



Michigan
MEDICATION SECTION
MEDICATION ADMINISTRATION

Initial Date: 10/25/2017

Revised Date:

Section 9-1

Medication Administration

Information:

EMS providers preparing to administer medications in the out of hospital setting should review and/or recite the "6 Rights" prior to administering any medication to a patient. While all 6 elements are important, in the out of hospital setting, special attention should be paid to the right medication, right dose, and right route - as these are frequently the areas of error in the EMS environment. In addition, EMS providers should ensure the patient is informed as to what medications they are receiving, and afford an opportunity for the patient to refuse. Lastly, documentation is essential so that medications administered in the out of hospital setting become part of the patient's clinical medical record. By following the "6 Rights" of medication administration, EMS providers will significantly decrease the potential and number of errors associated with medication administration.

Definitions:

- I. Medication: Any pharmacological intervention used to treat, prevent, or reduce signs and symptoms of diseases, disorders, and/or traumatic injuries.
- II. Medication administration routes include the following: Intramuscular, Intravenous, Intraosseous, Oral, Buccal, Rectal, Inhaled, and Subcutaneous.

Procedure:

- I. Prior to the administration of any medication ensure the following are reviewed and/or verbalized by at least two providers – if available (checked, and double checked):
 - A. 6 Rights of Medication Administration –
 1. Right Patient
 2. Right Dose
 3. Right Medication
 4. Right Route
 5. Right Time
 6. Right Documentation
 - B. Following administration of controlled medications, EMS personnel shall follow their individual department's policy on the correct accounting, disposal, and restocking of these medications.
- II. Calculating medications when given a dosage range and a per kg dose:
 - A. Calculate weight in kilos and multiply by the prescribed dosage (e.g. - mg/kg)
 - B. The resultant dose should be less than the maximum single dose.
 1. In adults, for ease of administration, doses may be rounded to the nearest whole number within the range for those calculated doses at or above 1 dosage unit, or to the nearest tenth for those below 1 dosage unit (examples: 1.2 mg rounded to 1 mg, and 0.26mg rounded to 0.3mg). That calculated and rounded dose may be given and repeated in timed intervals, as indicated for that medication, to the control of symptoms or maximum stated cumulative dose if symptom control is not previously achieved.
 2. For pediatric patients, utilize MI-MEDIC and a length based tape for all medication calculations.
 - C. Pediatric patients will never be given a single or total dose that exceeds the maximum single or total adult dose.