



QUINTE HEALTHCARE CORPORATION

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Medication – Independent Double Checks – High Alert Medication Administration

Title: Medication – Independent Double Checks – High Alert Medication		Policy No:	3.12.5
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Manual:	Clinical	Approval Date:	March 26, 2019 February 17, 2015
		Policy Lead:	Professional Practice
Department:	Nursing		
Approved By:	Interprofessional Practice Advisory Committee		

1. PURPOSE

To promote safe medication practices and ensure patient safety by maximizing the visibility of an error before it reaches the patient.

2. SCOPE

This policy applies to all nurses at Quinte Health Care (QHC).

3. POLICY

Independent double checks and documentation will be performed for selected high alert medications.

Nurses administering high alert medications are responsible for knowing what medications are high alert medications and for complying with the policy.

High alert medications requiring an independent double check include:

- Heparin, Low Molecular Weight Heparin, Alteplase, Tenecteplase
- Insulin – Intravenous and subcutaneous
- Opioids (Intravenous)

- Oxytocin infusions for induction or augmentation of labour
- Potassium Chloride concentrate (doses of 10, 20, 30 mEq per 100 mLs)
- Paediatric sedation medications
- Neuromuscular blocking agents
- Methotrexate
- Chemotherapy, biotherapy and immunotherapy agents – parenteral
- Epidural and intrathecal medications (manual boluses and continuous infusions)
- PCA infusions
- Magnesium sulphate infusions
- Parenteral nutrition preparations
- Inotropic medication infusions
- Medications that require complex calculations
- All medications with volumes less than 0.1 mL

Requests for an independent double check can be made at **any** time, for **any** medication at the nurse's discretion.

The independent double check must be performed before the administration of the medication.

Parenteral infusions of high alert medications must be administered via electronic infusion pump. The independent double check which includes the programming of the infusion pump must be performed prior to the start of the infusion and with each bag/cassette change.

An independent double check of pump programming is required with each rate change for Heparin and Insulin infusions.

The nurse accepting the patient during shift handoffs and transfers between units must perform an independent double check of intravenous infusions of high alert medications, PCA infusions and epidural infusions at the bedside.

Students may not double check high alert medications. This does not prohibit students from administering high alert medications under appropriate supervision.

Exemption for Emergencies

In emergency situations where performing the procedures specified in this document would delay treatment and negatively impact care delivery, the nurse should first determine that the patient's condition warrants bypassing the procedures. At a minimum the nurse administering the medication must verbally confirm intravenous therapies with another health care provider immediately before administration.

Staff Training and Continuous Quality Improvement

All staff will receive education regarding independent double checks and high alert medications at corporate orientation. Additional training will be provided when updates to the policy are made and/or issues identified.

Computerized medication administration records (CMAR) generated by pharmacy will contain messaging for all high alert medications. An alert is generated from the omni-cell indicating “High Alert Medication” when a high alert medication is accessed.

Pharmacy will complete quarterly audits of patient care areas for safe storage of high alert medications.

Requests for medications to be added to or removed from the high alert medication list at QHC will be directed to the Medication Safety Committee. The list will be reviewed at minimum of every three years when the policy is reviewed.

4. DEFINITIONS

High Alert Medications: Drugs that bear a heightened risk of causing significant patient harm when they are used incorrectly. The consequences of errors associated with these medications are significant.

Independent Double Check: A process in which a second practitioner conducts verification separately and individually from the first practitioner. The first practitioner does not communicate what he/she expects the second practitioner to see, which creates bias and reduces the visibility of an error.

Nurse: defined for the purpose of this policy as a Registered Nurse, Registered Practical Nurse or a Registered Nurse in the Extended Class.

Second Practitioner: the second practitioner performing the independent double check may include but is not limited to nurse, physician or pharmacist within their scope of practice.

CMAR: Computerized Medication Administration Record

5. PROCEDURE

1. The nurse assigned to the patient:
 - a. Prepares the high alert medication
 - i. Verify the order with the CMAR or original order.
 - ii. Preparation includes:
 - ✓ Correct patient, drug, concentration, dosage and route.
 - ✓ Reviews appropriate laboratory data, weight and/or assessments (if applicable).
 - ✓ Programming of the infusion pump to administer the correct drug and concentration over the correct time frame and total volume.
 - ✓ Correct line placement.
 - b. Requests verification from a second regulated health care practitioner
 - c. Does **not** communicate what she/he expects the second practitioner to find
 - d. Does **not** initiate administration of the medication until the second practitioner has performed the independent double check
2. The second practitioner completes the independent double check including:

- ✓ Correct patient
 - ✓ Correct drug
 - ✓ Correct dose and concentration (if applicable)
 - ✓ Independent drug calculations
 - ✓ Independent review of laboratory data, weight and/or assessments (if applicable)
 - ✓ Independent pump programming, line placement (if applicable)
3. If a discrepancy **IS** identified during the independent double check process, both health care professionals must resolve the discrepancy before the medication is administered. If necessary, ask a third health care provider to perform an independent double check.
 4. If **NO** discrepancy is identified, the nurse assigned to the patient initiates administration of the medication.
 5. Documentation of the independent double check is required by both practitioners. The nurse assigned to the patient will initial the CMAR as per usual medication documentation practice. The second practitioner will initial on the CMAR to the right of the first practitioner's initials (i.e., TG / HH).

APPENDICES AND REFERENCES

References:

Brant Community Health Care System (2014). *Medications – High Alert: Independent Double Check* [Policy].

College of Nurses of Ontario (CNO). (2017). *Medication, Revised 2017* [Practice Standard]. Toronto: Author.

Institute for Safe Medication Practices (ISMP). (2013). *Independent double checks: Undervalued and misused: Selective use of this strategy can play an important role in medication safety*. Retrieved from www.ismp.org

Institute for Safe Medication Practices (ISMP). (2018). *ISMP's List of high-alert medications*. Retrieved from www.ismp.org

Nova Scotia Health Authority (2017). *Medication Independent Double Checks* [Policy & procedure]. Retrieved from: <http://policy.nshealth.ca/>

Cross References:

Medication – Medication Administration Policy #3.12.7