



TITLE

MEDICATION ADMINISTRATION

SCOPE

Provincial: Seniors Health and Continuing Care

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HCS-219

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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 provincial **Continuing Care** programs.

PRINCIPLES

- Medication administration is a patient-centred, shared inter-professional 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).

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 Suite*.
- a) For additional guidance, see the AHS *Medication Orders Policy Suite – FAQ for Continuing Care*.

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 and 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 the AHS *Hand Hygiene Policy Suite*);
 - 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 above);
 - b) right medication;
 - c) right dose (amount);
 - d) right time;
 - e) right route;
 - f) right reason;
 - g) right documentation; and
 - h) right of refusal (see Section four (4) above).
- 5.3 When administering PRN medications, the health care professional shall in addition to Sections 3.1 and 3.2 above:
 - 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 the effect(s) 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 Suite, 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, Responding To, and Learning From Hazards, Close Calls, and Clinical Adverse Events* Policy Suite if the adverse reaction meets the definition of a **clinical adverse event** 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 the 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, Responding To, and Learning From Hazards, Close Calls, and Clinical Adverse Events* Policy Suite 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 the 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 the 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 the AHS *Clinical Documentation Directive* and AHS *Clinical Documentation Process Directive*, and/or required best practices and pertinent AHS provincial or Zone policies for handwritten or electronic records.

DEFINITIONS

Clinical adverse event means an event that reasonably 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 with health care management or require a change in patient care.

Continuing Care means an integrated range of services supporting the health and wellbeing of individuals living in their own home, a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis, or the length of time they may require service, but by their need for care.

Emergency situation means a circumstance which requires immediate 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 Professions Act (Alberta)*, and who practises within scope and role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

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 they expect the second health care professional to see, which would create bias and reduce the visibility of an error.

Informed consent means the patient's agreement (or alternate decision-maker) to undergo a treatment/procedure after being provided, in a manner the patient can

understand, with the relevant information about the nature of the treatment/procedure(s), its benefits, potential risks and alternatives, and the potential 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 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 also includes a cognitive and interactive aspect of care involving assessing the patient, making clinical decisions, and planning care based on this assessment. Medication administration requires the knowledge and skills of a competent health care professional.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient 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 incidents that result in death or serious harm to a patient related to the *Accommodation Standards* and/or *Continuing Care Health Service Standards* (CCHSS) as specified by Alberta Health.

Reporting and 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:
 - *Clinical Documentation Directive* (#1173)
 - *Clinical Documentation Process Directive* (#1173-01)
 - *Collection, Access, Use and Disclosure of Information Policy* (#1112)
 - *Consent to Treatment/Procedure(s) Policy* (#PRR-01)
 - *Do Not Use List of Abbreviations, Symbols and Dose Designations for Medication-Related Documentation Policy* (#PS-08)
 - *Hand Hygiene Policy Suite* (#PS-02)
 - *Independent Double-check Guideline* (#PS-60-01)
 - *Management of High-alert Medications Policy Suite* (#PS-46)
 - *Medication Orders Policy Suite* (#PS-93)
 - *Patient Identification Policy* (#PS-06)
 - *Recognizing, Responding To, and Learning From Hazards, Close Calls, and Clinical Adverse Events Policy Suite* (#PS-95)
- Alberta Health Services Resources:

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- *AHS Medication Orders Policy Suite – FAQ for Continuing Care*
- *Infection Prevention Control, Routine Practices, Best Practice Guidelines and Resources*
- Non-Alberta Health Services Documents:
 - *Compliance and Monitoring Reportable Incident Process (Alberta Health)*
 - *Continuing Care Health Service Standards (Alberta Health)*
 - *Medication Management Standards (College of Registered Nurses of Alberta)*

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