Institution Name: Al Masarra Hospital

Document Title: Policy and Procedure of Medication Administration and Follow Up

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
Reviewed by	Najla Al Zadjali	HoD Quality Management and Patient Safety	Al Masarra Hospital	25/7/22	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	July 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	25/7/22	

Content Table:

Acronym

IV	Intravenous
CDs	Controlled Drugs
WCDR	Ward Controlled Drugs Register
ADR	Adverse Drug Reaction

Policy and Procedures of Medication Administration and Follow Up

1. Introduction

The administration of medicines is not solely a mechanical task. It requires thought and use of professional judgment. Monitoring is a process that ensures the medication therapy is appropriate and effective, while minimizing the occurrence of adverse events. All patients/clients have the right to have any proposed treatment including risks involved in that treatment and any alternatives clearly explained before they agree to consent. This document will help to define responsibility and outline process for safe administration of medications by the health care professionals.

2. Scope

The document is applicable to all the Doctors / Nurses / Pharmacy professionals of Al Masarra Hospital.

3. Purpose

3.1 To outline the administration and follow up of medications.

3.2 To establish a mechanism to ensure that the medications prescribed and administered are evaluated and monitored and the medication therapy is appropriate and thereby reducingthe potential for preventable medication errors or adverse events.

4. Definitions

4.1 Medication Order: A written order by a Physician, Dentist for a medication to be dispensedby a pharmacy for administration to the patient.

4.2 Authorized Prescribers: Those physicians permitted by the hospital admin level and byrelevant licensure, laws, and regulations to prescribe or order medications.

4.3 Medical Practitioner: A person who is skilled in the science of medicine; a doctor /Nurse /Pharmacist.

4.4 Antidote: A medicine / chemical substance for to counteract / stops / limits the effects of apoison.

5. Policy

5.1 The hospital has a collaborative process, involving physicians, nurses, and pharmacists, to monitor the patient's response to medications.

5.2 The hospital Nursing and Pharmacy department must have a process for monitoring the response to the first dose of medications that are new to the patient.

5.3 A patient response to medication must be monitored according to the clinical needs of the patient, and actual or potential medication-related problems should be addressed. Drug therapy must be stopped, following appropriate protocol, if it is not effective, or the risks outweigh the benefits.

5.4 After prescribing, physicians must inform patients of the need for follow-up care to monitor whether any changes to the treatment plan are required.

5.5 Intravenous medications have a more rapid effect on the body, it is important that staff administering medications understand each medication and its monitoring requirements.

5.6 When administering a medicine, assisting in its administration or overseeing self-administration, the health practitioner must be satisfied that:

5.6.1 The patient that has been given the purpose of the treatment and possible side effects.

5.6.2 The practitioner has an understanding of substances used and possible side effects.

5.6.3 The practitioner is aware of any monitoring requirements and is satisfied these are being undertaken.

5.6.4 The practitioner is able to justify any actions taken.

5.7 Medicines must only be prepared, checked or administered to a patient by a competent health care staff only from the categories of Doctors / Nursing / Pharmacy professionals.

5.8 A practitioner in training/Student Nurse can only administer medicines under the direction and direct supervision of a registered nurse. The Staff Nurse remains responsible forensuring that the correct procedure takes place.

6. Procedure

6. 1 Medication Administration

Prior to administration, the Health Practitioner/Nursing staff administering the medication shall ensure the 10 Rights of Medication Administration:

6.1.1 Right Patient

6.1.1.1 Always check patient's identification bracelet.

6.1.1.2 Ask patient to state their name and birth date.

6.1.1.3 Compare medication order to identification bracelet and patient's statedname and birth date.

6.1.1.4 Verify patient's allergies with chart and with patient.

6.1.2 Right Medication

6.1.2.1 Perform a triple check of the medication's label.

6.1.2.2 Retrieve the correct medication.

6.1.2.3 Prepare the right medication.

6.1.2.4 Check the right medication before administering to the patient.

6.1.2.5 Always check the medication label with the physician's orders.

6.1.2.6 Never administer medication prepared by another person.

6.1.3 Right Dosage

6.1.3.1 Check label for medication concentration.

6.1.3.2 Compare prepared dose with medication order.

6.1.3.3 Triple all medication calculations.

6.1.3.4 Check all medication calculations with another nurse.

6.1.3.5 Verify that dosage is within appropriate dose range for patient and medication.

6.1.4 Right Route

6.1.4.1 Verify medication route with medication order before administering.

6.1.4.2 Administer medications only via route specified in order.

6.1.5 Right Time

Verify the medication order with:

6.1.5.1 Date and Time

6.1.5.2 Specified period of Time

6.1.5.3 Check last dose of medication given to patient.

6.1.5.4 Administer medication within 30 minutes of schedule.

6.1.6 Right Education

6.1.6.1 Inform the patient the medication being administered.

6.1.6.2 Inform patient the side effects of medication.

6.1.6.3 Ask the patient if he/she has any known allergies to medication.

6.1.7 Right to Refuse

The legally responsible party (patient, parent, family member, guardian, etc.) forpatient's care has the right to refuse any medication.

