Objectives

- Describe 7 ways in which CFV philosophy, technology, and Policies/Procedures promote Patient Safety.
- Utilize CFVHS Policies/Procedures to problem-solve medication-related patient scenarios.
National Patient Safety Goals

Goal 1 - Patient identification
Goal 2 - Communication
Goal 3 - Medication Safety
Goal 6 - Alarm Safety
Goal 7 - Health-Associated Infections
Goal 15 - Safety Risks
Patient Prescriptions

- If your patient is discharged with prescriptions:
- Educate the patient and family on our Valley Pharmacy.
- If the patient requests to use our services please complete the following tasks immediately to ensure the medication is ready for pick up when the patient is taken downstairs.
Copy Rx:

Fax Rx & Face Sheet to Valley Pharmacy EXT 5288.

Pt. must bring original Rx when picking up medication.

If a Rx is for a narcotic Pt must have ID.

Ex. Drivers License, Military ID, Passport, NC ID
Insulin

- Is a current finger stick blood sugar (FSBS) necessary when administering Insulin?
- Do nurses need to know the different types of Insulin?
- Per the Nursing Practice Act of 2009 are nurses required to administer medication as written by the LIP to include the parameters?
Timeliness of Doses

- **Perform** fingerstick blood glucose (FSBS) or obtain blood glucose specimen from central/arterial line prior (goal is within 30 minutes) to scheduled meal delivery.

- **Do not use** lab values from metabolic panels because too much time will elapse between when the specimen is obtained and the administration of the insulin.
Timeliness of Doses

- **Administer** Novolog immediately before a meal *(goal is within 15 min)*.

- **Document** using ‘early/late reason’ option in MAK if administration time is different than tray delivery time. *(See Screen shot)*
  - This option is an acceptable early/late admin reason.
• Insulin order will be pink/peach.
• Message will appear stating medication is late.
• Click OK.
• Early/Late Reason box will appear
• Click drop down arrow
• Select “Admin with Meals”. Do not free text
• Click Accept
Administer insulin as ordered:

- Nurses implement the pharmaceutical regimen that is prescribed by persons authorized by State law to prescribe (Nurse Practice Act, 2009)
Omitted Doses

- Notify the LIP if there are concerns about administration of the dose.
  - Notify the LIP if doses are not administered, including pts going to OR.
  - Document the LIP notification in the nurse’s notes, and any nursing interventions.
  - Communicate information to other persons responsible for, or involved in, the care of the client (Nurse Practice Act, 2009), such as with the SBARR
Wrong Doses

- **Round** to the nearest whole unit:
  - 0.1 – 0.4 = round down to whole unit
  - 0.5 – 0.9 round up to whole unit
- **Verify** blood sugar POC values in ValleyLink/EMSTAT prior to administration. (See Screen Shot)
- **Calculate** the dose.
- **Perform** second nurse dose check: Two licensed nurses, one being a RN
Verification of Order and Parameter

Verification of Order and Parameter
Scenario: JT is a new admission on your unit. He is a 48 year old white male who has been newly diagnosed with diabetes mellitus but no other health problems. He is 6 feet tall and weighs 105 kgs.

Physician Orders:
FSBS q ACHS
SQ Lantus 10 units q HS,
Bolus (mealtime) SQ Novolog Insulin:
   Breakfast: 3 units   Lunch: 3 units   Supper: 3 units
Correction (Supplemental) use the ‘greater than 100 kg correction’ column on the orders

FSBS Results:
Pre breakfast = 300
Pre lunch = 90
Pre supper = 110
HS is 170

Answer the following questions:
1. What is the basal insulin dose for JT? _____ unit(s)
2. What is the bolus (mealtime) Novolog insulin dose for breakfast? _____ unit(s)
3. What is the correction SQ Novolog Insulin dose for breakfast? _____ unit(s)
4. What is the total amount of SQ Novolog Insulin to be given for breakfast? _____ unit(s)
5. What is the total amount of SQ Novolog Insulin to be given at lunch? _____ unit(s)
6. What is the total amount of SQ Novolog Insulin to be given at supper? _____ unit(s)
7. What is the total amount of SQ Novolog Insulin to be given at HS? _____ unit(s)
The Diabetic Educator Consult is under the Misc Patient Chapter. It can be accessed at any time during the patient’s admission. This will automatically send the consult to the Diabetic Educator’s printer. You can also call the office at ext 5280 or pager #306-8501.
Never Events

- Air embolism
- Vascular Catheter-related infections
- Manifestations of poor blood sugar control
During this hospital stay were you given any medication you had not taken before?

