

	H04 - SAFE MEDICATION ADMINISTRATION	
	Version date: 2022-07-14	REFERENCE

THE SIX RIGHTS OF SAFE MEDICATION ADMINISTRATION

Medication errors are a leading cause of patient safety incidents and are preventable. Paramedics should follow safe medication administration procedures at all times. The SIX RIGHTS should be applied every time!

RIGHT PATIENT (& PROVIDER):

Does this patient meet the indications for this medication? Are there any contraindications?
Is the administration of this medication within my scope and competency?

RIGHT MEDICATION:

Do I have the correct medication, formulation, concentration?

RIGHT DOSE:

Do I have the correct dose? If I had to make a calculation is my math correct?

RIGHT TIME:

Should I administer this medication now or is it safer to defer until hospital arrival?

RIGHT ROUTE:

Am I giving it by the correct route for the situation (and my work scope)?

RIGHT DOCUMENTATION:

Did I document thoroughly in the patient care record (PCR) including the dose, route, and time of administration?

1. Visually inspect all medications, including the packaging and label, prior to administration.
2. Do not administer a medication that looks cloudy or if its' container appears damaged.
3. Double check any calculations you have made and have your partner verify that your calculations are correct.
4. Any medication in a syringe that is not used immediately must be labelled.
5. Some EMS/PT medication standing orders will have a **HIGH-ALERT WARNING**. Read it!
6. Some medication doses will vary for different indications (eg. epinephrine). Some medication doses will adjust for different routes of administration (eg. intranasal versus intravascular). If you do not remember a dose, look it up.
7. Some medications can be dangerous if administered too rapidly. Adhere to directions regarding the rate of administration.
8. Elderly patients are generally more sensitive to the CNS and respiratory effects of many medications, especially opioids and sedatives. Go lower and slower!
9. Any medication that can be given by the intravenous route can be administered by the intraosseous route if necessary. IO administration should be considered in life-threatening circumstances when there is no alternative.
10. Generally medications that are past their expiry date should not be administered. However, in a life-threatening situation it should be tried anyway (eg. Epi-Pen for anaphylaxis, ASA for chest pain).
11. Medications approaching or beyond its expiry date should be replaced as soon as practical.
12. Be cautious when administering an intramuscular injection if the patient is on an anticoagulant or has a bleeding disorder.

13. Do not administer intranasal medications to a patient with a basal skull or mid-face fracture. If the fracture involves the cribriform plate medication may leak into the cranial cavity.
14. Adverse reactions to a medication must be documented in the PCR.
15. Medication errors must be documented and reported to health care staff at the receiving facility.
16. Controlled substances must be counted, reconciled, and handled / stored in accordance with Federal and Provincial laws.