

# Administration of Medications

## Purpose

In the context of the modern health care system, many changes and proposed changes are occurring in the processes and technology used to administer medications to clients in all settings. While settings may differ, issues related to safety and the achievement of desired client outcomes must remain central to all decision-making. The purpose of this position paper is to outline Washington State Nurses Association's (WSNA) position on the role of the Registered Nurse in the administration of medications in all settings and the provision of important safeguards for the client.

## Overview & Issues

The role of the Registered Nurse (RN) is regulated in Washington State by The Law Relating to Nursing Care (RCW 18.79). The practice of registered nursing relies on substantive knowledge of the biological, psychological, social, health, nursing sciences and the use of the nursing process (assessment, planning, intervention, and evaluation). RNs function independently to execute medical regimens under the direction of various providers using the foundation of nursing art and science as well as use of the nursing process. Administration of medications is one of the many important responsibilities within the scope of practice of the professional RN. Medication administration involves a complex process that is more than only the psychomotor task of administering a particular medication to a patient. It requires a process beginning with initial assessment and collection of essential information, through administration of the medication, to subsequent evaluation of patient responses, appropriate documentation, and follow-up communication with the health care team as deemed necessary. Critical thinking throughout the use of the nursing process (assessment, analysis, planning, implementation, and evaluation), is core to safe medication administration as demonstrated in a study of nurses thinking during medication administration (Eisenhauer, Hurley, & Dolan, (2007). RNs use the nursing process and applied sciences to assure safety while meeting the goals of both the medical and nursing plans of care for their clients, patients, or residents.

Numerous issues have emerged concerning medication administration. These have included practice breakdowns where errors may be made related to wrong patient, wrong dose, wrong route, wrong time, wrong drug, and inadequate documentation. The use of unlicensed assistive personnel in the administration of medications has added complexity by adding another layer of healthcare workers to this process. Appropriate delegation and supervision, in addition to the necessary required training of these individuals, have also emerged as key issues in the healthcare arena given healthcare is now provided in multiple settings including schools, homes, residential care facilities and other non-hospital environments. Additionally technology has advanced creating new possible support mechanisms for safe medication administration, but adding another level of complexity to the process.

## Definitions

**Medication Administration:** Assuring that a patient/client receives medications ordered by a licensed care provider in a manner that promotes safety and attainment of desired outcomes for the patient / client.

**Registered Nurse delegation:** The process whereby a RN transfers the performance of specific nursing tasks to qualified individuals in selected situations. The RN delegating the task retains the responsibility for the nursing care of the patient (WAC 246-840-910-970).

**Unlicensed assistive personnel (UAP):** Unlicensed assistive personnel (UAP) is an umbrella term to describe a job class of paraprofessionals who assist individuals with physical disabilities, mental impairments, and other health care needs with their activities of daily living and provide bedside care — including basic nursing procedures — all under the supervision of a Registered Nurse, Licensed Practical Nurse, or other health care professionals. Two categories of UAP caregivers are the nursing assistant registered (NAR) and the nursing assistant certified (NAC) who work in acute care, long-term care, residential care facilities for the developmentally disabled, boarding homes with contracts with DSHS, and adult family homes where the RN may legally delegate tasks. These individuals must

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have completed legally mandated minimum health care training. In schools, UAPs may be secretaries, teachers, or others who have no required minimum health care training.

**Routine, regularly scheduled or PRN (as needed) medications:**

The components of a legally identified medication regimen for an individual or group of individuals with stable, predictable conditions. These medications are administered on a routine basis or when needed, and do not require drug calculations, determination of need, or dosage conversion. (WAC 246-840-910-970).

**Stable and predictable condition:** A situation in which the client's clinical and behavioral status has been determined through the RNs assessment, to be non-fluctuating and consistent. This includes a terminally ill patient whose deteriorating condition is predictable. The RN delegator determines that the patient does not require the frequent presence and evaluation of a RN (WAC 246-840-910-970).

**Steps in the administration of medications:**

1. Assessment of medication and patient for appropriateness. This includes review of dosage, indications, side effects, and client/patient condition.
2. Planning for special needs of the client/patient and the actions necessary for safe administration.
3. Safe administration of medication to patient to include the following goals:
  - Six rights of drug administration
    - a. Right Drug
    - b. Right Patient
    - c. Right Dose
    - d. Right Route
    - e. Right Time
    - f. Documentation

(Note that the Institute for Safe Medication Practice identifies these as useful goals but points out these "rights" do not address effective policies or procedures. [ISMP, 2007])
4. Evaluation of patient response to medication.
5. Appropriate communication of patient Medication Administration: Assuring that a patient/client receives medications ordered by a licensed care provider in a manner that promotes safety and attainment of desired outcomes for the patient/client.