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

Before giving you any new medicine, how often did hospital staff describe possible side effects?
Policy Tech

Find ‘em on the Info Web!

Administrative
- Verbal (Oral) and Telephone Physician
- Medication Reconciliation
- Patient Identification

Nursing
- Drug Admin Protocols
- High Alert Medications
- Medication Administration
- Medication Administration Check (MAK)

Pharmacy
- Drugs Sent Home with Patients
“Medications are accessed and administered for each patient. Aspects of medication administration comply with North Carolina law and regulations governing the practice of nursing.”

Medication Administration Policy
Medications are removed from the Pyxis for one patient at a time and administered adhering to the “Five Rights of Medication Administration” as follows:

- Right patient
- Right medication
- Right dose
- Right route
- Right time
- Right documentation – 6th RIGHT after
The **Pyxis** medication dispensing station dispenses medication:

- With nurse ID and password
- Links medication to patient
- Counts meds/controlled substances
- Bypass safety steps? Look at red sticker.
Medication Administration Check System (MAK) is a software system designed for online documentation of medication administration.

Remember to keep me clean!!
RN’s MAK Cart: Keyboard and Mouse also touched with and without gloves
Bar Code Scanner

A handheld device used to scan:
- Employee ID badge
- Patient’s bar-coded ID bracelet
- Bar-coded medications
Bar-coded ID Badge

This is your Signature!!
2 Patient Identifiers

Hi, Ms. Jones. I’m Jane your nurse. I have some medicine for you. For your safety, could you please tell me your full name and date of birth?
Each patient will have a bar-coded identification bracelet. The nurse will scan the bar-coded ID bracelet before administering the medication.

NPSG 1 Patient Identification
Unit Dose

Unit dose packages
- Decrease chance of incorrect dose
- Are **not** opened or written upon until the time of administration.
Medication Packaging

Medications will contain bar-codes. Scanning medication bar-codes will check for

Right Drug
Right Dose
Right Time
Right Route
and perform the
Right Documentation
IV Push Medications

- **Definition**: IV bolus involves giving a concentrated dose of medication directly into the systemic circulation.

- This can be accomplished by:
  - giving it directly into a vein,
  - through an existing IV line,
  - or through a saline lock.
IV Push Medications

- IV bolus is the most dangerous method for drug administration.

- Whenever using and established IV site, it is important that the nurse be sure the IV catheter is correctly placed in the patient’s vein.

Phenergan CVL only!
IV Push Medications

- IV medications should *never* be given if the insertion site appears red, puffy or edematous or if you question whether the IV is working correctly.

- Injection of the medication into the tissues can cause pain, necrotic sloughing of tissues, and abscesses.
Before giving medication you should:

- Check MD orders for type of medication, dosage, time and route of administration.
- Collect med information:
  - How to administer the med
  - Action, purpose, side effects
  - Normal dose
  - Time of peak onset
  - Nursing Implications
IV Push Medications

Giving the medication

- 5 Rights
- Assess access 😊
- Check for blood return
- Inject at appropriate rate
- Observe while injecting
- Observe for 5 minutes after injection

Questions?
RN’s Hands After Removing Gloves Following a Patient Care Med Pass
RN’s Hands After Foam: RN saw the Infection Preventionist Coming, Foamed and Still had Microorganisms Present
BLACK BOX

- TPN with insulin
- IV Bags & tubing with additives that are NOT EMPTY (i.e: heparin, antibiotics, other meds)
- Any pills
- All patches except Fentanyl (toilet)
- Nicotine & warfarin wrappers/packaging
- Eye & ear drops
- Bottles of alcohol
- Advair diskus - aerosol containers (inhalers) are returned to pharmacy
- Any medication vial that is not empty
- Any medication fluid to waste except narcotics (sink) - (i.e.: Draw up Lasix 40mg only need to give 20mg—waste other 20mg in black box)
- Vaccines that are not EMPTY
- Creams, lotions, ointments, & shampoos that are medicated (i.e.: Sensacare, Nystatin, Neosporin)
• All blood products and tubing
• All bodily fluids

**BIOHAZARD BOX**

- EMPTY medication vials
- All needles
- Broken glass
- Other sharps

**SHARPS BOX**

• EMPTY TPN, Lipids, & Electrolytes—Bags & tubing
• All EMPTY IV bags, IVPB, tubing, & syringes without needles
  (Empty fluids into sink or drain)

**REGULAR TRASH**
Verbal Orders

Verbal orders are to be accepted **only** in an **emergency** situation when the MD cannot reasonably free himself/herself from patient care to write the orders or has a disability interfering with the ability to write orders.

