



TITLE

**MEDICATION ADMINISTRATION**

SCOPE

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APPROVAL AUTHORITY

Vice President, System Innovations & Programs

SPONSOR

Seniors Health

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To ensure consistency and awareness of safe **medication administration** practices for **health care professionals** within the provincial **Continuing Care** program (inclusive of Home Living, Supportive Living, and Facility Living/Long-term Care).

## PRINCIPLES

Medication administration is a patient-centred, shared interprofessional responsibility to facilitate optimal medication therapy for all **patients** in a manner that promotes safe patient care.

**Health care professionals** must have the knowledge, competence and authorization to provide medication administration as determined by applicable regulatory bodies and Alberta Health Services (AHS).

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) within Continuing Care programs and settings.

## ELEMENTS

### 1. Patient Consent and Identity

- Informed consent** from the patient shall be obtained prior to administration of the medication unless there is an **emergency situation** and informed consent

cannot be immediately obtained in accordance with the AHS *Consent to Treatment/Procedures(s)* Policy.

- 1.2 A patient's identity shall be verified immediately prior to administering medications using at least two (2) patient identifiers in accordance with the AHS *Patient Identification* Policy.

## 2. Medication Orders / Prescriptions

- 2.1 Health care professionals shall adhere to their regulatory practice standards when prescribing, processing and enacting medication orders/prescriptions.
- 2.2 Health care professionals shall follow the AHS *Medication Orders* Policy and Procedure and *Verbal and Telephonic Medication Orders* Procedure whenever possible.
- 2.3 Unclear, inappropriate, or incomplete medication orders shall be clarified with the prescriber. In situations where the prescriber is not available, the health care professional should follow program-specific processes, in consultation with the manager, when required.
- 2.4 Pro re nata (as-needed or as-required; PRN) medication orders should indicate the specific time interval between doses (e.g., every 3 hours). Orders that include range time intervals (e.g. every 3-4 hours) shall be clarified with the prescriber. If clarification is not obtained, the health care professional shall use clinical judgement to choose one time within the ordered range for administration until the order can be clarified with the prescriber.
- 2.5 A health care professional who administers a medication or **natural health product** as ordered by an authorized prescriber requires a copy of the medication order or prescription to be accessible in the health record.  
  
**Note:** Health care professionals shall only administer natural health products that have been approved by Health Canada as evidenced by a natural product number (NPN) or homeopathic medicine number (DIN-HM).
- 2.6 Verbal (in-person) medication orders shall only be accepted by a health care professional in an emergent or urgent situation where delay in treatment would place a patient at risk of serious harm, and it is not feasible for the authorized prescriber to document the medication order (e.g., during a sterile procedure).
- 2.7 Telephonic (conveyed by telephone, telehealth, and/or radio) medication orders shall only be accepted by a health care professional where the authorized prescriber is not physically present to document the medication order and a delay in ordering, administering, or discontinuing the medication would compromise patient safety and care.
  - a) Medication orders shall not be accepted via text message or voicemail.

- b) Medication orders shall not be accepted by e-mail.

**Exception:** Hand-signed, scanned medication orders (new, refills, or changes) transmitted from authorized prescriber with an AHS internal email account to a health care provider with an AHS internal email account. Afterwards, a health care professional must verify the order.

### 3. Patient Education

3.1 Health care professionals shall provide the patient with:

- a) education on their medication, where appropriate, using an interdisciplinary approach; and
- b) information to engage in activities that support safe medication administration; participation in medication management processes.

### 4. Withholding/Refusal of Medication

4.1 When a health care professional identifies the need to delay or withhold a patient's medication, this shall be based on patient assessment and clinical judgement.

- a) The health care professional is responsible to discuss the delay or withholding of a medication with the patient and authorized prescriber, when indicated, based on clinical judgement and as soon as practical.

4.2 Where a patient refuses a medication, the health care professional shall:

- a) determine the reason for refusal;
- b) assess the patient's level of understanding about medication effects; and
- c) follow-up with the authorized prescriber as appropriate.

4.3 When medication is delayed, withheld or refused, the health care professional shall document in the patient's health record:

- a) the reason for medication delay, withholding or refusal;
- b) patient assessment performed;
- c) ongoing patient monitoring or follow-up performed;
- d) notification and/or follow-up completed with the authorized prescriber; and
- e) patient discussion.

## 5. Medication Administration

- 5.1 Health care professionals shall adhere to AHS Infection Prevention and Control routine practices and best practice guidelines, including but not limited to:
- a) effective hand hygiene (refer to AHS *Hand Hygiene* Policy and Procedure);
  - b) safe injection practices;
  - c) the use of aseptic technique; and
  - d) waste and sharps handling.
- 5.2 Health care professionals shall confirm the following information prior to administering medication to a patient:
- a) right patient (refer to section 1.2);
  - b) right medication;
  - c) right dose (amount);
  - d) right time;
  - e) right route;
  - f) right reason;
  - g) right documentation; and
  - h) right of refusal (refer to Section 7 of this document).
- 5.3 When administering PRN medications, the health care professional shall in addition to 3.1 & 3.2:
- a) assess the patient prior to administering the PRN medication;
  - b) document the time the PRN medication was administered;
  - c) re-assess the patient for effect of medication administered; and
  - d) document the effectiveness of the medication.
- Note:** PRN medication may only be administered for the indication identified in the order or prescription.
- 5.4 An **independent double-check** shall be performed in accordance with the AHS *Independent Double-check* Guideline prior to the administration of medications

identified as requiring an independent double check in the AHS *Management of High-Alert Medications* Policy, and other relevant policies (e.g., Zone/Local).

