

July 2023

Office of Health & Safety
Network Supports



The Rights of Medication Administration

Checking the 'Rights' of medication administration at least twice prior to giving medication is a globally accepted process created by nurses and put into place to reduce medication errors, improve safety, and lessen harm to individuals (Martyn et al., 2019, Hanson and Haddad, 2022).

The goal is to give the right **person** the right **drug**, at the right **dose**, in the right **route**, at the right **time** (Martyn et al., 2019).

The first 'Five Rights' are:

1. The Right Person.

Verifying a person's identity by having the person state their name prior to giving medications is the best way confirm you have the correct individual.

If an individual is not able to state their name, an alternate means of identification can be used. Family members, friends, and staff familiar with the individual can be asked to verify their identity. It is also helpful to keep a current photo of the individual with their medical records (Hanson and Haddad, 2022).



2. The Right Drug.

Many medications (both brand name and generic) are spelled-alike, sound-alike, or look alike. (e.g., prednisone/prednisolone).

Carefully check the name and description of the medication on the label. Drugs with similar names can have very different effects on the body. Identifying a medication using both the brand name and the generic name for each drug can lower the risk of an error. It also helps to know the condition or diagnosis the medication is treating.

Important details to check at this point before giving any medication are the individual's drug allergies and the medication's expiration dates (Hanson and Haddad, 2022).



3. The Right Dose.

Dosage can become a major issue when a decimal point is misplaced, when the strength is calculated incorrectly, or milligrams (mg) are confused with milliliters (ml).

When a decimal point is in the wrong place it can change the dosage by + or - a 10th in strength of a drug. This could result in undertreatment and/or possibly serious harm or death from overdose.

Double dosing can easily occur when documentation is not done at the time of administration. It is best practice to administer medications then complete your documentation, not the other way around (Hanson and Haddad, 2022).



4. The Right Route.

Medications can be given in several different ways. The way a drug is given to an individual indicates how it will act on the body, how fast it will act, and the potential side effects.

Some common routes of administration include oral (PO), intramuscular (IM), intravenous (IV), topical, or subcutaneous injection. It's best practice to be knowledgeable about what route is to be used before attempting to administer a medication (Hanson and Haddad, 2022).



5. The Right Time.

Medications should be administered at the time indicated by the prescribing physician. Common practice is to use a 1-hour window time frame. Medications can be given 1 hour before or 1 hour after the prescribed time.

To maintain a therapeutic level in the body some medications, require specific time frames when the next dose is to be given. Antibiotics are an example of such a drug.

Most medications are to be taken with food for better absorption in the body. Other drugs should be taken on an empty stomach. If administration time is unclear make sure to contact the prescribing physician or the pharmacist to get specific directions (Hanson and Haddad, 2022).



When one of the rights is found to be wrong then the medication should **NOT BE GIVEN** until verification is done to clarify exactly what the physician has prescribed for the individual (Edwards and Axe, 2015).

Other 'Rights' to considered are the individual's right to refuse, giving the medication for the right reason, and the right documentation (Edwards and Axe, 2015).

Checking the five rights twice before administering medicines is **NOT** a foolproof method. Medication errors still can occur for several reasons such as increased workloads, interruptions, staffing and supply shortages, caregiver stress and fatigue (Martyn et al., 2019).

Caregivers responsible for administering medications who received annual refreshers and use the double check method when administering medicines have been shown to make fewer medication errors (Strube-Lahmann et al., 2022).

References

1. [Edwards, S. and Axe, S. \(2015, August\). The 10 Rs of safe multidisciplinary drug administration. *Nurse Prescribing*, 13\(8\), 398-406.](#)
2. [Hanson, A. and Haddad, L. M. \(2022, September\). Nursing rights of medication administration. *Stat Pearls*, 1-7.](#)
3. [Martyn, J. A., Paliadelis, P., & Perry, C. \(2019, May\). The safe administration of medication: Nursing behaviors beyond the five rights. *Nurse Education in Practice*, 37, 109-114.](#)
4. [Strube-Lahmann, S., Müller-Werdan, U., Klingelhöfer-Noe, J., Suhr, R., & Lahmann, N. A. \(2022, April\). Patient safety in home care: A multicenter cross-sectional study about medication errors and medication management of nurses. *Pharmacology Research & Perspectives*, 10\(3\), 1-7.](#)