**Administration & Pharmacy Policy:**
Verbal (Oral) and Telephone Physician Orders
Telephone Orders

Telephone orders:

- Should always be repeated back to the prescriber with confirmation of its accuracy.
- Document that the order was read back, the date and time of the orders, who gave the orders, and your full name and title.
Telephone Orders

- When writing telephone/verbal orders from the MD include:
  - Date
  - Time
  - Name of the drug
  - Dosage
  - Route of administration
  - Administration schedule
  - Restrictions or specifications r/t order
  - MD’s full name followed by your full name
Telephone Orders

Telephone orders:

Example: 1/2/2014 1131

*Lasix* 40 mg IV stat.

*T.O. Read Back* or TORB to Dr. Todd Jordan/Molly Nurse, RN
Cosigning Telephone/Verbal Orders

- Flag telephone/verbal orders for signature at time of taking the order
- Apply so yellow tag sticks out of chart
- Remove yellow end from flag when order signed

Verbal/Telephone Order Authentication

Physician/LIP signature:______________________
Date:______________________Time:___________

MD/DO/LIP
Last Name
Transcription

- Clarify incomplete or vague orders **BEFORE** transcription or drug administration.
- Clarify, **TIMED & DAY OF DISCHARGE**
- Clarify **PRN** rationale
- The **nurse is responsible** for contacting the physician if orders are incomplete or unclear.
Order Clarification

- Orders are not to be altered.
- Orders requiring clarification are to be rewritten.
- Unapproved abbreviations are not to be used.
Unapproved abbreviations:

- Biweekly – Write “every two weeks” or “twice a week.”
- U – Write “unit”
- IU – Write “international unit”
- IN – Write “intranasal”
- ug – Use “mcg”
- MgSO4; MS – Spell out morphine sulfate
- Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod

Write “daily” or “every other day”
Example of Unclear Order

- A physician wrote the order:

```plaintext
60 Regular Injection
```

Tragically, the patient received 60 units when only 6 were intended. The overdose caused permanent CNS impairment.

What else should have been clarified?
Doctor has left orders on chart:

Digoxin .125 mg qd.

Sad Heart, MD

01/02/2014 09:24 Clarification for above:

Digoxin 0.125 mg PO every day.

T.O. Read back or TORB Sad Heart, MD/
Savannah Nurse, RN
High Alert Medications

- A second licensed nurse is **required** to check the dose BEFORE administration of certain meds.

These nurses MUST:

- Check 5 ‘Rights’ - Not just the dosage
- BOTH sign verification:
  - Scan name badge into MAK **OR**
  - Sign MAR
High Alert Medications

- Digitalis preparations – IV & IM*
- Insulin – IV or Drip*
- Heparin – IV bolus or Drip (excluding CVC flushes) *
- PCA/Epidural medication; Opiates/narcotics*
- Sound-alike/Look-alike meds

* Require Second Nurse verification
High Alert Medications

- Chemotherapeutic Agents* 6th S
- Thrombolytics- t-PA* ER ICU
- Paralytics* ER ICU
- Hypertonic Saline* ER ICU
- Other concentrated IV electrolytes
- See Critical Drip & High Alert Med policies
High Alert Medications

- Note that Insulin administered subcutaneously – our usual route – requires a “Dose Check” with scripting.

- “How many units of what type of insulin are in this syringe?”
Sound Alike/Look Alike

Amrinone    Amiodarone
Ceftazidine Cefotaxime
Celebrex    Cerebyx
Cisplatin   Carboplatin
Clonidine   Klonopin
Dopamine    Dobutamine
Ephedrin    Epinephrine
Hydrocodone Oxycodone
Hydromorphone Morphine
Hydroxyzine  Hydralazine

Etc…..

