

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIO PULMONARY POLICY MANUAL
MEDICATION LABELING**

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Effective Date: March 2010
Cross Referenced: PC22
Reviewed Date: 02/16
Revised Date: 12/12

Policy No: 2.005
Origin: Cardio Pulmonary
Authority: Cardio/Pulmonary Manager
Page: 1 of 2

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Scope: All members of the Cardio-pulmonary Department.

Purpose:

To insure all medications and solutions are appropriately identified and labeled on and off the sterile field to avoid errors in application or administration.

Scope:

All peri-operative and procedural areas, such as OR, Emergency Department, Radiology, and any clinical unit where procedures may be done at bedside.

Definitions:

- 1) **Medications:** any product designated by the Food and Drug Administration (FDA) as a drug. Examples include but are not limited to Lugol's solution, radiopaque dyes, heparin, thrombin, GU irrigant, IV solutions, Lidocaine, Marcaine, saline and water labeled "for injection", and sterile saline and water for irrigation.
- 2) **Solutions:** Any liquid that doesn't meet the definition of a medication, but that is used in the procedural area (unsterile water, skin prep solutions, etc)

Policy:

Medications and solutions, both on and off the sterile field, will be labeled, even if there is only one medication being used. When medications or solutions are transferred from its original container to another, such as a syringe, or basin, that container will be appropriately labeled after the medication or solution is transferred. Any unlabeled syringes or containers containing solutions will be immediately discarded.

Roles and Responsibilities:

All clinical staff, including technicians, nursing staff, and physicians will label medications and solutions according to this policy.

Procedure:

- 1) Prepare and apply a label for all medications and solutions transferred from their original containers.
 - a) Includes medications / solutions used both on and off the sterile field, even if there is only one medication being used.
 - b) Sterile labels will be used to label syringes and containers on the sterile field.
 - c) Exception: If the medication / solution is poured, drawn into a syringe, or otherwise used from its original container and **immediately** (no intervening activity) administered or disposed of, labeling is not required.
- 2) Labeling includes the name and strength of medication or solution, amount (if not apparent from the container), and expiration time when expiration occurs in less than 24 hrs.
- 3) Verify with another qualified individual all labels both verbally and visually when the person preparing the medication is not the person administering the medication.
 - a) Exception: Medications prepared and labeled by a pharmacist do not required 2 person verification.
- 4) Label only one medication or solution at one time.
- 5) Discard any medication or solutions found unlabeled immediately.
- 6) Maintain all original containers from medications or solutions for reference in the immediate area until the conclusion of the procedure.
- 7) Discard all labeled containers on the sterile field at the conclusion of the procedure.
 - a) Single use medications or solutions left in their container must be discarded at the conclusion of the procedure.
- 8) At shift change or break relief, review all medications and solutions, both on and off the sterile field, and their labels, with entering and exiting personnel.

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Special Considerations:

- 1) Pre-labeling syringes or containers is not acceptable.
- 2) Solutions that are not labeled as sterile will not be used on a sterile field.
- 3) Taping the original container to the syringe or container is not considered an appropriate label.
- 4) Preprinted labels, where available, may be used, but must be affixed at the time of medication / solution transfer.

(This policy is a copy of policy PC22 which can be accessed on the hospital intranet.)

References:

AORN, www.aorn.org

Joint Commission National Patient Safety Goal 3D

Joint Commission Medication Management Standard (MM 4.30)