## Recommendations

WSNA is committed to safe medication administration for patients in all settings. Medication administration is a critical skill that involves adequate education and training, clinical oversight that includes assessment and planning, and consistent evaluation of outcomes. Both nurses and their employers have an obligation to be proactive in maintaining safety of medication administration through instituting safe medication practices as recommended by the Institute for Safe Medication Practices and various accrediting bodies.

**In order to implement these recommendations WSNA supports the following expectations for employers and nurses:**

### ALL SETTINGS

**Employers in all settings must provide:**

1. Written policies and procedures developed with input from nurses that conform to the latest safety guidelines.
  - a. Policies Regarding Timeliness: Medication schedules must be developed in ways that promote effective outcomes as well as meeting organizational needs.
  - b. Policies regarding the safe use of dispensing cabinets including processes for restocking.
  - c. Policies regarding technology used in the specific health care environment.
  - d. Policies regarding communication and reporting of both "near misses" and actual errors.
  - e. Policies regarding actions to be taken when/if medications are not available for reasons outside the control of the nurse.
  - f. Policies regarding medication reconciliation
2. Technology and infrastructure including computerized documentation that supports safe medication practices. While emphasizing the value of technology, WSNA recognizes that technological solutions that increase safety may also increase RN time requirements to use. This must be considered when planning for staffing needs.

Some important advances in technology that have been introduced include:

  - Barcode readers that identify the patient/client, the medication, and the person administering the medication to effectively support the emphasis on the right drug for the right patient at the right time.

- Computerized provider order entry (CPOE) to support safety and accuracy through eliminating the difficulties of confusing handwriting and by providing prompts to assure a complete drug order.
  - “Smart” intravenous medication infusion pumps that can be programmed to prevent errors resulting from free flow of fluid lines or dosages outside of safe ranges.
  - Computerized documentation that provides a clear record including time and date and decreases the potential of documentation errors.
3. Optimum care environments for safe medication administration that considers the need for focused concentration by nurses during the process.
  4. Education of staff in regard to the policies, procedures, equipment, and rationale for changes. Changes can only be effectively implemented when all involved in the change understand their roles and have the skills needed to manage new equipment and procedures. Time must be allowed for learning of new medication related technologies (ISMP, 2011.)
  5. A work culture that encourages a team effort in eliminating error through effective communication and identifying “near misses” or potential situations that might contribute to error. Collaboration and effective communication within the health care team have been demonstrated to improve outcomes and enhance the work environment for all (Berwick, 2003).
  6. A work environment that is free of blame for simple human error and focused on effective problem-solving, root-cause analysis, and process improvement when error occurs. Simply citing the need for “five rights” does not adequately address the underlying reasons for medication administration errors (ISMP, 2007).

**Nurses in all settings are accountable to:**

1. Maintain their own knowledge base regarding medications they administer.
2. Follow the written policies and procedures regarding medication administration of the facility in which they work.
3. Participate through individual and system-wide efforts to reduce error and create greater patient safety in medication administration.
4. Cooperate and collaborate with the health care team in creating an environment where safety is a central theme and the contributions of all participants are valued.

5. Participate in quality improvement efforts to enhance safe, effective medication administration.

**ACUTE CARE HOSPITALS**

In acute care hospitals with patients having complex and/or unpredictable conditions medication administration **should be limited to licensed providers**, i.e. RN and LPNs. In complex patient care situations the licensed practical nurse functions to assist the registered nurse to facilitate patient care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care. (WAC 246-840.) Such activities may include medication administration. This standard assures the greatest level of safety for the patient with complex acute problems.