NPSG 3
Lo-is Redblood is a new admission with exacerbation of CHF. You notice that erythropoietin (Epogen®) is one of her meds on the admission orders. She has a history of cancer.

What do you need to do?
ESA FORM

ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form (Acknowledgment Form)
For the use of erythropoiesis stimulating agents (ESA’s) Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) in patients with cancer

Instructions for Healthcare Providers
1. Review the contents of the appropriate Medication Guide with your patient.
2. Counsel your patient on the risks and benefits of Aranesp® or Epogen®/Procrit® before each new course of ESA therapy.
3. Complete each section of the form as required with your patient.

In private-practice clinics
Fax the completed form to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124 or mail a copy using the prepaid envelope to the ESA APPRISE Oncology Program Call Center at P.O. Box # 29000, Phoenix, AZ 85038. Keep a copy of the completed Acknowledgment Form separate from the patient medical records to allow the ESA APPRISE Oncology Program Call Center access to the forms for monitoring/auditing purposes.

In hospitals
Provide the completed form to the hospital designee responsible for maintaining and storing the forms.

Patient Acknowledgment of Receipt of Aranesp®, Epogen®, or Procrit® Medication Guide and ESA Risk/Benefit Discussion and Authorization for Release of this Acknowledgment Form (Required)
Aranesp® and Epogen®/Procrit® are different drugs and your doctor will decide which one is right for you.

I acknowledge that prior to receiving my first dose of Aranesp® or Epogen®/Procrit® therapy:
• I have read and understand the Aranesp® or Epogen®/Procrit® Medication Guide that my healthcare professional has given to me.
• I have all my questions or concerns about Aranesp® or Epogen®/Procrit® answered by my healthcare professional.
• I am aware that using Aranesp® or Epogen®/Procrit® may make my tumor grow faster or I may get serious heart problems such as heart attack, stroke, heart failure, or blood clots, and I may die sooner.

I hereby authorize my healthcare provider to release and disclose this Acknowledgment Form or a copy of this Acknowledgment Form to the Program Sponsors (Amgen Inc. and Centocor Ortho Biotech Products, L.P.) and their contracted data management administrator (Administrator) solely for the purpose of allowing the Program Sponsors and Administrator to monitor compliance with the Program.

I also authorize the Sponsors and/or Administrator to contact my Healthcare Professional to collect, enter, and maintain my Acknowledgment Form information in a database, and to make submissions to government agencies, including the FDA, regarding Program effectiveness, or as required by law.

I understand that my Acknowledgment Form information has been disclosed to the Program Sponsors and Administrator, federal privacy laws may no longer protect the information and it may be subject to re-disclosure. However, the Program Sponsors and Administrator agree to protect my information by using it and disclosing it only for the purposes described above.

I understand that I may revoke this Authorization at any time by faxing a signed, written request to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124.

I understand this Authorization expires ten (10) years from the date of my signature, or earlier, if required by applicable law. Further, I understand I have a right to receive a copy of this Authorization.

Healthcare Professional Acknowledgment (Required)
I acknowledge that prior to prescribing my patient’s first dose of ESA therapy:
• I provided my patient with an ESA drug Medication Guide and instructed the patient to read it carefully before signing this form.
• I counseled my patient on the risks and benefits of ESA’s, using the Medication Guide as the review tool in counseling the patient.
• I discussed all concerns and answered all questions my patient had about ESA’s or his/her treatment to the best of my ability.

The patient signed the Acknowledgment Form in my presence.

Printed name of patient representative

Printed name of patient representative

Relationship to patient (if applicable)

Date (MM/DD/YY)

Relationship to patient (if applicable)

Date (MM/DD/YY)

Healthcare Professional Acknowledgment (Required)

Signature of prescriber

Date (MM/DD/YY)

[Pro-populated information]

Site ID

Site name

Site Address (Address, City, State, Zip)

v3 02/10
Your Medication Administration record shows your patient Dee V.Tea is scheduled for her first dose of warfarin. You know she will be going home on it.

What will you plan to do for her?

H-CAHPS patient education
Medication Reconciliation

- Med. Rec. compares the patient’s list of meds against the MD’s admission, discharge or transfer orders.
- JCAHO National Patient Safety Goal
  - Adm/Discharge-handwritten form
  - Transfer- electronically printed form
The physician will no longer need to place a check mark for each medication they want the patient to continue to take upon discharge from the hospital. Only medications that the physician no longer wants the patient to take upon discharge will require a check mark in the “stop taking” column.

