

GENERAL GUIDELINES: MEDICATION ADMINISTRATION

Purpose

A. Provide guidance to EMS providers in the principles of administration, delivery, and safety of approved medications.

General Principles

- A. The appropriate procedure for safe medication administration includes:
1. Verification of the “Six Rights” of medication administration (right patient, right drug, right dose, right route, right time, right documentation)
 2. Medication administration cross-check with practice partner verifying the Six Rights prior to drug administration. This should include verbal repeat-back of the order by the practice partner.
 3. Obtain repeat vital signs after any intervention.
- B. The risk of dosing error is high in children, and we recommend the use of a standardized system to decrease the rate of error. This can include age-based, weight-based, or length-based systems that has standardize precalculated volume-based medication dosing and equipment. These should be utilized on every pediatric patient to guide medication dosing and equipment size.
- C. Optional routes of medication administration are vast, and appropriateness given the clinical situation should be considered. Specific considerations include:
1. Intranasal (IN) administration often results in more rapid resolution or improvement in symptoms compared to IV or intramuscular (IM) administration
 2. IM drug absorption and onset of action is often the slowest, as vascular absorption from fat tissue is prolonged
- D. Ideally, expired medications should never be utilized for patient care. However, the nation is increasingly faced with the challenge of critical or potentially life-saving medication shortages. As such, the LFD EMS Medical Director has issued guidelines for the appropriate response to a national medication crisis. Approved medications required for potentially emergent conditions and for which no reasonable substitution is available may be used after the posted expiration date with the following restrictions:
1. Medication should be approved for use by the agency’s EMS Medical Director.
 2. Expired medications will be used only after the supply of non-expired medications have been exhausted
 3. Standard medication storage, inspection and delivery practices should be maintained
- E. EMS agencies should work to establish a system of Just Culture. This is an approach to work place safety that assumes humans, despite their best intentions to do the right thing, will make errors. Change and care improvement does not happen without accurate, honest reporting of error. A report of error should be treated with respect and examination of root cause, and not punitive action.