WSNA recognizes that timely administration of medications is essential but identified that Centers for Medicare and Medicaid Services’ (CMS) requirement of medications being administered within 30 minutes before and 30 minutes after the designated time did not take into consideration the complexities of the modern hospital care environment. According to the Institute for Safe Medication Practices (2011), rigid rules that are unrealistic can create situations that are unsafe. In November, 2011, CMS updated its guidance for medication administration in hospitals to reflect current standards of practice related to the timely administration of medications. In doing so, CMS eliminated the requirement that all scheduled medications be administered within 30 minutes of their scheduled time, which is often not a clinically significant need. Instead, CMS expects hospitals to establish their own policies and procedures for the timing of medication administration that appropriately balances patient safety with the need for flexibility in work processes. **WSNA concurs with the ISMP and emphasizes that the expertise of RNs allows them to make safe determinations of when time frames may be altered while still achieving desired patient/client outcomes. RNs need this flexibility to assure safe effective care for all patient/client.**

**COMMUNITY BASED AND IN-HOME SETTINGS**

As healthcare delivery continues to expand into different settings to meet the health care needs of a diverse population, we continue to see an increase in the numbers and types of community based and in-home care environments. **The RN may delegate medication administration to unlicensed assistive personnel (UAPs) in specified community settings in strict accord with applicable law, regulation, and professional practice (WAC 246-840-910-990).** In 1995, the WA legislature passed legislation giving nurses the authority to delegate to nursing assistants, either registered or certified, selected nursing tasks in residential care facilities for the developmentally disabled, boarding homes with contracts with DSHS, and adult family homes.

The steps of RN delegation include:

1. The assessment of the client, the staff, and the context of the situation.
2. Communication to provide directions and the opportunity for interaction during the completion of the delegated task.
3. Surveillance and monitoring to assure compliance with standards of practice.
4. Evaluation to determine the effectiveness of the delegation and whether the desired client outcome was achieved. (NCSBN, 2005)

WSNA worked closely with the WA State Nursing Care Quality Assurance Commission (NCQAC), the Department of Social and Health Services (DSHS), and the Department for the Developmentally Disabled (DDD) in the development of rules for nurse delegation in these community based settings.

Successful delegation in these settings rests on the knowledge and abilities of the registered nurse in assessing the client, teaching the UAP, monitoring the client's response and the UAP's performance, and evaluating client outcomes throughout the entire process. Those to whom tasks are delegated in community based settings have a minimum education in health care as a basis for being taught their role and responsibilities in relationship to delegated tasks and receive individualized instruction for the task of medication administration. This standard recognizes the importance of the registered nurse in maintaining safety for these vulnerable clients. (For more detailed information refer to the *Washington State Nurses Association Position Paper on Registered Nurse Delegation in Community Based Settings*).

#### OTHER COMMUNITY SETTINGS

As more health care is occurring in community settings pressures have arisen to allow other categories of UAPs to administer medications. **WSNA supports the development of regulations regarding delegation of medications in any setting.** The regulations developed for Community Based and In-home Settings provide a tested framework for successful delegation by RNs. Whatever the setting, the administration of medications to patients/clients poses more complex concerns and safety issues than does self medication administration in the home. In other settings the person administering medications is often asked to administer a wide variety of medications with many expected effects and many potential side and adverse effects. The work environment where multiple medications must be available for different patient/clients is more complex than a home environment where only medications for the residents are found. All of the steps of medication administration listed above are essential to safety and

the attainment of desired outcomes for the patient/client. Only with effective nurse delegation can all of the steps be assured.

#### SCHOOLS

WSNA supports the standards of practice of RNs in being responsible for all steps of the medication administration process as well as all steps of the delegation process as defined by the National Council of State Boards of Nursing in schools. The delegation of nursing tasks in school settings has unclear standards and expectations in Washington State law as identified in the WSNA White Paper on School Nursing and Child Health (Fleming, 2011). RCW 28A.210-260 provides authorization for school boards and administration to accept the request of parents and health care prescribers to administer oral medications in the school setting. The school designates a person to administer the medication. The person administering the medication must ascertain that the medication is in an original container and follow the directions on the container. When educators, rather than health care providers, are making substantive decisions that affect child health the potential for error and adverse outcomes increases.

The RCW further states that a registered nurse or licensed practical nurse may be designated to "train and supervise" the designated school personnel in medication administration. This RCW could imply that the nurse does not choose to whom to delegate or whether delegation is appropriate.

While WAC 246-840- Practical and Registered Nursing does not contain language relating to delegation in schools, its standards regarding delegation are clear about the expectation that the registered nurse or licensed practical nurse assesses the context for delegation as well as the suitability of the employee for delegation and assures that all the steps in medication administration as listed above are carried out. Some aspects such as assessment and evaluation of outcomes cannot be delegated. **In order to maintain safe and effective child health in school settings, the development of strong legal support for safe delegation practice by registered nurses in school settings is essential.**

#### LONG-TERM CARE FACILITIES

Long term care facilities provide care for dependent, fragile residents who often have multiple problems. Many, however, are "stable and predictable" with respect to their healthcare needs. Medication administration in these settings has traditionally been provided by registered nurses and/or by licensed practical nurses with oversight by a registered nurse. This standard has a long history of successful implementation and changes should only be made based with a process that keeps client well-being as a central focus.