If the physician wants the patient to continue taking one of the medications listed above, but wants to change the dose they should place a check mark in the “stop taking column” above, and write a new script in the “additional discharge medication” section below. Otherwise, if, say they have “Lasix 40 mg PO daily,” written above but don’t check to stop taking, and then write “Lasix 20mg PO daily” in the “additional discharge medication” section below... is the patient supposed to take, 40mg, 20 mg or 60 mg?
Medication Reconciliation

Admissions from Emergency Dept
You will receive:
- EMSTAT/Med Reconciliation and
- Med Reconciliation form completed by Pharm Tech
**SBARR ED Admission Report**

<table>
<thead>
<tr>
<th>Cape Fear Valley Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1638 Owen Drive</td>
</tr>
<tr>
<td>Fayetteville, NC 28302</td>
</tr>
<tr>
<td>Emergency Department: (910) 615-8000</td>
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<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>MR #</th>
<th>ED Location: ROOM</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DOI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weight: 113.50 kg stated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Height: 61 inches</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acct #</td>
</tr>
</tbody>
</table>

**MEDICATIONS ADMINISTERED**

- **Medication:** Lasix
  - **Date/Time/Dose/Route/Diluted In/Rate/Administered By**
  - 02/27 03:2580 mgIVP Brown RN Agency, Diane

- **Medication:** Clonidine HCL 0.1mg tab
  - **Date/Time/Dose/Route/Diluted In/Rate/Administered By**
  - 02/27 09:040.2 mg*po Woods RN Agency, Steven
  - **Note:** .2mg Clonidine po

- **Medication:** Coreg
  - **Date/Time/Dose/Route/Diluted In/Rate/Administered By**
  - 02/27 11:1812.5 mg*po Woods RN Agency, Steven

**Lab Results**

- **01:06 02/27/2013 -- Final Order Results**
Medication Reconciliation

Pre-Procedure
- Print Medication Transfer/Reconciliation

Post-Procedure
- Clarify with MD using Medication Transfer/Reconciliation Form
Doctor's Order Sheet
Medication Transfer Reconciliation Orders

NAME: [REDACTED] PATIENT # [REDACTED] BED 7304PS MICU
PATIENT MR#: [REDACTED] AGE 66Y SEX F ATT. DOCTOR: VMX, ROUNDER 1,
DIAGNOSIS: 
Allergies: Penicillin; Codeine; Latex; Latex

Rx Order #: 152 (PRN)
SODIUM CHLORIDE 0.9% (SODIUM CHLORIDE 0.9% 100ML)
VOL: 99 ML 99 ml @TITRATE mL/hr TITRATE hrs

INSULIN REGULAR HUMAN (NOVOLIN R 10 ML)
DOSE: 100 UNIT = 1 ML (STRENGTH: 50 UNIT = 0.5 ML) VIAL
Route IV Sig PRN
START: 03/22/2012 STOP: 04/21/2012

NOTE: *NOTE: FINAL CONC = 1 UNIT/ML* SEE TITRATION ORDERS 3/22 *LATEX ALLERGY*

☐ Continue as ordered: ☐ Change dose to: ; or ☐ Discontinue this order

New Orders:

Print
Physician Name: ____________________________

Signature: ____________________________
Date and Time: ____________________________

CAPE FEAR VALLEY HEALTH SYSTEM

Page 11 Of 11 - 3/22/2012 2:15:19 PM
Medication Errors

What is a Medication Error?

“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.”

National Coordinating Council for Med Error Reporting & Prevention (NCCMERP)
Medication Errors

- Most medication errors are preventable.

- Errors are usually caused by breakdowns in the drug ordering, distribution and the administration system.

- The purpose of variance reporting is to facilitate identification of methods to prevent future occurrences and to determine opportunities for improvement.
Medication Errors

Medication variances are reported by completing form on the Info Web

- Most common errors?
  Extra/missed dose, Wrong drug/pt, wrong time

- Most common Drugs?
  Chemo, parenteral narcotics, Insulin

Outcome is Categorized
Medication Errors

You are coming on nights after your best friend has worked days. You enter your patient’s room at the beginning of the shift and find

- Zosyn® piggybacked into the regular infusion line of $D_5NS$ at 100 mL/hr. You know your patient has problems with fluid volume depletion and hypotension.

