

ABSOLUTE SCOOP

DID YOU KNOW?

Studies show that 20-50% of medication errors in long-term care facilities occur during administration, the most common errors involve:

- Wrong time
- Omission
- Wrong dosage



THE FIVE RIGHTS OF MEDICATION ADMINISTRATION

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In the complex world of long-term care, accuracy is paramount, especially when it comes to administering medication. It has often been said “the right medicine at the wrong time is the wrong medicine.” While this speaks to the importance of timing, this is only one of five critical factors of medication administration. To ensure safe and effective treatment, nurses should consistently implement the “Five Rights” for every medication: the right patient, right medication, right dose, right route, and right time.

Studies show that 20-50% of medication errors in long-term care facilities occur during administration, with the most common errors involving the wrong time, omission, and wrong dosage. Seven medications account for 28% of all medication errors in long-term care: lorazepam, oxycodone, warfarin, furosemide, hydrocodone, insulin, and fentanyl. The primary causes of these errors are reported to be human error and distractions ¹².

1. Right Patient

Always strive to use at least two identifiers to confirm resident identity. This could include asking the resident for their name, using a wristband barcode, or confirming the resident’s identity with a photograph in the eMAR. To maintain accuracy, it is recommended to update photographs in electronic records every six months.

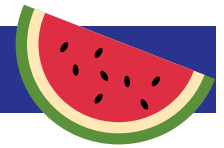
2. Right Medication / 3. Right Dose

Administering the wrong medication or dose can have extreme consequences. When passing medication, ensure the medication aligns with the resident’s conditions. Absolute packages medications with descriptions and/or photos to assist with correct identification. Always be aware of look-alike, sound-alike medications.

4. Right Route

This “Right” is more than appropriately giving medications orally, by IV, topically, etc. It also encompasses how the medication is given. Hand hygiene and other infection control measures are crucial. Use clean barriers, especially with complex administrations like G-Tube meds, multiple eye drops, and blood glucose checks. Also consider appropriate medication crushing. Any enteric-coated or delayed/sustained release medication should NOT be crushed as it could lead to overdose, underdose, or increased side effects. Watch for Protonix, Metoprolol XL, and Oxybutynin ER - these are some of the most commonly ordered meds in LTC that should not be crushed.

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5. Right Time

Timing is critical for passing medications. Missing a dose can result in rebound side effects, such as rebound hypertension from missing a dose of metoprolol. Proper timing also includes spacing medications from food when necessary – for example, levothyroxine and alendronate.

Minimizing Medication Administration Errors

To minimize medication pass errors, facilities can:

- Encourage nurses to follow a Triple Check Process during medication administration. A sample triple check system could involve checking:
 - When the medication is taken out of the drawer
 - When the medication is being poured
 - When the medication is being put away, or at bedside
- Eliminate distractions during med pass. Create a culture that allows nurses to pass meds without interruptions by delegating / postponing tasks to relieve the number of duties the nurse must attend to during med pass.
- Observe med passes and educate staff. Use Absolute Pharmacy’s **Med Pass Audit Checklist** to observe medication passes, record details throughout the audit, and educate staff.

References

1. Keers RN, Williams SD, Cooke J, Ashcroft DM. Prevalence and nature of medication administration errors in health care settings: a systematic review of direct observational evidence. *Ann Pharmacother.* 2013 Feb;47(2):237-56. doi: 10.1345/aph.1R147. Epub 2013 Feb 5. PMID: 23386063.

2. Pierson, S, Hansen R, Greene S, et al. Preventing medication errors in long-term care: results and evaluation of a large scale web-based error reporting system. *BMJ Quality & Safety* 2007; 16:297-302

About the Author



Outside of work, Eric loves to spend time outdoors including hiking, running, backpacking, gardening, and photography. He enjoys traveling with his wife and 2 children.

Eric McCaw, RPh, BCGP is a consultant pharmacist. Eric graduated from The Ohio State University. He began working at Absolute Pharmacy as an in-house operations pharmacist in 2006. In 2010 he transitioned to consulting and has enjoyed working with many facility staff members throughout Ohio while striving to improve the lives of the residents.

Why do bananas use sunscreen?

Because they peel.



What are a school teachers favorite 3 words?

June, July, & August.