6.1.7.1 Inform responsible party the consequences of refusing medication.

6.1.7.2 Verify that responsible party understands all of these consequences.

6.1.7.3 Notify physician about the ordered medication and document the notification.

6.1.7.4 Document refusal of medication and that responsible party understandsconsequences.

6.1.8 Right Assessment

6.1.8.1 Properly assess the patient and tests to determine if medication is safeand appropriate.

6.1.8.2 If judged unsafe or inappropriate, notify ordering physician / ClinicalPharmacist and document notification.

6.1.8.3 Document that medication was not administered and the reason that dosewas skipped.

6.1.9 Right Evaluation

After the medication has been administered:

6.1.9.1 Assess patient for any adverse side effects.

6.1.9.2 Assess patient for effectiveness of medication.

6.1.9.3 Compare patient's prior status with post medication administration status.

6.1.9.4 Document patient's response to medication.

6.1.10 Right Documentation

6.1.10.1 Never document before medication is administered.

6.2 Examining Medication

6.2.1 Visually inspect the medication for particulates, discoloration, or other loss ofintegrity.

6.2.2 Verify the medication has not expired.

6.2.3 Resolve any concerns about the medications with the Pharmacist, prescriber, and /or staff involved with the patient's care.

6.3 Weight based orders - For Child / Adolescent / Geriatric patients

6.3.1 Weigh the patient.

6.3.2 Check the age of the patient.

6.3.3 Use milligram /kilograms (per kg body weight) dosing.

6.4 Administration of Controlled Drugs (CDs) for In-Patient: *Wards/Units*

6.4.1 People who can administer CDs:

6.4.1.1 Licensed Physicians / Doctors (Starting from Registered MedicalOfficers).

6.4.1.2 Registered Staff Nurses.

6.4.2 Except in exceptional circumstances, the person prescribing the CDs should notpersonally undertake all of the following tasks:

6.4.2.1 Preparation of Controlled Drugs

6.4.2.2 Dispensing of Controlled Drugs

6.4.2. Administration of Controlled Drugs

6.4.3 A record of each administration should be documented/kept in the relevant patient clinical notes. This record should specify the date, time, strength, and form of administration, dose administered as well as the name and occupation of the person administering it.

6.4.4 **Naloxone** injection, an **antidote** to opiate-induced respiratory depression, should be available in all the clinics/ward where morphine injections are stored and administered, including GPs.

6.4.5 Controlled Drugs (CDs) must be administered by an authorized staff nurse and must be checked by another registered staff nurse as witness. The witness is not a mere formal presence but to confirm that regulations are followed. Both these persons must remain present throughout the entire procedure.

6.4.6 Check if the prescription is legible and valid. In the case of narcotic prescription, confirm both the part is counter signed by the prescriber.

6.4.7 Prepare the medicine for administration and lock the remaining CDs away in the CD cabinet.

6.4.8 Confirm the identity of the patient before administering the medication with other supporting documents.

6.4.9 Documentation: It is necessary to put initial/sign the patient's prescription chart by the designated/authorized nursing staff at the time of administration.

6.4.10 The Staff Nurse administers medication, and witness staff shall ensure the remaining details are recorded in the WCD Register and also to be documented in the Nursing Kardex/Hospital Information System (Al Shifa 3+).

6.4.11 The Staff Nurse who administers the dose shall sign the 'given by' column and the witness the 'witnessed column' in the WCD Register.

6.4.12 Treatment with CDs to be discontinued only by the treating doctor over signatureand shall be dated.

6.4.13 Special Remarks:

After the oral administration of the drugs, confirm if the patient swallowed the medication in the presence of the staff (especially dealing with the SMU Cases).

6.5 High Risk Medications

6.5.1 Two registered Nursing staff / practitioner shall verify High Risk Intravenousinfusions. (Potassium Chloride, Magnesium Sulphate, Insulin etc.).

6.5.2 When a medicated IV infusion is mixed in a patient care area, two registered practitioners shall check the infusion for accuracy and put initials on the IV label.

6.5.3 Triple check or reconfirm all medication calculations. For any doubts, contactthe prescriber or Hospital Clinical Pharmacy section or Drug Information Center.

6.6 Management of Side Effects/Adverse Effects: *Doctors/Staff Nurse*

6.6.1 The Medical Practitioner/Nurse/Pharmacist must understand the expected outcome of any medication prescribed or administered.

6.6.2 Any adverse effects shall be recorded in the medical records and the prescriberwill be informed.

6.6.3 The practitioner shall consider withholding medication if serious side effects areobserved.

6.6.4 Adverse Drug Reaction reporting (ADR)/Yellow card process shall be precededby the attending practitioners.

6.7 Privacy and Dignity: *Doctors/Staff Nurse*

6.7.1 The practitioner/nurse staff should be aware and must take care of the need forprivacy and the patient's dignity when administering medication.

6.7.2 The practitioners/nurse staff shall exercise and will give more importance toconfidentiality while treating the patient.

7. Responsibility

7.1 Physician Shall:

7.1.1 Monitor and evaluate patient's response to medications and alert the Pharmacy department/Clinical Pharmacist of any adverse event related to the use of medications.

