UC Riverside, School of Medicine Policies and Procedures
Policy Title: Medication Management
Policy Number: 950-03-010

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	03/01/2016
Date of Revision:	07/15/2022
Scope:	UCR Health Clinics

I. Policy Summary

This policy is intended to serve as a guideline for compliance with State and Federal laws and regulations as well as to ensure medication safety in the clinic setting. The policy covers medications orders, storage, administration, patient monitoring and documentation.

II. Definitions

N/A

III. Policy Text

N/A

IV. Responsibilities

Licensed health care personnel and all clinic staff.

V. Procedures

A. Medication order

1. Medications may only be prescribed by licensed individual practitioner (LIP) or resident physicians according to federal and state regulatory requirements. Mid-level providers with prescriptive authority may also prescribe as per standardized protocol, in compliance with State and Federal regulations.
2. The order should be written and signed or ordered through the patient's EMR by the physician/practitioner.
3. An order is required before administration of any medication in the clinic. The order should include the name of the medication, the dosage, the route, date, and frequency of administration.
4. All medication orders should contain one specific dosage, never a dosage range, except for those orders using a sliding scale where the parameters are specified by the provider. Orders for medications that are not specific to strength and/or dosage must be cleared with the provider.
5. Any Physicians or Providers who prescribe Schedule II-IV controlled substance must consult the Controlled Substance Utilization Review and

Evaluation System (CURES) database and run a Patient Activity Report (PAR) on each patient the first time a patient is prescribed, ordered, or administered a Schedule II-IV controlled substance. The PAR must be run within twenty-four hours, or the previous business day, before prescribing, ordering, or administering the controlled substance. In addition, a physician/provider must also query the database at least once every four months if the controlled substance remains a part of the patient's treatment plan.[i]

B. Medication storage

1. Medications will be stored according to manufacturer's guidelines.
2. Medications will be maintained and stored in areas not readily accessible to patients. Rooms or storage areas where medications are kept will be secured when not supervised.
3. Medications labeled and intended for external use only (topical) shall be stored separately from oral and injectable medications.
4. Germicidal, cleaning agents and test reagents are stored separately from all drugs.
5. Medications requiring refrigeration will be stored only in refrigerators used for no other purpose than medication storage and is in a secured area. Medication shall not be stored in a refrigerator with any food or lab specimens.
6. The expiration date of all medications will be checked prior to administration.
7. Medication containers shall not be cracked, soiled or without secure closures.
8. Multi dose medications:
9. If multi-dose vials are used, aseptic technique must be strictly adhered to:
    a. Avoid touch contamination.
    b. Cleanse the vial diaphragm or septum with 70% alcohol before inserting an access device (needle or other).
    c. Use only sterile, single-use syringes and access devices and discard them after each use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
    d. Do not leave access device in diaphragm or septum.
    e. Any open vial that appears to be contaminated or discolored shall be discarded and not used.
    f. All multi-dose medications and solutions and vials will be dated and initialed upon opening.
    g. All open multi-dose vials, except for vaccines, will be used for no more than 28 days unless the manufacturer specifies otherwise.
    h. Vaccines in multidose vials that do not require reconstitution can be administered until the expiration date printed on the vial or vaccine packaging **if** the vial has been stored correctly and the vaccine is not visibly contaminated, unless otherwise specified by the manufacturer.

C. Medication preparation

1. Medications will be prepared immediately prior to administration, particularly medications prepared for parenteral administrating, according to unit dose protocol. To the maximum extent possible, drugs are to be administered by the person preparing the dose (except when unit dose system is used).
2. Medication preparation will be conducted in specific areas designated by each clinic. Medications are not to be prepared in soiled utility rooms or areas that are at high risk of exposure to contaminants.
3. The person who prepares the medication should administer it and document it as it is being given. Prepared medications should never be left unattended. Medications should be documented as soon as they are given, to include the medication administered, the route, dosage, date, time given, and location.
4. It is not recommended that medications be prepared ahead of time. Medications that are drawn/prepared and not immediately used need to be labeled.
5. Medication labeling process [ii]: In all procedural settings both on and off the sterile field, qualified staff or medical providers shall do the following:
    a. label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.
    b. In all procedural settings both on and off the sterile field, ensure that labeling occurs when any medication or solution is transferred from the original packaging to another container.
    c. Ensure that in all procedural settings both on and off the sterile field, medication or solution labels will include the following:
        i. Medication or solution name
        ii. Strength
        iii. Amount of medication or solution containing medication (if not apparent from the container)
        iv. Diluent name and volume (if not apparent from the container)
        v. Expiration date when not used within 24 hours
        vi. Expiration time when expiration occurs in less than 24 hours
    d. Verify all medication or solution labels both verbally and visually. Verification shall be performed by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.
    e. Label each medication or solution as soon as it is prepared unless it is immediately administered. Note: An immediately administered medication is one that a qualified staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
    f. Immediately discard any medication or solution found unlabeled.
    g. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure. Note: This does not apply to multiuse vials that are handled according to infection control practices.

h. Ensure that all medications and solutions both on and off the sterile field along with their labels are reviewed by entering and exiting staff and providers responsible for the management of medications.

