**Safe Medication Administration by Nursing Students Policy**

Approved 5.23.19

This policy reflects the requirements of the Washington State WAC 246-872-030 (5) a and WSNCQAC rule RCW 18.79.240 (1) (c) (21(c)

The proper dispensing and administration of medication performed by nursing students is vital to the delivery of safe and effective patient care. As such, the following procedures will be followed to ensure the safe administration of medications using Automated Drug Distribution Devices (ADDD).

**Orientation and Practice Experience**

Students within the nursing program will be provided with both orientation and simulated experiences related to the safe medication administration and use of ADDDs. Students will be required to participate in an ADDD tutorial with subsequent competency assessment. Documentation of successfully passing the competency assessment will be provided to the instructor prior to use of any ADDD system. Nursing students will also be required to participate and demonstrate clinical competency in simulated clinical scenario using an ADDD system.

Student orientation to the safe distribution and use of ADDDs includes, but is not limited to, the following simulated learning experiences:

* Accurately read and interpret medication orders
* Correctly login into ADDD
* Identify correct patient using processes specific to the facility
* Accurately select medication to be given
* Secure ADDD when complete
* Follow Rights of Medication Administration
* Accurate dosage calculation
* Correct documentation of medication administration
* Perform inventory control measure (wasting of medications) specific the facility

Student competency will be evaluated and satisfactorily completed prior the administration of medications within the clinical environment. Students administering medications within the clinical environment will always be under the supervision of a licensed nurse.

 **Evaluation of Medication Administration Within the Healthcare Facility**

Students, during their clinical time, will be provided with ADDD access in accordance with each healthcare facility’s policies and procedures. Students will always be under the supervision of a licensed nurse while accessing and administering medications.

Once a quarter, students will be given an exam that determines knowledge of safe medication dosage. Each student must have a passing score of 90% or higher in order to progress to the next level of the program and participate in the associated clinical. Students who do not achieve a score of 90% will be given remedial training and allowed one retake of the exam. Throughout each level, nursing students will be evaluated on pharmacology knowledge and safe medication administration in the form of exams and/or skill competency simulations.

 **Nursing Students: Access and Administration of Medications\***

 Nursing students administer medications under the supervision of the clinical faculty or the supervising nurse.

 Access to automated drug dispensing devices per institutional policy.

1. Communication and Order Transmission
	1. Nursing students DO NOT take verbal or telephone orders from providers
	2. Nursing students DO NOT transcribe provider orders
	3. Nursing students DO NOT communicate medication orders to the pharmacy
2. Each dose of medication will be administered per the “Six Rights” of Medication Administration (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of patient allergies.
3. Nursing student medication administration, including documentation, will be performed utilizing agency specific policies, procedures, and protocols.
4. A clinical instructor or supervising nurse must confer with the student before a student administers medication.
5. A nursing student may administer controlled substance medication with the following RESTRICTIONS:
	1. All controlled substances require a RN or LPN signature. The documentation system for a clinical site requires a co-signature option, for student to administer controlled medications. If a co-sign option is not available, controlled substances will not be administered by a student.
	2. Analgesic administered via a Patient Controlled Analgesia (PCA) infusion pump requires direct RN supervision, including but not limited to the following interventions
		1. Initial set up and dose programming
		2. Administer loading and/or bolus doses of analgesic medication
		3. Change medication cartridges or tubing
		4. Adjust delivery dosages/settings
6. Nursing students may administer Pitocin/oxytocin with the following RESTRICTIONS
	1. All Pitocin/oxytocin administration to a laboring or postpartum patient, including rate adjustment, requires the direct supervision of the patient’s RN.
7. Blood product administration by nursing students includes the following restrictions
	1. Blood products/medication requiring a witness for infusion/administration CANNOT be administered by the student. This includes blood typing. However, students can collect the blood products from the blood bank, prime the tubing with saline, and participate in blood administration monitoring policies (i.e. taking vital signs).
	2. Medications that do not legally require a witness CAN be administered by the student under the supervision of the clinical instructor or supervising nurse. Documentation must be co-signed by an RN. (Examples: Not limited to but include Rhogam, albumin, Factor 8, Vitamin K, Hespan )
8. Functions NOT permitted to be performed by nursing students: There are some medications and monitoring skills that nursing students are not permitted to perform under any circumstances. These include the following:
9. Confirm, release, or acknowledge medication orders in the electronic medication administration record
10. Administer medications that are not confirmed or acknowledged in the electronic medication administration record
11. Administer chemotherapy via any route
12. Administer conscious sedation or assume monitoring responsibility for patients undergoing procedural sedation
13. Administer or adjust medications that require advanced training (e.g. Medications that are restricted to critical care areas)
14. Administer medications via an epidural or spinal catheter
15. Discontinue a PCEA (Patient Controlled Epidural Analgesia) infusion
16. Cosign/witness controlled medication shift count or dose wastage (WAC 246-873-080-7d): when it is necessary to destroy a small amount of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the record of destruction
17. Provide any licensed nurse-required peer check per facility policy
18. Administration of anticoagulants are calculated and administered with an RN check and co-signature as per facility policy
	1. These include, but are not limited to: All heparin, warfarin, t-PA, low molecular weight heparin, bivalirudin, dabigatran, and other anticoagulants
19. Administration of all insulin formulations, including both SQ and IV insulin doses and all Insulin IV infusion, is calculated and drawn up with direct RN supervision. Insulin administration requires co-signature as per facility policy
20. The administration of high-risk medications (any medications that require additional training), in emergency or critical care units, is NOT allowed in Levels 1 through five by the nursing student. The precepting student (Level 6) is allowed to administer high-risk medications ONLY if the supervising nurse or clinical instructor obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct supervision of the supervising nurse/clinical instructor.
	1. Sodium Chloride at concentrations greater than 0.9% (Normal Saline)
	2. Emergency and/or Critical Medications include, but not limited to the following:
		* 1. Adenosine
			2. Amiodarone
			3. Atropine
			4. Dopamine
			5. Epinephrine
			6. Lidocaine
			7. Magnesium Sulfate
			8. Procainamide
			9. Sotalol
			10. Vasopressin

 **Documentation of Medication Errors**

As mandated by the Washington State Nursing Care Quality Assurance Commission (NCQAC), documentation of student medication errors and diversion of medications will be completed and reported to the NCQAC as required. All medication errors and medication diversions will be documented using the NCBON “Just Culture” Student Practice Event Evaluation Tool (SPEET) form. The “Just Culture” form will be submitted to the Associate Dean for tracking and a copy of this completed form will also be placed in the student’s academic file.

 **\*Contracted clinical facility restrictions or limitations, which are more restrictive than these guidelines, will**

 **supersede any aspect of this policy.**