinking, Clinical Reasoning, and Clinical Judgment: A Practical Approach, 5th Ed.* Philadelphia: Elsevier.