7.2 Staff Nurse Shall:

7.2.1 Ensure they can clearly read and understand the orders before administering anymedicine.

7.2.2 Contact the prescriber/Pharmacy professionals for incomplete or unclear ordersif with doubts.

7.2.3 Never make any assumptions about the prescriber's intention.

7.2.4 Monitor and assess the patient by spending more time at the bedside after firstdoses.

7.2.5 Notify the treating Physician/Clinical Pharmacist any suspicion of an adverseevent.

7.2.6 Write/document in the system, save and finalize in the patient's record afteradministration of medication to the patient.

7.3 Admin level Nursing/Medical Service/Pharmacy Section In-charge Shall:

7.3.1 Allocate resources in coordination with the hospital admin to support the implementation of the medication policies.

7.3.2 Deal with higher authorities of the hospital regarding any series of concernsduring the policy implementation.

7.3.3 Coordinate with the section focal points confirming all the staffs are fully informed of their role in maintaining the required standard practice.

7.3.4 Lead to strategies and innovations to improve current practice.

8. Document History and Version Control Table

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
1	Initial Release	Policy and Procedure team (P&MS)	March 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
Written by	**Reviewed by**	**Approved by**	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

9.1 Al Masarra Hospital, Nursing Department -Medication Administration Policy and Procedure. (*Hospital Local Site*).

9.2 Al Masarra Hospital - Management of Adverse Drug Reactions.

9.3 Al Masarra Hospital, Pharmacy Department - Medication Ordering Policy

10. References

Title of book/Journal/Website	Author	Year of publication	Page
Medication order review	DGMS, MoH, Muscat	MoH/DGMS/ PH-18	
PRN Medication orders	DGMS, MoH, Muscat	MoH/DGMS/ PH-19	
Medicine Control, Administration and Prescribing Policy (MCAPP). (www.southernhealth.nhs.uk)	NHS, UK		
Monitoring Patient Response to Medication Administrative Policies and Procedures. (www.moh.gov.sa/documents/pharm)	MoH, Kingdom of Saudi Arabia		
Medication administration by RN(www.ihs.gov.bema)	Zuni, New Mexico		
Ten Rights of Medication administration (Nursing notes.co.uk)	UK -Nursing		

Appendices

Appendix 1: Adverse Drug Reaction (ADR) reporting form.

MINISTRY OF HEALTH

DIRECTORATE GENERAL OF PHARMACEUTICAL AFFAIRS AND DRUG CONTROL

DEPARTMENT OF DRUG CONTROL

CONFIDENTIAL

SUSPECTED ADVERSE DRUG REACTION REPORT

ON DRUGS / BIOLOGICAL PRODUCTS

Name of the patient:

Date of Birth /Age: Sex: Weight (kg):

O.P.D.No: Nationality:

Suspected Drug (Trade /Brand Name):

Route: Daily Dose:

Date Started: Date Stopped:

Indication:

Suspected Reaction:

Date of onset: Date Stopped:

Outcome (E.g.: Fatal /Recovered):

Other Drug (Please record all other drugs, including self-medication taken during the last 3 weeks and give brand names if known)	Route	Daily Dose	Date Started	Date Stopped	Reason for drug use /indication

Additional Notes:

Reporting Doctor /Health Care Provider (Block Letters)	SEND TO:
Name: Specialty: Tel. No: Signature: Date:	DRUG CONTROL DEPARTMENT Directorate General of Pharmaceutical Affairs & Drug Control, Ministry of Health, PO Box: 393, P. Code: 100, Muscat, Sultanate of Oman. Phone: 24694744 Fax: 24602287 Email: mohphar@omantel.net.om

Appendix 2. Audit Tool.

Pharmacy and Medical Stores, Al Masarra Hospital, MoH
Medication Administration and Follow up - Audit Tool

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1	Observation Interview Document Review	Is the staff aware and ensure the rights prior to the medication administration?					
2	Observation Interview Document Review	During the administration of controlled drugs, all the steps are followed as per the policy/rules and regulations?					
3	Observation Interview Document Review	Is a proper system being followed for reporting Adverse Drug Reaction events?					
4	Observation Interview Document Review	Do Nurses/Doctors maintain focus on medication administration and interaction with the patients?					
5	Observation Document Review	Do Nurses/Doctors immediately document the administration at the correct time on the patients' records?					
Checked by *(Name and Signature)*: …… **Date:** …..……....							

Appendix 3. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	95885771
Department	QMPSD	Email	—
The Purpose of Request			
☐ Develop New Document	☑ Modification of Document	☐ Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Medication Administration and Follow Up		
Document Code	. AMRH/PHARM/P&P/002/Vers.02		
Section B: Completed by Document Controller			
☑ Approved	☐ Cancelled	☐ Forward To:……..	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	

Appendix 4. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Medication Administration and Follow Up		**Document Code:** AMRH/PHARM/P&P/002/Vers.02			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..✓.. For implementation ..... More revision ..... To be cancelled					
Reviewed by: Kunooz Al Balushi		**Reviewed by: Irwin S. Rio**