- 5.5 The same health care professional shall prepare and administer the patient's medication, with the exception of the following situations:
- a) pre-dosed medication from the drug manufacturer;
  - b) ready-to-administer medication prepared by a pharmacy;
  - c) when a health care professional prepares and initiates an intravenous (IV) medication, but due to the length of time required for its infusion, another health care professional assumes the responsibility to monitor, maintain and ensure the infusion is completed; and
  - d) an emergency lifesaving or code situation where one health care professional prepares and labels the medication for another health care professional to administer.

## 6. Monitoring Medication Response

- 6.1 In addition to monitoring for therapeutic effectiveness, health care professionals administering medications are responsible to monitor, and respond to, signs and symptoms of side effects or an **adverse reaction**.
- 6.2 AHS staff shall follow the AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy and Procedures if the adverse reaction meets the **clinical adverse event** definition under that Policy.

## 7. Clinical Adverse Events and Reporting

- 7.1 All clinical adverse events, close calls, hazards and **reportable incidents** should be reported and reviewed regularly by the care team, as determined by care setting, for the purpose of supporting the development of recommendations and actions for system improvements that will make patient care safer.
- a) AHS staff report using the **Reporting & Learning System (RLS) for Patient Safety**.
- 7.2 AHS staff shall follow the AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy and Procedures if a **clinical adverse event** meets the definition under that Policy.
- 7.3 As appropriate, complete and submit a **Reportable Incident** form to Alberta Health if the clinical adverse event meets the criteria for reporting (refer to Alberta Health *Compliance and Monitoring Reportable Incident Process*).

## 8. Documentation

- 8.1 When documenting in the patient health record, health care professionals shall adhere to AHS *Do Not Use List of Abbreviations, Symbols and Dose Designations for Medication-Related Documentation Policy*.
- 8.2 The health care professional performing medication administration shall document all related activities in the patient health record.
- a) Where narcotics and controlled drugs are administered, the amount of drug administered, amount used for priming and infusion and/or the amount wasted shall be documented.
- 8.3 Documentation shall align with legislated or other required best practices, and pertinent AHS Provincial or Zone Policy, for handwritten or electronic records.

## DEFINITIONS

**Adverse reaction** means a noxious or unintended reaction to a medication, food, environmental or blood/biologic substance not related to an immunologic response. [provisional definition from Provincial Allergy Working Group]

**Authorized prescriber** means a health care professional who is permitted by Federal and Provincial legislation, her/his regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

**Clinical adverse event** means an event that could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction, or require a change in care.

**Continuing Care** means Home Living, Supportive Living, Facility Living/Long-Term Care, hospice, and adult day program spaces.

**Emergency situation** means a circumstance which requires health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Independent double-check** means a verification process whereby a second health care professional conducts a verification of another health care professional's completed task. The most critical aspect is to maximize the independence of the double-check by ensuring the first health care professional does not communicate what he or she expects the second health care professional to see, which would create bias and reduce the visibility of an error.

**Informed consent** means the agreement of a patient undergoing a treatment/procedure after being provided with the relevant information about the treatment/procedure(s), its risks and alternatives and the consequences of refusal.

**Medication** means any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings, and restoring, correcting or modifying organic functions in human beings.

**Medication administration** means the activity of supplying to a client a dose of a medication for the purpose of immediate ingestion, application, inhalation, insertion, instillation, or injection. The administration of medications is more than just a psychomotor task of giving a medication to a patient. It is a cognitive and interactive aspect of care and involves assessing the client, making clinical decisions, and planning care based on this assessment. Medication administration requires the knowledge and skills of a competent health care professional.

**Natural health product** means medicinal products containing herbs, vitamins, minerals, and nutritional supplements (also known as traditional, natural, holistic or homeopathic medicines).

**Patient** means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and also means, where applicable: a) a co-decision-maker with the person; or b) an alternate decision-maker on behalf of the person.

**Reportable incidents** means, for the purposes of this document only, incidents that result in death or serious harm to a patient related to Accommodation Standards and/or Continuing Care Health Service Standards (CCHSS) as specified by Alberta Health.

**Reporting & learning system (RLS) for patient safety** means the electronic software program designated by Alberta Health Services to report patient related events resulting in adverse events, close calls or hazards.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Consent to Treatment/Procedures(s)* Policy (#PRR-01)
  - *Do Not Use List of Abbreviations, Symbols and Dose Designations for Medication-Related Documentation* Policy (#PS-08)
  - *Emailing Personal Identifiable Health Information* Procedure (#1103-01)
  - *Hand Hygiene* Policy and Procedure (#PS-02; #PS-02-01)
  - *Independent Double-check* Guideline (#PS60-01)
  - *Management of High-alert Medications* Policy suite (#PS-46)
  - *Medication Management in Continuing Care* Policy (#HCS-220)
  - *Medication Orders* Policy and Procedure (#PS-93; PS-93-01)
  - *Verbal and Telephonic Medication Orders* Procedure (#PS-93-02)
  - *Medication Reconciliation* Policy (#PS-05)
  - *Patient Identification* Policy (#PS-06)

- *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events*  
Policy suite (#PS-11-01)
- Alberta Health Services Resources:
  - *Infection Prevention Control, Routine Practices, Best Practice Guidelines* and Resources (<https://www.albertahealthservices.ca/info/page6410.aspx>)
  - *Medication Administration Competency Permitted by Regulation under the Health Professions Act*
- Non-Alberta Health Services Documents:
  - *Compliance and Monitoring - Reportable Incident Decision Process (Alberta Health)*
  - *Reportable Incident Form (HCE0001) (Alberta Health)*

## VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item
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