

MEDICATION PASS REVIEW

The Rights of Med Pass

- 1 Right Resident
- 2 Right Medication
- 3 Right Dosage/Form
- 4 Right Time
- 5 Right Route

Additional Rights

- Right Documentation
- Right Reason
- Right Assessment
- Right to Refuse
- Right to Privacy

General Procedures

- Medication cart should be locked and positioned to ensure resident safety and privacy. Keep cart within line of sight when administering medications.
- Check and stock supplies on medication cart prior to medication pass.
- Refer to Medication Administration Record (MAR) to review medication. Check resident's chart for drug allergies.
- Verify labeled container with MAR when removing container from cart, pouring/preparing medication and replacing container to cart.
- If unfamiliar with medication, consult a drug manufacturer's package insert, and/or a pharmacist for more information.
- Knock on resident's door, address resident, and announce purpose.
- Verify resident's identity by photograph attached to chart, name of other personnel. NOT to be used for resident identification or physical location.
- Wash hands if administering medication pass, or direct resident to wash hands. Put on examination gloves if administering ophthalmic, otic, nasal, or vaginal medications, and adhere to facility policy.
- Administer medications and document results. Administered at the time they are scheduled or 30 minutes of scheduled time, unless otherwise. Do not pre-pour. Be sure medications to be administered on an empty stomach.
- For spill control purposes, use a barrier (e.g., paper or plastic cup) to carry medication to resident's room and to serve as a holding place for supplies during administration.

Oral Medication Administration

- Medications that are crushed are only approved for use when a physician's order indicates that a resident is unable to swallow pills. Do not crush tablets or capsules as much as possible. If a resident is unable to swallow a tablet, place tablet in a mortar and pestle or tablet crusher, place tablet in a mortar and pestle, place another cup on top, and crush the tablet. This keeps the crushing process contained while preventing medication loss.
- Liquid medications are poured at eye level on a flat surface. Do not pour from the volume from the bottom of the container, as this may cause air bubbles or curve.
- Use a calibrated measuring tool (syringe, dropper, or measuring cup) when administering liquid medications. Use the appropriate size of oral syringe or dropper when measuring small or odd dosages. The most appropriate syringe or dropper for a particular medication or dose is usually dispensed with the liquid medication itself.
- Suspensions (SUSP) should be shaken well before pouring to ensure the correct dose of medication is administered.
- Some liquid medications require dilution in juice prior to administration. Check the order, manufacturer package insert, and/or facility policy.
- Offer fluids when administering oral medications.
- PRN medications taken only as needed should have a specific reason for their use. Adhere to any instructions regarding maximum daily doses. Be sure to document the resident's symptoms when administering any PRN medication along with the response or effect of the medication.

Other Administration Procedures

- Avoid administering patches, injectables, eye drops or medication via feeding tubes in a public area.
- Be aware of timing/spacing requirements with eye drops and inhaled medications.
- Prime inhalers, when necessary.
- Date and initial patch before application. Note when patches are removed.

Timing of Medication Administration

Medication frequency and times of administration are to be interpreted as follows unless specified otherwise by prescriber or facility policy.

For residents of the following beds (units): _____

Frequency	Administration Time
• daily	9 am
• bid (twice a day)	9 am - 5 pm
• tid (three times a day)	9 am - 1 pm - 5 pm
• qid (four times a day)	9 am - 1 pm - 5 pm
• ac (before meals)	6:30 am - 11:30 am - 4:30 pm (approximately)
• pc (after meals)	9 am - 1 pm - 5 pm (approximately)
• hs (bedtime)	10 pm for sedative/hypnotics** 8 pm for all other meds
• q6h (every 6 hours)	6 am - 12 noon - 6 pm - 12 midnight
• q12h (every 12 hours)	

For residents of the following beds (units): _____

Frequency	Administration Time
• daily	8 am
• bid	8 am - 4 pm
• tid	8 am - 12 noon - 4 pm
• qid	8 am - 12 noon - 4 pm - 8 pm
• ac (before meals)	6:30 am - 11:30 am - 4:30 pm (approximately)
• pc (after meals)	9 am - 1 pm - 5 pm (approximately)
• hs (bedtime)	10 pm for sedative/hypnotics** 8 pm for all other meds
• q6h (every 6 hours)	6 am - 12 noon - 6 pm - 12 midnight
• q12h (every 12 hours)	8 am - 8 pm

**** The resident is not to be awakened to administer a sedative/hypnotic, even if it is ordered to be given routinely. The resident is to be given the opportunity to fall asleep without chemical induction.**