POLICY STATEMENT:

This policy is to act as a guide for personnel when administering medication as ordered by the Licensed Independent Practitioner.

SCOPE:

This policy applies and will be distributed to all TTUHSC Ambulatory Clinics.

PROCEDURE:

1. Medications may only be prescribed by Licensed Independent Practitioners according to federal and state regulatory requirements. Mid-level providers with prescriptive authority may also prescribe as per protocol, in compliance with federal and state Prescriptive Authority Rules and Regulations.

2. Licensed Independent Practitioners, mid-level providers, and staff who participate in the management of patients medications have access to the following:
   a. age
   b. sex
   c. diagnosis
   d. allergies
   e. sensitivities
   f. current medications
   g. height and weight (when necessary)
   h. pregnancy and lactation (when necessary)
   i. laboratory results (when necessary)

3. Licensed Independent Practitioners and Mid-level Providers with prescriptive authority may do the following:
   a. order medications to be given in the clinic to be administered by designated personnel
   b. give patients paper copies of prescriptions meeting regulatory requirements
   c. complete “triplicate” forms which will be included in the paper chart and/or scanned into the electronic medical record
   d. electronically submit prescriptions directly to a pharmacy of the patient’s choice
4. **Physician/Practitioner Order:** An order is required before administration of any medication. The order should include the name of the medication, the amount, the route, date, and the frequency of administration.

   a. The order should be written and signed or ordered through the patient’s Electronic Medical Record (EMR) by the physician/practitioner. Telephone or verbal medication orders should be written out and read back to the physician/practitioner to avoid medication error. The physician/practitioner should sign the phone, verbal, or electronic order as soon as possible upon his/her return to the clinics. (see Policy 3.04).

   b. If the order is not clear or there appears to be an error, it is the person administering the medication who is responsible to clarify the order prior to administration.

5. **Personnel:** Licensed nursing personnel or designated certified/trained technicians/medical assistants only may administer medications. All IV infusions and IV medications are administered by a licensed physician, practitioner or nurse.

6. **Preparation of Dosage:**

   a. Check medication with order.

   b. Check that no contraindications exist.

   c. Do not give drugs which have changed color, consistency or odor, or are outdated (expired); do not give medications from unlabeled containers or one with defaced label (only a pharmacist may fill bottles or change labels).

   d. Check that medication is being administered at proper time, in the prescribed dose, by the correct route.

   e. “Exercise caution in mixing medications – do not give if there is a noted change in clarity or a precipitate if formed when mixed.

   f. Tablets, capsules: pour desired number into cap of bottle and from there into medicine cup; do not touch medications with fingers or return medication to container from cup.

   g. Liquids: shake thoroughly unless contraindicated on label; pour medication with cup on level surface at eye level; pour until the bottom of the meniscus is level with the desired amount marked on the cup. Use appropriately marked cup or syringe – do not estimate doses between marked lines. Wipe the edge of the bottle before replacing cap so that the cap does not stick.

7. **Injections:**

   a. Vials: clean rubber stopper thoroughly with alcohol sponge, inject air into vial in an equal amount to the solution to be withdrawn.

   b. Ampules: break off top of ampule away from body along colored line around the neck.

8. **All insulin injections must be checked** by two licensed nurses prior to administration.

9. **Administration:**

   a. Before administering any medication, the person administering the medication should know the following:

      1) the usual dose and route of administration, including special instructions, (document that these instructions have been given)

      2) the patient’s diagnosis and the disease process involved

      3) patient allergies
4) use two patient identifiers to identify the patient prior to the administration of the medication (ask patient name and birth date)

b. The person who prepares the medication should administer it and document it as being given. Prepared medications should never be left unattended, and meds should be documented as soon as they are given, to include the medication administered, the route, dosage, date, time given and location.

c. After administration of any drug, the patient’s reaction should be observed for an appropriate time interval based on medication, patient, physician’s protocol and documented to include the following, as appropriate:

1) Desired results, such as reduction of pain, fever, etc.

2) Unexpected side effects, adverse drug reaction (see Ambulatory Clinic Policy 4.07, Adverse Drug Event Reporting).

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, Schools of Medicine.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

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<th>Signatory approval on file by:</th>
<th>Steven L. Berk, MD</th>
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