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App of the Month



Drugs.com, know more, be sure, Medication Guide. Is a free downloadable app which is an easy way to lookup drug information, check interactions, and set up personal medication records. The app requires an internet connection to view drug information. There is a \$0.99 cent fee for the use of the Pill Identifier part of the app. It is a searchable database of pill images which includes more than 14,000 Rx/OTC medications found in the U.S. Search based on imprint, drug name, color, and shape. (App of the Month is not endorsed by DBHDS Office of Integrated Health-Health Supports Network. User accepts full responsibility for utilization of app).

Risk Awareness Tool (RAT) and the Individual Service Plan (ISP) Training

Learn about the Risk Awareness Tool (RAT) and strategies of how to best implement the tool within the Individual Service Plan (ISP). This training was designed as a joint effort between the Office of Integrated Health-Health Supports Network and Provider Development at DBHDS to provide an overview of the RAT with strategies for incorporating the tool within the ISP. The target audience for this training is Support Coordinators and Community Service Board (CSB) staff. Two training sessions are available for the month of July. Each session will cover the same content.

Register for either training at the links below:

Friday July 14, 2023 between 11:00am - 12:00pm

<https://dbhds-virginia.gov.zoomgov.com/meeting/register/vJlscOGrrjgiHV-ucGsuTaqsiPGsfSwTla0>

Thursday July 27, 2023 between 1:00pm - 2:00pm

<https://dbhds-virginia.gov.zoomgov.com/meeting/register/vJlsc-igrij8tGWiBJ5oyoSplqxJ0DCuy7sw>

ABA Snippets ...

Negative Reinforcement = Relief

Negative Reinforcement has a bad reputation. The two words on their own are well known. The two words together are often misunderstood. It would be logical to think negative reinforcement means the opposite of reinforcement. This is not the case. The opposite of reinforcement is punishment. Reinforcement makes the reinforced behavior increase. Punishment makes the punished behavior decrease (2).

The terms positive or negative do not change effects of reinforcement and punishment. They indicate if something was added (positive) or subtracted (negative).

- Positive Punishment, speeding is punished by a ticket (added/giving).
- Negative Punishment, cursing at mom is punished by losing video game time (subtracted/taking).
- Positive Reinforcement, mowing the neighbor's lawn is reinforced by getting paid (added/giving).
- Negative Reinforcement, moving your hand over your eyes is reinforced by blocking the sun (subtracting/taking) or, hiding behind your friend at the mall to avoid your ex-boyfriend (subtracting/taking).

Negative reinforcement removes or avoids something or someone unwanted. The sun was unpleasant, so it was blocked from the eyes. The possibility of talking to an ex-boyfriend was unpleasant so they were avoided.

When teaching about negative reinforcement Dr. Jose Martinez-Diaz would ask, "How do you spell relief?" The answer, "N.E.G.A.T.I.V.E. R.E.I.N.F.O.R.C.E.M.E.N.T." spelled out in the style of the old Roloids commercial (3). When you or someone else needs some relief, do not worry, be like Jose and order up some negative reinforcement.

You may contact DBHDS about these efforts via the following:

brian.phelps@dbhds.virginia.gov

References

1. Bionic Disco. (2023, June 9). Roloids 'Spells Relief' Commercial (1975). YouTube. <https://www.youtube.com/watch?v=prQo5nISAw8>.
2. Catania, A. C. (2013). Learning. Sloan Publishing.
3. Martinez-Diaz, J. A. (2023). Concepts & principles of behavior analysis BEH5041, unit 4: introduction to operant selection and contingencies of reinforcement and punishment, slide #225.



Opioid Overdose & Naloxone Education for Virginia

REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone.

The training covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone.

Follow this link to the Office of Substance Use Disorder Services at DBHDS for more information on REVIVE! - <https://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/>

REVIVE! Training is also available 24/7 to provider agencies in Virginia on the Commonwealth of Virginia Training Center (COVLC). To set-up an account and access numerous free trainings contact Keiana Bobbitt at

Keiana.bobbitt@dbhds.virginia.gov