



Section	Psychiatric Health Facility (PHF)	Effective:	<u>10/01/1997</u>
Sub-section	Medications	Version:	<u>2.0</u>
Policy	Medication Preparation: Oral, Tablet, Liquid	Last Revised:	<u>DRAFT</u>
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	<u>Medication – Prep: Oral/Tablet/Liquid rev. 4/9/2008 and Graduated Medication Cups 5/8/08</u>		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To provide guidance to Santa Barbara County Psychiatric Health Facility (PHF) nursing staff about the preparation of medications in oral, tablet, or liquid forms; promote a culture of safety and prevent medication errors.

2. DEFINITIONS

2.1. Licensed nNursing sStaff (LNS) – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN);-or psychiatric technician (PT).

2.2. Medication Administration Record (MAR) – part of a patient's permanent medical record.

2.1.2.3. Designated Storage Area – locations where medication is stored, including the Pyxis MedStation, PHF medication room, and remote stock areas for over-the-counter and refrigerated medications.

3. POLICY

3.1—PHF nursing staff will follow all oral, tablet, or liquid form medication preparation procedures. The Santa Barbara County Psychiatric Health Facility (PHF) Nursing Staff will follow these guidelines regarding medication administration preparation of oral, /tablet, or /liquid form.

4. PROCEDURE

4.1. To promote a culture of safety and prevent medication errors, licensed nursing staff (When preparing all medications, LNS) will:

1. Minimize distractions and interruptions; when preparing medications;.
2. LNS to Pprepare one patient's medication(s) at a time; and.
- 4.3. Practice hand hygiene as per the Standard Precautions policy.

4. All Medications:

1. Wash hands
2. Prepare each medication separately. Check medication label prior to pouring, for correct drug name, strength, route, dosage and time to administer against medication card or physician orders. Check expiration date.
3. Prepare doses for only one scheduled administration time.
4. Perform tests and take vital signs upon which administration of medications or treatments is conditioned; record the results of such tests and vital signs in the patient's medical record.

4.2. When preparing tTablets and capsules, LNS will:

1. Remove the ordered amount from the Designated Storage Area and place it in a paper medicine cup;
 - a. If the tablet or capsule is in a separate labeled package (unit dose), place the unopened medication will be placed unopened medication in a paper medicine cup.
2. Re-check tablets or capsules with the patient's Medication Administration Record (MAR) or physician's orders for the correct patient, drug name, dosage, route, time and frequency;.
3. Return the container/bubble pack to the proper storage place Designated Storage Area if applicable; and
4. Repeat above procedure steps 4.2.1-4.2.3 with otherfor additional tablets and capsules.

— Splitting tablets:

5. If a tablet must be split/cutsplit or cut in half;.
 - a. Open the package if the tablet is in a separate labeled package (unit dose) and place it in a paper medicine cup;
 - b. and Ttransfer the tablet from a paper medicineation cup to a tablet splitter;
 - c. Cut along the scored line of the tablet if the tablet is scored;

— Discard the portion of the tablet not required for patient use in accordance with ; and

d. Follow wasting procedures as per the Medication Wasting and Destruction Policy.

6. If a tablet must be crushed

a. Verify that the medication was specifically ordered by the physician to be crushed;

b. Use a pill crusher and cover tablet with another paper medication cup to crush; and

c. —Pour crushed medication into applesauce, water, jelly, etc. for ease of administration.

d. Some medications should not be crushed, such as enteric coated tablets and time-release tablets or capsules.

i. Staff should consult with the Pharmacist-In-Charge if they are unsure whether a medication should be crushed.

4.3. When preparing Liquid medications, LNS will:

1. Verify that the medication must be specified as “liquid” or “concentrate” in the physician’s order;

2. Shake well any liquid suspensions or emulsions before measuring the dose;

3. Pour the ordered amount into a calibrated measuring device;

4. Read the amount at eye level;

5. If the medication is not already provided in a unit dose container, pour measured medication into a paper medication cup or wax drinking cup for administration;

a. Plastic graduated medication cups are prohibited from the PHF and are not to be used for medication administration.

6. Re-check the labeled container against the patient’s MAR or physician’s orders;

7. Thoroughly rinse the calibrated measuring device with hot water;

8. Return the medication container and the calibrated measuring device to the proper storage area; and

4.4. Refer to the Medication Administration Policy for administration procedures.

1. Remove ordered amount and place in medicine cup. If the tablet or capsule is in a separate labeled container (unit dose), place unopened in medicine cup.

2. Re-check tablets or capsules with MAR and physician’s orders for correct patient, drug name, dosage, route, time and frequency.

ASSISTANCENursing SupervisorPharmacist in Charge**RELATED POLICIES**Medication AdministrationMedication Wasting and DestructionStandard Precautions**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
DRAFT	2.0	<u>Updated template, streamlined language in the purpose/scope, policy statement and procedures, incorporated <i>Graduated Medication Cups</i> policy.</u>

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).