Medication Safety 2018 – On the Dot Medications

Time-Critical Medication List Implementation
*Medication Services Queensland – Medication Safety 2017*
Adapted by M. Piekkala-Fletcher
Learning Outcomes

• Describe the importance of administering time-critical medications correctly

• Discuss where to find the list of time critical medications

• Explain how to report and act on medication safety-related near misses and incidents
What is a time-critical medication?

• Critical medications and clinical conditions where delayed or omitted medications can cause serious harm or death

• Medication doses are unintentionally missed for a variety of reasons
The Lists

• LIST A - Medications that should be administered immediately (NO DELAY)

• LIST B – Medication that should not be omitted (Given within 2 hours of scheduled time)
List A-Immediately!

- Stat doses
- Emergency medications
- Antimicrobials (Treatment doses)
- Endocrine drugs
- Acute respiratory medications
- Acute cardiac medications
- Neurological agents
- Anaesthetics
- Analgesics
List B – Within 2 hours of scheduled dose

- Anticoagulants
- Psychotropics
- Immunosuppressants
- Anti-epileptics
- Antivirals and antiretrovirals
What do you need to do?

- **Nursing Staff** - *Prioritise Administration*
  - Ensure supply is available Check Imprest Stock, Patient Own Medications
  - Contact Pharmacist
  - Contact Team if the medication is *not available* and document actions

- *Clinical Handover*: Review all “On the Dot” medications to confirm administration and ongoing supply

- *Transfers*: Review all “On the Dot” medications to confirm administration and ongoing supply
Documentation Requirements

• If you need to use an NIMC code on a time-critical medication you must document on the MAP or notes the actions that you have taken to administer the medication and who you have notified that the medication has failed to be administered
Documentation Requirements

• The note should include:
  – an explanation of why the medication was omitted
  – which member of the treating team was notified and the actions suggested
  – Plus; the following requirements specific to individual NIMC ‘Reason for not administering’ codes:
<table>
<thead>
<tr>
<th>NIMC Missed Code</th>
<th>Meaning</th>
<th>Further documentation required</th>
</tr>
</thead>
</table>
| 🍃                | Not available | - Actions taken to obtain supply  
                  |                                                   | - Possible alternatives (as discusses with medical officer) if not kept within the hospital |
| 🍂                | Absent      | - Actions taken to contact the patient                                                           |
| 🍃                | Vomiting    | - Actions taken to change formulation if possible                                             |
| 🍃                | Refused     | - Information given to patient regarding medication, and risk if dose omitted  
                  |                                                   | ( Note: the patient does have the right to refuse medication, but they must be fully informed of the consequences and the treating team must be notified) |
| 🍃                | Fasting     | - Action taken to clarify that the medication is intended to be withheld while patient is fasting |
Use the correct codes

NIMC ‘Reason for not administering’ codes:

• ₋ [with-held]
• Ⓝ [self-administered],
• Ⓞ [administered by parent/carer]
• Ⓟ [on leave]

- suggest intentional non-administration or that the patient received the medication through another source (self-administer or carer), and thus do not require further documentation if used on “On the Dot” medications
### Documentation Requirements – an example

**Medication Action Plan (MAP)**

<table>
<thead>
<tr>
<th>Issues / actions</th>
<th>Date / time: 2/5/20xx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue identified:</strong></td>
<td>Apixaban Smg not available (no Pt Supply, non-LAM)</td>
</tr>
<tr>
<td><strong>Proposed action:</strong></td>
<td>DRA BeeCi notified, to change to rivaroxaban (xarelto)</td>
</tr>
<tr>
<td><strong>Issue identified by / contact number:</strong></td>
<td>A. Nurse (RN)</td>
</tr>
<tr>
<td><strong>Person responsible:</strong></td>
<td>DRA BeeCi</td>
</tr>
<tr>
<td><strong>Progress:</strong></td>
<td>Apixaban Μ to Rivaroxaban AB</td>
</tr>
<tr>
<td><strong>Result of action:</strong></td>
<td>Rivaroxaban supplied for 1000 mg/41</td>
</tr>
</tbody>
</table>

**Date of admission:** 2/5/20xx

**Consultant:** A. Medico
Medical record

- “07.05.2018 0800 hours – Phenytoin sodium 300 mg not available for 0800 hour dose. Dr X notified and phone order received- arrange to have phenytoin available within 1 hour. DNM and team leader notified. Family notified and will bring supply in within the next 30 minutes. Riskman incident report completed. M. Smith RN (M. Smith RN)”

- “07.05.2018 1030 hours – Phenytoin sodium 300 mg administered at 0835 hours. QADDS 0 and patient is alert and oriented. Family supplied full box of phenytoin sodium 300 mg (60 capsules). M. Smith RN (M. Smith RN)”
Reporting Requirements

• If a time-critical medication has been omitted then an incident report needs to be lodged.

• Do you know how to report this on Riskman?

KEEP CALM AND
LOG IT ON RISKMAN
Refer to the user guide
On the dot: time-critical medications

Give dose on the dot:
- All STAT doses
- Emergency medications
- Antimicrobials
- Endocrine drugs
- Acute respiratory medications
- Acute cardiac medications
- Neurological agents
- Anaesthetics
- Analgesia

Give dose within 2 hrs:
- Anticoagulants
- Psychotropic medications
- Immunosuppressants
- Antiepileptics
- Antivirals and antiretrovirals

ANY MEDICATION CRITICAL TO THE SPECIFIC PATIENT

For more information or a more detailed list, contact your ward or team pharmacists:

Name: 
Phone: 
Email: 

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Review date: June 2018
Questions?