Many states have implemented changes to allow non-licensed personnel to administer medications in long term care settings. A study has been completed evaluating the use of medication aides to administer medications in long term care facilities, both assisted living and nursing homes (Lloyd, H.L., 2011.) **As the decision to use medication administration aides in Washington State moves forward, careful attention to the process by which delegation of this task will take place will be essential.** The model of delegation successfully used in community based and in-home settings requiring a registered nurse to use the nursing process for assessment, planning, and evaluation as well as for teaching and accountability, would form a strong foundation for enhancing the safety for residents. This model also specifies the education of the UAP and provides for the registered nurse to make decisions regarding the safety of delegation.

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## References

- Berwick, D.M. (2003). Improvement, trust, and the healthcare workforce. *Qual Saf Health Care* 12: Supplement 1, i2-i6. Retrieved from [www.ihl.org/NR/rdonlyres/D356BFDC-F9FF-4581-83B8-59AC21846235/O/BerwickImpTrustHlth.pdf](http://www.ihl.org/NR/rdonlyres/D356BFDC-F9FF-4581-83B8-59AC21846235/O/BerwickImpTrustHlth.pdf).
- Eisenhauer, L.A., Hurley, A.C., Dolan, N. (2007). Nurses' reported thinking during medication administration. *Journal of Nursing Scholarship* (39)1, 82-87.
- Fleming, R. (2011). Imperative Issues Affecting School Nurse Practice: Implications for the Future of School Nursing and Child Health in Washington State: A White Paper. Washington State Nurses Association: Seattle, WA. from [www.doh.wa.gov/HSQA/Professions/Nursing/documents/PracticeGuide/Sta](http://www.doh.wa.gov/HSQA/Professions/Nursing/documents/PracticeGuide/Sta)
- Institute for Safe Medication Practices, (2007). The "five rights": A destination without a map. ISMP Medication Safety Alert. Retrieved from [www.ismp.org/Newsletters/acutecare/articles/20070125.asp](http://www.ismp.org/Newsletters/acutecare/articles/20070125.asp).
- Institute for Safe Medication Practices, (2011). ISMP Guidelines for Timely Administration of Scheduled Medications. Retrieved from [www.ismp.org/Tools/guidelines/acutecare/tasm.pdf](http://www.ismp.org/Tools/guidelines/acutecare/tasm.pdf).
- Lloyd, H. Louise, (2011). Papers for Stakeholders Meetings: Medication Assistants in Long Term Care Settings. Olympia, WA: Department of Health, Nursing Quality Assurance Commission.
- National Council of State Boards of Nursing. (2005). Working with others: A white paper. Retrieved from [https://www.ncsbn.org/Working\\_with\\_Others.pdf](https://www.ncsbn.org/Working_with_Others.pdf).
- WAC 246-840-910-970, Delegation Of Nursing Care Tasks In Community-Based And In-Home Care Settings. Washington Administrative Code, Retrieved from <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>.
- Washington State Nursing Care Quality Assurance Commission and The Washington State Office of the Superintendent of Public Instruction. (2000, April, rev 2005, December). Staff model for the delivery of school health. Retrieved from [www.doh.wa.gov/hsqa/professions/Nursing/documents/PracticeGuide/StaffModel.pdf](http://www.doh.wa.gov/hsqa/professions/Nursing/documents/PracticeGuide/StaffModel.pdf).
- RCW 18.79, Nursing Care, Revised Code of Washington.
- RCW 28A.210-260, Public and Private Schools, Oral Administration of Medications by, Conditions. Revised Code of Washington, Online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.210.260.services>. Washington State Department of Social and Health Services. Retrieved
- WAC 246-840, Practical and registered nursing, Washington Administrative Code, Last Update: 5/2/11, Retrieved from <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>
- WAC 246-840, Practical and Registered Nursing. Revised Code of Washington, Online at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>.
- Washington State Nurses Association, WSNA Position Paper on Registered Nurse Delegation in Community Based Settings, adopted 03/01 online at [www.wsna.org](http://www.wsna.org).
- Washington State Quality Care Assurance Commission and Office of the Superintendent