D. Medication administration

1. Medications may only be administered to patients by authorized personnel upon an order by a lawfully authorized prescriber. UCR Health personnel who are authorized to administer medications under their scope of practice include: physicians, physician assistants, nurse practitioners, registered nurses, and licensed vocational nurses.
   a. Medical assistant limitations: Medical assistants may administer medication orally, sublingually, topically, vaginally, or rectally, or by providing a single dose to a patient for immediate self-administration. They may administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the medical assistant, a licensed physician or podiatrist, or another person authorized by law to do so shall verify the correct medication and dosage. Medical assistants are not authorized to administer any anesthetic agent. [iii]
   b. Medical assistants will not administer medications or injections into an IV line and will not place the needle, start or disconnect infusion tube of an IV.
   c. All injections and oral medications given by a medical assistant must be shown to a provider before dispensing or injecting.

2. Authorized personnel administering a medication are responsible for:
   a. Knowing a drug's usual dosage range, indications, side effects, contraindications, toxicity, stability, expiration date and the patient's hypersensitivity or allergies.
   b. Ensuring that the fundamentals of medication administration are followed: right patient, right drug, right dose, right route, and right time.

3. Prior to the administration of insulin, the amount ordered, and amount prepared must be checked by two licensed nurses or a licensed nurse and a provider.
4. For injectable medication administration:
   a. Use universal and bloodborne pathogen precautions
   b. Use safety needles
   c. Incompatible injectable (intramuscular, subcutaneous) medications will be administered at different injection sites.
   d. Injections that Medical Assistants are **not** allowed to administer:
      i. Insulin
      ii. Rocephin
      iii. Gentamicin
      iv. Lidocaine
      v. Mixed/diluted medications (excluding vaccines)

vi. Any anesthetic agent

e. Subcutaneous injections can be administered in one (1) of the following sites:

vii. The outer aspect of the arms

viii. The abdomen from below the costal margins to the iliac crests

ix. The anterior aspects of the thigh

5. Patient identification: Qualified staff or LIPs shall identify each patient using at least two patient identifiers prior to administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. [iv]

E. Post medication administration monitoring

1. After administration of any medication, 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:
   a. Desired results, such as reduction of pain, fever, etc.
   b. Unexpected side effects, adverse drug reaction

F. Post medication administration documentation

1. Documentation by the person administering the medication(s) will include the following
   a. Medication, dosage, frequency, and route
   b. Date and time of administration
   c. Site/location of any injection
   d. The lot and/or vial number if medication was dispensed from a multi-dose container
   e. Patient response to medication as indicated.

VI. Forms/Instructions

N/A

VII. Related Information

950-030-001 Medication and product sample management and control

VIII. Revision History

New 3/2016
Revised 5/2019
Revised 7/5/2022

Approvals:

COMPLIANCE COMMITTEE (08/17/2022)

DocuSigned by:
Paul Hackman
BC6CF44DC0404EA...

8/22/2022 | 9:48 AM PDT

PAUL HACKMAN, J.D., L.LM.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

DATE

DocuSigned by:
Deborah Deas
870C12B416E04CB...

8/22/2022 | 7:24 PM PDT

DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

DATE

[i] SB-482 Controlled substances: CURES database (Internet), California legislative information,2016 (cited 2022, July 15). Available from: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB482

[ii] 2022 National Patient Safety Goals for ambulatory healthcare program (internet), The Joint Commission, 2021, Oct (cited 2022, July 15). Available from: https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2022/npsg_chapter_ahc_jan2022.pdf

[iii] 16 CCR § 1366 Title 16 Division 13 Chapter 3 Article 2 § 1366. Additional Technical Supportive Services (internet), The Barclays Official California code of regulations, 2022, July (cited 2022, July 15). Available from: https://govt.westlaw.com/calregs/Document/I256F9340D48D11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

[iv] 2022 National Patient Safety Goals for ambulatory healthcare program (internet), The Joint Commission, 2021, Oct (cited 2022, July 15). Available from: https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2022/npsg_chapter_ahc_jan2022.pdf