Unsafe Medication Practices

At times, I have observed RNs signing for medications before they are administered, leaving medications at the bedside, and other unsafe practices that are concerning to me. What is the standard of care expected of RNs for medication administration?

- RNs are taught to safely administer medication in their entry-to-practice nursing education program and are expected to utilize that information when providing care (1).
- RNs follow organizational policies and procedures as well as best practices when administering medications (2 and 3).
- RNs are responsible for ensuring medication orders are complete and for seeking clarification if they are not (4, 5 and 6).
- The basic components of safe medication administration include checking to ensure all of the following:
  - The right patient
  - receives the right dose
  - of the right medication
  - through the right route
  - at the right time and frequency
  - for the right reason
  - while providing the right teaching to the patient
  - assessing and evaluating the effectiveness of the medication
  - documenting the process as it is completed
  - and respecting the patient’s right to refuse the medication (7).
- Medication management includes more than the administration of a prescribed medication. It is coordinating the nursing process through collaboration, communication, management of clinical risks and promoting safety (8).

Safe medication management is an essential part of RN practice. What are some actions I could take to foster improvement?

There are several things you might decide to do:

- Engage with your staff in discussions about their perceptions of the issues, barriers to safe medication management and ideas on how to improve medication management safety on the unit.
- Engage with pharmacy or the College of Pharmacy Professionals to explore issues and identify options for resolving unsafe medication management practices.
- Identify staff who consistently demonstrate high standards of safe medication management and consider having them provide peer feedback for other staff.
- Consider setting up an auditing program on the unit where all RNs are involved in performing checks or mini audits on the primary identified issues. This might increase awareness of all staff.

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related to their participation in the process and may bring out more suggestions for improvement. This could be done in an efficient way that is not overly time-consuming but gives rich data. Pick two to three things to audit at a time.

**Is preparing medications ahead of time, also known as “pre-pouring” medications, an acceptable practice for RNs?**

**No.** Pre-pouring medications is not best practice and can increase the risk of the patient receiving the wrong medication. To support a safe clinical environment, RNs are expected to prepare medications as close to the time of administration as possible.

**Are RNs accountable for reconciling medication shipments when receiving directly to a unit/facility?**

**Yes.** RNs should be checking the manifest included with the package to ensure the medication that was intended for the unit/facility was received and documented. This practice supports the RN in safely handling medications, particularly controlled substances that require strict documentation.

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**SRNA Resources**

- [Registered Nurse Practice Standards (2019)](#)
- [Registered Nurse Entry-Level Competencies (2019)](#)
- [Medication Management for RNs: A Patient Centred Decision-making Framework (2015)](#)

**External Resources**

- ISMP Canada
- [Canadian Nurses Protective Society InfoLaw: Medication Errors](#)
- Nursing textbooks such as Potter and Perry

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