

**CONNECTICUT VALLEY HOSPITAL**  
**Nursing Policy and Procedure Manual**

**SECTION F: MEDICATION POLICIES & PROCEDURES**  
**CHAPTER 23: MEDICATION MANAGEMENT (Blue Hills Hospital Campus)**

**POLICY & PROCEDURE 23.3a: PREPARATION AND ADMINISTRATION**  
**(BLUE HILLS HOSPITAL)**

**Standard of Practice:**

The Nurse will ensure that the patient receives correct medications by following the procedure for preparation and administration.

**Standard of Care:**

The Patient can expect to receive medications correctly by the Nurse who follows the procedure for preparation and administration.

Only licensed personnel can be present in the medication area. Activities in the unit medication area are limited to preparation, administration, and dispensing of medication. Employees may not take bags or personal belongings into the medication area.

Wash hands prior to preparing and/or administering medications.

Prepare each Patient's medications immediately prior to administration. Medications can only be removed from the Medication Cart two hours before they are due for administration and up to one hour after they are due for administration. However, medications are administered directly to the patients ½ hour before they are due or ½ hour after they are due. The extended preparation time allows for patients who are NPO for blood tests, off unit, etc.

**Controlled Substances shall be removed from Medication Cart and immediately administered.**

Check each patient's medication packet (s) against the patient's Medication Kardex for:

- correct medication
- correct dosage
- correct time of administration
- correct route of administration
- expiration date of order
- discontinuance of order

Place the checked medication packet(s) in a medication cup and place the cup in the labeled med tray or in the medication cup in the patient's cassette drawer.

Before administering the medication(s) to the patient, visually inspect the medication(s) for particulates, discoloration or other signs of loss of integrity.

Immediately prior to administering medications, recheck the medication packet against the Medication Administration Record (MAR) for: correct medication, correct dosage, correct time of administration, and correct route. Medication can only be administered to the patient by the nurse who prepares it.

Remove tablets/capsules from their packaging just prior to actual administration.

Dilute oral psychotropic concentrates **immediately** before administering.

Dissolve methadone tablets just prior to administration.

When medication is administered, staff will identify the correct patient by using two forms of identification as follows:

- 1. The digital image (photograph) of the patient located on the Medication Kardex.**
- 2. Asking the patient his/her name.**

**If a patient refused to have his/her picture taken, a third acceptable alternative is to ask the patient his/her date of birth. If the patient is unable to state their name and /or date of birth, two staff who know the individual shall identify the patient.**

Ensure that the patient has properly taken the medication.

Document administration of the medication(s) in the MAR by initialing the appropriate box. Full name and initials must be entered at top of the MAR. Chart medications for each patient as they are administered.

When administering PRN medication, document the medication effectiveness in the result column within 60-90 minutes of administration.

Review MAR to ensure that all patients have received their medications and there are no signatures/initials omitted.

Clean equipment and restock supplies.

Notify the Pharmacy immediately of any discrepancy in contents of the patient's medication drawer.

The Nurse monitors all Patients after each first dose of newly prescribed medications for signs and symptoms of anaphylactic shock or any untoward signs and symptoms.

Any change in the Patient's medical condition shall be reported immediately to the Physician and documented in the Integrated Progress Note.