Fluid and Medication Checking Procedure

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Purpose
To outline the checking process to staff and approved persons involved in medication/fluid management.

Scope
Staff and approved persons involved in checking Fluid and Medication as per the Roles and Responsibilities policy Vol 12

Associated documents

- Roles and Responsibilities Policy Fluid & Medication
- Student Nurse/Midwife Responsibilities with Fluid and Medication Management Policy
- Patient Identification policy – Clinical policies
- Peripheral IV policy – Fluid & Medication
- CVAD policy – Fluid & Medication
- Cytotoxic policy – Fluid & Medication
- Blood and Blood Products policy – Fluid & Medication
Important considerations for Checking

- Please refer to the Roles and Responsibilities policy for specific role and responsibility requirements related to fluid and medication management/therapy
- Where double independent checking is required the most appropriate personnel for the patient/medication/fluid/route must be used
- Staff and approved persons involved in checking must have appropriate training/skills to perform the procedure
- Where double independent checking or clarification is sought the personnel involved must come to the same independent conclusions without coercion
- Any personnel can stop the preparation/administration from occurring by requesting further intervention/information.
- The patient/parent/whanau must be included in the process where possible – the medication/fluid will not be administered if there is any patient/parent/whanau doubt on the accuracy of the dose/medication/fluid/time/route/ rationale and further clarification sought.

Flowchart for preparation and checking

See over
Fluid & Medication Checking Procedure

**Identify medication/fluid requires a single or double check** – see Vol 12 Roles and Responsibilities Policy

**Medication/fluid requires double checking?**

- NO
  - Ensure you are familiar with patient/diagnosis and the medication/fluid (refer to drug references as req. and involve another person if clarification required)
  - For IV admin., check patency of line has been confirmed before preparation

- YES
  - Gather equipment for medication/fluid administration and check expiry dates
  - Confirm drug, route, time and confirm reason for administration/special requirements
  - Calculate dose/rate as required - see double independent checking section requirements

**Is this a reasonable dose for the patient?**

- NO
  - DO NOT ADMINISTER rectify issue

- YES
  - Prepare medication/fluid

**Attend patient and confirm correct patient ID as per ID policy Vol 11**

1. Ask patient to state full name and DOB/NHI (if unable - confirm with parent/whanau/carer)
2. Check Patient ID bracelet/photo and prescription chart

**Are both the patients’ stated details AND the bracelet and prescription details correct?**

- NO
  - DO NOT ADMINISTER rectify issue

- YES
  - Check medication, fluid and reason with patient/whanau
  - Confirm allergy status and provide education/instructions

**Administer medication/fluid ensuring correct prescribed route/rate**

**Sign the prescription chart verifying the above steps/checks have occurred and administration has occurred**

**Double Independent Checking**

- A 2nd appropriate persons will be involved in following steps (see Roles and Resp. Policy who are ‘appropriate’ persons)
- Involve a 3rd person for the below steps as required for clarification/agreement

**Double Independent Checking**

- Both parties must independently check the 7 rights including calculations (this must be a totally independent task)
- Then both parties concur on these independent checks
- For any discrepancies or no agreement - Involve a 3rd person

**Double Independent Checking**

- Both personnel attend the patient
- Agree on patient identification

**Double Independent Checking**

- Confirm with the patient/whanau/parent and between yourselves the appropriateness to administer
- For any discrepancies/no agreement – do not administer
- Both sign the prescription chart verifying the above steps were achieved and administration has occurred

**Poster ref: 3246**

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MedChart process flowchart for preparation and checking
See over
References

- New Zealand Nurses Organisation Guidelines for nurses on the administration of medicines, 2007
- Emeds MedChart process flowchart work 2014-2015

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<tr>
<th>Procedure Owner</th>
<th>CDHB Fluid and Medication Management Committee/MAC Chair</th>
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<tr>
<td>Procedure Authoriser</td>
<td>Chief Medical Officer &amp; Executive Director of Nursing</td>
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<tr>
<td>Date of Authorisation</td>
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