What do you do?
Adverse Drug Reaction

- An adverse drug event/reaction (ADE) is any response to a drug that is:
  - Noxious
  - Unintended
  - Undesirable or unexpected

- It occurs at doses used in humans for prophylaxis, diagnosis, or therapy, excluding therapeutic failures and intentional overdose.
All significant adverse or suspected adverse reactions are documented on the Info Web.
Adverse Drug Reaction

You gave your patient Cardizem 120 mg PO about two hours ago. This is a new drug for her. She has no known drug allergies. She rings the call bell and is hysterical. She says she just peed, and her urine is neon blue with purple sparkles.

What do you do?
Med Administration

Now let’s look at some scenarios to emphasize various points from Policy.
Scenario

Your patient has a blood pressure of 220/110 after being given ordered BP meds. You obtain an order for Hydralazine 20mg IV push one dose only STAT.

Who can give it?
**IV Push Meds by LPNs**

THE FOLLOWING MEDICATIONS ARE APPROVED FOR IVP ADMINISTRATION BY LPNs.

<table>
<thead>
<tr>
<th>All LPNs may administer the following:</th>
<th>ED/ICU LPNs may also administer the following</th>
<th>All LPNs may administer the following during an emergency under LIP/RN supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aminophylline</td>
<td>Phenobarbital</td>
<td>Calcium</td>
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<td>Ativan</td>
<td>Protonix</td>
<td>Demerol</td>
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<td>Benadryl</td>
<td>Reglan</td>
<td>Diltiazem</td>
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<td>Bumex</td>
<td>Regular Insulin</td>
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<td>Compazine</td>
<td>Romazicon</td>
<td>Lanoxin</td>
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<td>Decadron</td>
<td>Sodium Bicarbonate</td>
<td>Metoprolol</td>
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<td>Dextrose</td>
<td>Solu-Cortef</td>
<td>Phenergan</td>
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<td>Dilantin</td>
<td>Solu-Medrol</td>
<td>Verapamil</td>
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<td>Dilaudid</td>
<td>Stadol</td>
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<td>Heparin</td>
<td>Talwin</td>
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<tr>
<td>Lasix</td>
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<tr>
<td>Morphine</td>
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<tr>
<td>Narcan</td>
<td>Venofer</td>
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</tr>
<tr>
<td>Nubain</td>
<td>Zofran</td>
<td></td>
</tr>
<tr>
<td>Pepcid</td>
<td>Diltiazem (hemodialysis unit only)</td>
<td></td>
</tr>
</tbody>
</table>

73
Scenario

Your patient is admitted with a bag of her home medications. They have been documented on the Medication Reconciliation, but there is no one to take them home. She wants to take her own medications rather than be charged the hospital fee. None of her medications are unusual, and the physician has not ordered this. One of her medications is Codeine 30 mg PO PRN

What will you do?
Scenario

You enter your patient’s room to administer his Advair®. After taking the med, he states, “You know, I’ve been meaning to ask you… I’m going home tomorrow. Can I take that home with me?”

How do you respond?
You gave your patient Percocet one hour ago. You are paged to her room. She says she feels like she is about to throw up. She has nothing ordered for nausea. You call the physician who says, ‘Well just give her a Phenergan suppository’ and hangs up.

What do you do?
What can be left in Pt Room?

- Sterile Saline
- Sterile Water
- Fanny Cream
- **Safe-Gel®**
- Saf-Clens AF®
- Glycerin
- LacriLube®
- Ziox® Cream
- Hydrogen Peroxide
- Sensi-Care® Protective Barrier
- Triple Paste Ointment
- **Mouthwash**
- Ethazyme® Cream
- Isopropyl Alcohol
- Nutra-Plus® 10%
- **Toothpaste**
- White Petrolatum Jelly
- Aloe Vesta® Antifungal Ointment
- **Aplicare® Hand & Body Lotion**
- Desitin Ointment
Medication Safety

- Your commitment
- Read-back telephone orders
- Five Rights
- 2 Patient Identifiers
- Second Nurse Check
- Sound alike/Look alike medications
Questions?