

PROCEDURE FOR: Safe Medication Practices in the Perioperative / Periprocedural Setting

- POLICY:
1. Safe medication practice will be based on the five "rights" of medication usage, including:
 - the right patient
 - the right medication
 - the right dose
 - the right time, and
 - the right route
 2. All drugs and irrigation solutions on the sterile field will be clearly labeled and an ongoing tally of amount(s) dispensed to the patient will be kept.
 3. All medications used on the sterile field will be withdrawn directly from the original container, using sterile technique.
 4. All injectable medications will be withdrawn directly from the original container into a pre-labeled syringe.
 5. The circulating nurse will continually monitor the patient's response for evidence of adverse reaction or toxic overdose to all medications used on the sterile field or administered directly to the patient during a procedure done only with local anesthesia administered by the surgeon.
 6. One RN and another qualified individual will verify and double-check all medication calculations.
 7. Patients will be encouraged to participate in safe medication practices, such as by making sure the nurse or physician confirms the "right patient" by checking ID bands or speaking with them prior to administering medication. Patients will be encouraged to question anything they do not understand or that does not seem right.
 8. Staff will explain to the patient the expected action and onset / effect of all medications administered, whenever possible.

PROCEDURE:

- | <u>Action</u> | <u>Points of Emphasis</u> |
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| 1. Verify all medication orders according to JDH/UCHC policy. Verify any medication listed on the physician's preference list that is to be administered intraoperatively with the physician before delivery to the sterile field and/or administration. | |
| 2. Confirm all verbal orders by repeating the complete order using a digit-by-digit technique for dose (i.e., one-two, not twelve) and recording the order in the patient's record as soon as feasible. | |
| 3. Treat chemicals and reagents (eg, formalin, | |

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saline, Lugol's solution, radiopaque dyes, glutaraldehyde) in the OR with the same care and caution as medications.

4. Verbally and visually verify all medications delivered to the sterile field, including medication, strength, dosage, and expiration date. The circulating nurse and scrub person should do verifications concurrently. If there is no designated scrub person, the circulating nurse should verify the medication with the licensed professional performing the surgical procedure.
5. Deliver medications to the sterile field in an aseptic manner. Use commercially available transfer devices when possible.
6. Individually verify all medication and complete its preparation for administration, delivery to the sterile field, and labeling on the field before another medication is prepared.
7. Label all medications, medication containers (eg, syringes, medicine cups, basins), or other solutions on the sterile field even if there is only one medication involved. Include the name and strength of the medication on the labels. All labels should be verified verbally by stating medication, strength, and dosage, and visually by the scrub person and circulating nurse concurrently.
7. Medications delivered to the sterile field will be considered to be "dated" for the date of the procedure being performed, and no medications will be retained from one procedure for use in another.
8. Discard any solution or medication found in the OR without an identification label.
9. When passing a medication to the licensed professional performing the procedure, verbally verify the medication, strength, and dose with that practitioner by reading the medication label aloud.
10. At hand-off report for shift change or break relief, all medications and their labels on the sterile field should be noted and verified concurrently by the entering and exiting personnel.
11. All containers from medications used during any procedure must remain readily available in the OR until conclusion of the procedure.

APPROVAL: Nursing Standards Committee

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EFFECTIVE DATE: 6/03

REVISION DATE: 11/03, 3/06, 2/08, 11/08