

**CENTER OF SPECIAL CARE  
POLICY AND PROCEDURES**

<b>TITLE:</b> MEDICATION: DISTRIBUTION, SCHEDULING AND ADMINISTRATION	<b>EFFECTIVE/REVISED DATE:</b> 7/9/2025
<b>LAST REVIEWED WITHOUT CHANGES DATE:</b> 09/13/17	
<b>RESPONSIBLE DEPARTMENT/COMMITTEE:</b> PHARMACY & THERAPEUTICS	
<b>APPROVED BY:</b> MEDICAL STAFF EXECUTIVE COMMITTEE	
<b>CITATION/REFERENCE:</b> CMS 42 CFR §482.23(c), HOSPITAL FOR SPECIAL CARE "IDENTIFICATION OF PATIENTS" POLICY	
<b>REPLACES/PREVIOUS TITLE:</b> N/A	

**PURPOSE:**

To provide guidelines for the safe and accurate distribution, scheduling and administration of medications that have been ordered by the prescribing practitioner.

**POLICY:**

1. The Pharmacy will maintain a modified unit dose drug distribution system which will facilitate the provision of the prescribed medication to the correct patient at the correct time and via the proper route.
  - 1.1 Equipment to be used in conjunction with medication administration will be provided by the appropriate department.
2. The Pharmacy will stock these medications on the appropriate medication cart in the drawer labeled with the patient's name or within the Pyxis Medication Stations.
3. The administration of medication may be performed by licensed staff who have received appropriate training and are acting within their scope of practice. Categories of authorized staff include: registered nurses, licensed practical nurses, and respiratory therapists.
4. See "Medication Administration Record" (M.A.R.) policy for documentation of medications.
5. M.A.R.'s for the patients are accessed via the electronic medical record (EMR).
6. The medication carts which house patient-specific medications must be locked when a nurse is not in attendance and when not in nurse's field of vision. The medication carts must be locked in the medication room or secured via the Secure Care System attached to the cart.
7. Universal body substance precautions will be maintained.
8. Care provided will incorporate an awareness of age related-development, physical needs, and cultural awareness.

**PROCEDURE:**

I. Distribution:

1. The Pharmacy will provide medications for patient administration only upon receipt of an order as described in the policy "Medication and Treatment Orders."
2. Ordered medications will be provided in a unit dose or unit of use form whenever feasible and cost effective.
3. Compounded oral preparations are created per published recipe standards.
4. Medication orders will be processed by the pharmacist as specified in the Hospital for Special Care policy, "Medication and Treatment Orders." As a result of such processing, the pharmacy profile and pick-list are generated by the pharmacy information system. All such orders are, by definition, reviewed by the pharmacist prior to implementation except as defined in the "Medication Contingency" policy.
5. Pharmacy staff members fill the unit dose drawers or the Pyxis stations as indicated by the respective pick list.
  - 5.1 For units utilizing patient-specific medication drawers, each drawer is labeled with the patient's full name or the patient's medical record number. All non-controlled and non-refrigerated oral, otic, ophthalmic, and parenteral medications are stored in the patient's unit-dose drawer. No other objects/items may be so stored.
  - 5.2 For units with full Pyxis dispensing, all medications will be stored in the Pyxis stations. Patient-specific bulk (i.e. otic/ophthalmic drops) and parenteral medications will be securely stored in the medication room, medication cart, and/or a locked refrigerator if necessary.
6. Topical (external) medications must be stored separate from any oral medications.
7. Controlled drugs will be stored as specified in the HFSC policy, "Controlled Drug Regulations" and/or "Pyxis Station Storage, Record Keeping and Distribution" Policy.
8. Medication cart exchange for the pediatric unit will occur on Monday, Wednesday, and Friday.
9. The Pharmacy will be responsible for cleaning the patient unit dose drawers during the fill process. The nursing units own and maintain the unit dose cart itself. Cleaning will employ a hospital germicide approved by Infection Prevention and Control.
10. Multi-dose medications administered to patients on isolation must be securely stored in the patient's room for the duration of use. This includes, but is not limited to, topicals, inhalers, and ear/eye/nose medications.

II. Scheduling of Medications

1. Pharmacy reviews order and validates prescribed dosing schedule to achieve and/or maintain therapeutic blood levels, while allowing patient adequate sleep cycle. Pharmacy will identify medications that need to be administered on a schedule other than the patient care unit's standard times for administration (due to drug-drug interactions, etc.), and will

designate the time of administration. Nursing may make scheduling change requests through the EMR messenger system or re-schedule medication times with pharmacy notification.

2. Time Critical Scheduled Medications: Categories of time-critical medications include:
  - a) Medications with a dosing schedule more frequent than every 4 hours
  - b) Pain medications
  - c) IV Antibiotics
  - d) Insulin
  - e) Anticoagulants

A time critical medication is a medication in the above categories that is scheduled for administration in equally spaced increments (for example, "q 6 hours"). If a time-critical medication is administered early or late (30 minutes before or after the scheduled time), the medication may cause harm or result in substantial sub-optimal therapy or pharmacological effect.

3. If the delayed or missed dose affects the patient's physical condition or is considered a potentially clinically significant event, communication with the prescribing practitioner must be performed and an occurrence report should be completed. (See "Occurrence Reporting" policy.)
4. The Adverse Drug Reaction (ADR) Form should only be completed if the patient experiences an allergic or other adverse reaction to the medication, or a significant event occurs as defined in the "Medications: Adverse Drug Reaction Reporting" policy.

### III. Administration:

1. Before administering any medication, verify patient's identity by using 2 hospital approved identifiers, e.g. patient's identification band and photo I.D. (See "Identification of Patients" policy.)
2. Explain medication procedure and any medication goal to patient.
3. Before administering any medication, check the M.A.R. for several key points:
  - 3.1 There must be a verified order. (See Medication Administration Record Procedure.)
  - 3.2 Check the order expiration date to assure the order is still current.
  - 3.3 Check to see if there are any qualifiers and/or circumstances where medications may be held or delayed in accordance with nurse's/Respiratory Therapist's professional judgment (e.g., hold if blood pressure is less than 90 systolic; food or drug interactions).
  - 3.4 Allergies or adverse drug reactions.
4. Once all of the above has been verified, the licensed nurse or respiratory therapist may begin administering medications using the M.A.R. as the guide.

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- 4.1 Nurses will document administration of medications using Knowledge Based Medication Administration (KBMA)
- 4.2 Visually examine medications and packaging, checking expiration date and any abnormalities of medication
- 4.3 Scan each medication using KBMA in the electronic health record
5. When administering medications, verify the 8 “Rights” of medication administration.
  - 5.1 Right patient
  - 5.2 Right drug
  - 5.3 Right dose
  - 5.4 Right route
  - 5.5 Right time
    - 5.5.1 **1-hour window:** Time-critical medications are administered within a 1 hour window (30 minutes before or after the scheduled time).
    - 5.5.2 **2-hour window:** Medications prescribed more frequently than daily, but no more frequently than every 4 hours, will be administered within a 2-hour window (1 hour before or after the scheduled time).
    - 5.5.3 **4-hour window:** Medications prescribed for daily or less frequent administration will be administered within a 4-hour window (2 hours before or after the scheduled time).
  - 5.6 Right documentation
  - 5.7 Right reason
  - 5.8 Right response
6. After scanning medications, mark scan complete. Administer the medication using the 8 rights. Document on the MAR must be complete. Educate patient or responsible party of any potential adverse reactions, then mark as done.
  7. Close out the KBMA window and return to the worklist to ensure the medications administered were signed off and no medications were missed.