

<b>TITLE: MEDICATION ADMINISTRATION STANDARDIZATION TIMES</b>		
EFFECTIVE DATE: 5/05	POLICY#: PN.05a	Page 1 of 4
REVIEW/REVISION DATE: 9/05, 3/07, 4/08, 5/09, 1/10, 7/10	Created by: R. Thelin, PharmD; A. Savite', RN	DISTRIBUTION: Nursing; Pharmacy

**Purpose:**

To eliminate potential dosing errors and ensure that a consistent medication administration schedule is maintained. It is also to ensure optimal timing of medication administration based on food-medication interaction and safety-efficacy profiles of the drugs. This policy takes into consideration certain medications which are enhanced or diminished, depending upon timing of administration with respect to food, circadian rhythm, or simple timing of the dose. This policy will enable drugs to be administered at the optimal time for greatest efficacy.

**Policy/ Procedure:**

**1. New Medication Orders:**

All medications will be given at the standardized administration times listed below. [Table 2] If the medication is ordered after the standard admin time, (ie 'Daily' written at 18:00), the medication will be scheduled to be administered as soon as possible (if the patient has yet to receive the medication for that day, and delay may cause patient harm). Otherwise, if in the 'Next, if within' timeframe, the med will be scheduled at the next standardized scheduled time after the order is written. The physician may override this policy by documenting specific administration times in the order.

**2. 'STAT' or 'NOW' Orders:** [Table 1]

If a medication is to be given at a non-scheduled administration time, it must be written as 'stat' or 'now' in order to indicate that the physician is aware of the possibility of the patient receiving a dose that would normally be administered at the next scheduled time based on frequency.

**Table 1: Stat/Now definitions**

	<b>Pharmacy</b>	<b>Nursing:</b>
<b>STAT:</b>	<b>Delivery of medication within 30min of order receipt</b>	<b>Administration to patient within 30min of receipt of medication</b>
<b>NOW:</b>	<b>Delivery of medication within 60min of order receipt</b>	<b>Administration to patient within 30min of receipt of medication</b>

**3. Stagger Schedule:** [PN.05b]

After administering first dose, the second dose can be adjusted as per the stagger schedule by the nurse, in order to reduce the risk of administering doses too close/far from the previous dose. Medications that are not to follow the standardized administration times must be specifically written on the medication order as per the physician. Vancomycin and aminoglycosides IVPB will not be staggered.

**4. 'Special' administration schedules** [Table 3]

All medications listed will be automatically adjusted to the special administration schedule unless specifically written in the medication order.

**5. 'HOLD' orders:** All orders which only read **"hold"** med will be discontinued until rewritten.

**HOLD for parameters:** (ie BP) will be entered as a scheduled order, and require documented parameters to hold the administration of the med.

**HOLD for a specified number of doses or for a specific time frame:** will be discontinued and re-entered by pharmacy to start after the stated period.

**6. Administering Medication:** Late/Early -

All medications will be allowed to be administered **within 60 minutes before or after** scheduled time. A reason why a dose is not administered within this time frame must be documented.

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**Table 2: STANDARD TIMES OF ADMINISTRATION**

SCHEDULE	Next, if within	TIME(s)															
		10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00			
DAILY	12 hrs	10:00															
AC Daily		7:30															
PC Daily		9:00															
AC Lunch		11:30															
PC Lunch		13:00															
AC Dinner		16:30															
PC Dinner		18:00															
qHS, qPM, Nightly	20 hrs	22:00															
BID, q12h	6 hrs	10:00	22:00														
AC BID*		7:30	16:30														
PC BID*		9:00	18:00														
BIDWM (with meals)		8:00	17:00														
AC (AC TID)*		7:30	11:30	16:30													
TID, q8h	4 hrs	6:00	14:00	22:00													
TIDWM (with meals)		8:00	12:00	17:00													
PC (PC TID)*		9:00	13:00	18:00													
q6h, QID	3 hrs	0:00	6:00	12:00	18:00												
	RESP: (QID)	6:00	10:00	14:00	18:00												
AC & HS*		7:30	11:30	16:30	22:00												
PC & HS*		9:00	13:00	18:00	22:00												
5 x / day (sub for q4h while awake)	2 hrs	6:00	10:00	14:00	18:00	22:00											
q4h	2 hrs	2:00	6:00	10:00	14:00	18:00	22:00										
q3h	90 min	2:00	5:00	8:00	11:00	14:00	17:00	20:00	23:00								
q2h	1 hr	0:00	2:00	4:00	6:00	8:00	10:00	12:00	14:00	16:00	18:00	20:00	22:00				
Unscheduled	<b>BEFORE TRANSFUSION/Procedure: Administer 30 minutes prior</b> <b>POST TRANSFUSION/Procedure: Administer 30 minutes post</b>																
<i>*Note: AC and PC doses are dependent on actual time of meal delivery</i> <b>AC: should be administered at least 30 min. prior to eating</b> <b>PC: can be administered once patient has started eating until 30 min. after</b>																	

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**Table 3: Special Administration schedules**

