

**PREMIER NURSING SERVICE**

Division: Administration	Page: 1 Of: 4
Function: Medication Cart	Board Approval Date:
Section: Personnel	Revision Date(s): 9/2002
<b>SUBJECT: <i>MEDICATION CART</i></b>	

**PURPOSE:**

To establish a guideline in administering medication accurately.

**POLICY STATEMENT**

The medication cart or other designated storage area will be utilized for the storage and administration of patient and stock medications by the licensed nurse. The cart will be kept locked when not in use. It will be kept clean and orderly at all times.

**ACCOUNTABILITY**

The licensed nurse (RN, LVN, LPT), pharmacist/tech may have access to the cart/area for purposes of dispensing or stocking medications.

**EQUIPMENT**

- ❖ Medication cart or designated storage area.
- ❖ Re-charger (kept in the medication cart storage drawers).
- ❖ Medication administration supplies
- ❖ Medication bin labels (obtain from Pharmacy)
- ❖ Trash chute covers (obtain from Pharmacy)
- ❖ White plastic trash bags.

## **GENERAL POLICY GUIDELINES**

1. Label each cubicle bin, assigned to a specific patient containing that patient's medications, with card address graphed with patient's name and ID number.
  2. Keep the large upper drawer, used to store controlled drugs, locked at all times.  
NOTE: Other large drawers may be used to store medication administration supplies, such as medication cups, drinking cups and straws, 70% alcohol swabs, etc.
  3. Discard sharps into the sharps container, not the trash area.
  4. Change the trash bag and chute liner and sharps container as needed.
  5. Keep all drawers, bins, and sharps containers neat at all times.
  6. Stock storage bins and other areas at the end of each shift, as needed.
  7. Clean the outside surfaces of the cart with soap, water, or alcohol as needed.
  8. Lock the medication cart upon completion of work properly.
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## **NURSES TIPS TO REMEMBER**

- ❖ Complete the "Patient Response" and "Intervention Evaluation" on the new PRN MEDICATION FLOW SHEET (a different nurse may complete this section if the administering nurse is not available to do so).
- ❖ Telephone RESTRAINT ORDERS must be obtained by an RN within one hour after the patient is restrained without an order and, YOU ARE RESPONSIBLE FOR ASSURING YOU HAVE A VALID COMPLETE ORDER DAILY (USE THE NEW Restraint Order Sheet)!!!
- ❖ Q15Min RSTRAINT CHECKS and Q2H RESTRAINT RELEASES must be documented EVERY 2 HOURS – YOU MUST NOT WAIT TO THE END OF THE SHIFT!!!
- ❖ CLEAN LINEN must be COVERED (this includes linen placed on carts or tables).
- ❖ REFRIGERATOR TEMP LOGS must be completed daily on ALL refrigerators (unless the unit is closed and then document UNIT CLOSED and initial for each day closed).
- ❖ NO FOOD in medication or laboratory specimen refrigerators and vice versa.
- ❖ DOORS are not to be wedged or blocked open.
- ❖ SHARPS containers are to only contain sharps (no trash) and NEEDLES MUST NOT BE RECAPPED.
- ❖ CRASH CART CHECKS must be documented each shift (if unit closed, write "UNIT CLOSED" for each shift it was closed).
- ❖ MEDICATION AND SUPPLY ROOMS must be kept locked at all times.
- ❖ HALLWAYS are to be clear with equipment; essential items must be kept only on ONE SIDE; do not obstruct exit doors, extinguishers or fire call boxes.

- ❖ Document injection sites for all IM and Subq medications.
  - ❖ Open unit dose meds ONLY @ THE BEDSIDE.
  - ❖ Push med drawers ALL THE WAY CLOSED so that they lock.
  - ❖ DO NOT leave the medication cart without locking it.
  - ❖ Controlled drug wastage requires 2 SIGNATURES (not initials) and documentation at the bottom of the form.
  - ❖ RNs and LVNs can identify PATIENT PROBLEMS and establish the PLAN OF CARE.
  - ❖ Assess DISCHARGE PLANNING on admission.
  - ❖ RNs must approve assessment by reviewing collected data and signing the daily assessment sheet.
  - ❖ PATIENT BELONGINGS cannot go in Clean Utility Room (they cannot be considered “clean”).
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## **MANDATORY JCAHO/DOH REGULATIONS**

### **MEDICATIONS**

- **UNIT DOSE MEDICATIONS** are not to be opened at all other than the bedside.
- **MEDICATIONS** are not to be left on the cart unattended if not locked
- Medication orders containing **TIME RANGES OR DOSE RANGES** are not valid orders and must be clarified with the MD.
- **PRN MEDICATION ORDERS** must include the **REASON** for the medication and must be documented on the **MAR** and **Kardex**.
- **PRN MEDICATION**, when given, must have the reason given and the patient’s response documented in a **FOCUS** notes.
- **INSULIN AND HEPARIN** requires the initials of the administering and verifying nurses (2) on the **MAR**.
- **CONTROLLED MEDICATION WASTAGE** requires the signatures of the nurse wasting the medication and the verifying nurse.

- **AUTOMATIC STOP/RENEWAL DATES** must be complied with ***-DO NOT ADMINISTER*** narcotics, schedule II, II, IV hypnotics, amino-glycosides and antimicrobial agents after 7 days without a renewal order.
- **TIME OF MEDICATION ADMINISTRATION** for the day is not to be recorded on the MAR until the medication has been or has not been given.
- **INJECTION SITES** must be documented for IM and SQ medications.
- **MEDICATIONS NOT ADMINISTERED ON TIME** must have the ordered time circled and initialed at the time the medication was to have been given.

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**Signature**

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**Date**