<b>MEDICATIONS WITH SPECIAL ADMINISTRATION SCHEDULES</b>		
Antibiotics, Antifungals, Antimalarials, Antivirals:	Hourly unless specifically listed (q6h, q8h, q12h, q24h)	<b>WITH FOOD: (PC)</b> Augmentin, Biaxin, Ceftin, Doxycycline*, Ethambutol, Flagyl, Nitrofurantoin (MacroBid, Macrochantin), Tamiflu, Vantin *avoid administering with antacids & milk
Antihypertensives	Hourly basis (q6h, q8h, q12h), Around the Clock	Except Coreg (with meals)
Aricept (donepezil)	HS	
Diabetic agents (oral)	AC	Glyburide, Avandia, Glipizide (Glucotrol), Amaryl, Glucophage, Prandin, Starlix, Actos, Precose, etc.
Diuretics	Daily: 06:00 BID: 06:00-18:00	Lasix, Bumex, HCTZ, Demadex, Dyazide. Limit the need to urinate overnight.
Isosorbide mononitrate (Imdur)	AC daily (breakfast)	
Isosorbide mononitrate (Ismo)	BID: 08:00 and 15:00	Separate doses by 7 hours
Iron-containing products	PC (with food)	Minimize GI distress
Lidoderm patch	Order 05:00-16:00: Schedule @ 10:00, remove @ 22:00 Order 17:00-04:00: Schedule @ 22:00, remove @ 10:00	Apply for 12h only within 24h period. Patch check qshift.
Lovenox (enoxaparin) (8:00-20:00)	BID: 08:00 and 20:00 <i>*If dose admin/started late, attempt to separate doses by ≥ 8 hrs.</i>	DAILY: 08:00 or 20:00
NSAIDS, aspirin	With food (Daily at 8am)	Minimize GI distress
Nitroglycerin Patch	Apply at 08:00, remove at 22:00	Patch check qShift
Phosphate Binders	TIDWM (with meal)	Phoslo® (calcium acetate), Renagel® (sevelamer), Amphogel (aluminum hydroxide), Fosrenol (lanthanum)
Potassium Chloride	PC (with food)	Minimize GI distress
Statins (Zocor, Pravachol, etc)	Nightly	
Synthroid (levothyroxine)	AC Breakfast (≥30minutes before breakfast w/ 8oz water)	
Warfarin (Coumadin)	18:00	New order daily unless written for x days

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### STAGGER SCHEDULE for STANDARD TIME Administration

*IF the FIRST DOSE is administered ASAP- then Stagger to get on schedule*

**BOLDED** times are STAGGERED Administration Times

<b>Time First Dose Hung</b>	<b>Q 6 Hours 0000 - 0600 - 1200 - 1800</b>	<b>Q 8 Hours 0600 - 1400 - 2200</b>	<b>Q 12 Hours 1000 - 2200</b>	<b>Q 24 Hours 1000 or 2200</b>
0000	0600	<b>0600</b>	1000	<b>2200</b>
0100	0600	0700 - <b>1400</b>	1000	<b>2200</b>
0200	0600	0800 - <b>1400</b>	1000	<b>2200</b>
0300	0700 - 1200	1200 - <b>2200</b>	1200 - 2200	<b>2200</b>
0400	1100 - 1800	1300 - <b>2200</b>	1200 - 2200	<b>2200</b>
0500	1200	<b>1400</b>	1400 - 2200	<b>2200</b>
0600	1200	<b>1400</b>	1400 - 2200	<b>1000 * NEXT DAY</b>
0700	1200	<b>1400</b>	1400 - 2200	<b>1000 * NEXT DAY</b>
0800	1200	<b>1400</b>	2200	<b>1000 * NEXT DAY</b>
0900	1300 - 1800	1500 - <b>2200</b>	2200	<b>1000 * NEXT DAY</b>
1000	1700 - 0000	1600 - <b>2200</b>	2200	<b>1000</b>
1100	1800	2000 - <b>0600</b>	2200	<b>1000</b>
1200	1800	2100 - <b>0600</b>	2200	<b>1000</b>
1300	1800	<b>2200</b>	2200	<b>1000</b>
1400	1800	<b>2200</b>	2200	<b>1000</b>
1500	1900 - 0000	<b>2200</b>	0000 - 1000	<b>1000</b>
1600	2300 - 0600	<b>2200</b>	0000 - 1000	<b>1000</b>
1700	0000	2300 - <b>0600</b>	0200 - 1000	<b>1000</b>
1800	0000	0000 - <b>0600</b>	0200 - 1000	<b>2200 * NEXT DAY</b>
1900	0000	0400 - <b>1400</b>	0200 - 1000	<b>2200 * NEXT DAY</b>
2000	0000	0500 - <b>1400</b>	1000	<b>2200 * NEXT DAY</b>
2100	0100 - 0600	<b>0600</b>	1000	<b>2200 * NEXT DAY</b>
2200	0500 - 1200	<b>0600</b>	1000	<b>2200</b>
2300	0600	<b>0600</b>	1000	<b>2200</b>

**THIS SCHEDULE DOES NOT APPLY TO LIMITED NUMBER (i.e. 'x 3') DOSES**

1. In the left-hand column, find the time that the first dose is hung.
2. Read across the interval columns until you find the ordered frequency (q6h, q8h)
3. Corresponding column shows next administration times to get on schedule. **BOLDED** times are the staggered doses.

Pharmacy: 1 Order is entered to start NOW.  
2. Second dose is scheduled for the standard administration time.

**Nursing:** Because the order start time defined by pharmacy may not be the same as the administration time for the first dose - Refer to chart in order to administer the second dose appropriately staggered from the first dose administration time