Hackettstown Regional Medical Center

TITLE: Electronic Medication Administration - Overall Process (eMAR)		
EFFECTIVE: November 2011 **Created by: Pharmacy**	**Policy #: 1**	**PAGE: 1 OF 3**
Reviewed/Revised: (by/date)		

SCOPE:	Pharmacy, Nursing, Radiology, Respiratory departments at HRMC.
PURPOSE:	To outline the procedure for documentation of administration of bar-coded medication with charting on the electronic medication administration record (eMAR).
DEFINITIONS:	eMAR: electronic Medication Administration Record CPOE: Computerized Provider Order Entry MAW: Medication Administration Wizard (also Medication-Admin Window) Proxy Charting: Charting an event for another user.
POLICY:	eMAR documentation is defined by this policy.
Authorized Documentation	The following individuals are authorized to document on the eMAR. -LPN, RN: all med tasks -Nursing Student: If trained on eMAR, under direction of nursing instructor only -Pharmacist: Only 'Not Done' or 'Not given' -Physician: all med tasks -Radiology, Nuclear Technologist: Contrast and other meds necessary in the radiology area -Respiratory Therapist: Respiratory medications only
PROCEDURE:	The process for medication administration is to scan the patient ID band first, then scan each medication to be administered at that time. Every attempt must be made to ensure successful scanning.
Scanning:	**Goals:** Based on hardware or barcode issues, 90% scan compliance is the HRMC goal for both patient and medication scan compliance. Less than 75% will be the cutoff per user for disciplinary action.
Medication-admin window: scanning (MAW)	**Medication Administration Wizard (MAW):** The MAW is used to identify the patient & medication, to electronically chart the administration. **Opening the MAW** Select patient in Powerchart. Open 'Medication Administration' tab.
MAW PATIENT identification: scanning	The patient must be positively identified before administration of any medication. The scanned armband contains the patient FIN#, however also contains the patient name, Date of Birth, and MRN. See Administrative policy for the use of two allowable identifiers if barcode scanning for the patient is not completed (or manual charting on MAR). For each patient scan , a positive identification (or failure to identify) is recorded for each medication administered. (Example: 10 meds administered with a positive patient scan = 10 positive patient scans.)
MAW MEDICATION identification: scanning	The medication barcode must be scanned before administering to patient. If any of the following error messages appear, follow the listed action(s):

Error Message	Details	Action to be Taken
"The medication scanned can not be identified"	Item does not exist in formulary, or barcode is incorrect.	Contact pharmacy and save packaging.
"The scanned medication, X, is not on the patient's current active profile"	The med scanned is not due on the patient's MAR. **OR** The med scanned is not an active order (or dose) for that patient.	Determine the appropriate administration time. **OR** Obtain the correct medication.
Not able to be scanned	Bar code is damaged or missing; Scan device malfunction.	Contact Pharmacy; Contact IS.

Manual	Manual charting is strongly discouraged, except in the instances listed below:

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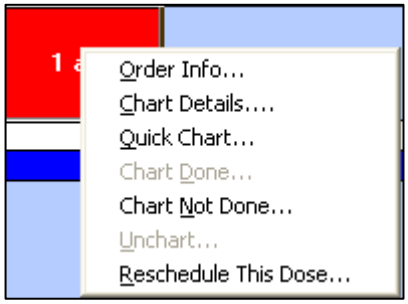
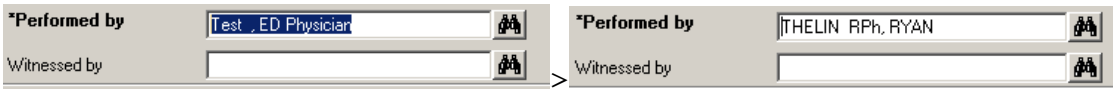
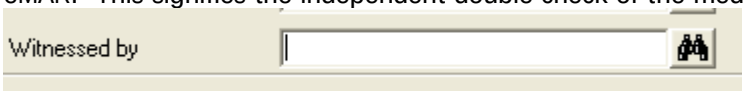
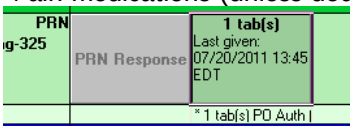
charting: eMAR	**Manual Charting may only be utilized for:** -Not given (not done) -Charting for another user or provider (proxy) -PRN responses -IV site change/check -IV rate change -Patient's own continuous IV pump -Patch Removal -Modifying Dose Administered -**Uncharting:** only for reversal of documentation: i.e., med scanned, but not administered. ***Note:*** uncharting can only be done by the original user that documented the medication. *Also: See policy on post-downtime documentation.* 
PROXY charting:	**Charting for Another Nurse/User (proxy):** -After downtime, in order to chart meds administered from another shift on the paper MAR. -Provider administered medications.  Proxy charting can be completed by changing the 'Performed by' user to the person who administered the medication. The 'Verify' user is the person who documented. Perform THELIN RPh, RYAN 07/26/2011 13:46 EDT Completed VERIFY Test , ED Physician 07/26/2011 13:46 EDT Completed Documenting the 'Witnessed by' user is not required, but preferred: Perform THELIN RPh, RYAN 07/26/2011 13:48 EDT Completed Witness Test , ED Physician 07/26/2011 13:48 EDT Completed VERIFY Test , ED Physician 07/26/2011 13:48 EDT Completed **Scan compliance is still reflected for the user that documented the administration, regardless of the 'Performing' user.**
High Alert Medications (co-signature)	Co-signature (witness) is required for all medications that are considered to be High-Alert, identified in PN.05c. After scanning the patient and medication, a second user is required to verify and sign the eMAR. This signifies the independent double check of the medication to be administered. 
'PRN' response	PRN response is required for: -Pain medications (unless documented elsewhere) 
Additional Charting	Additional Charting elements may be required or suggested, based on order parameters: -Blood Pressure Parameters

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Elements	-PT/INR for Warfarin -Vaccines: require Manufacturer, Lot, Expiration Date, and date of VIS (vaccine information sheet).
Unverified Orders	This icon indicates an unverified order on the MAR. Unverified orders occur in the following situations: 1. Provider entered order in the ED (Emergency Department) that requires product assignment or weight-based calculation. 2. Provider entered order in all other areas than the ED. 3. Nurse, Resp. Therapist, Radiology technician (or other individuals defined as able to take a provider order) enter order electronically, and is written as a telephone order from a provider. (STAT meds) Administration of a dose associated with an order that has not been verified by pharmacy is allowed only in the following situations: 1. An emergent STAT situation: Delaying administration for the time it would take to have a pharmacist review the order would seriously affect the patient's clinical situation. 2. A physician is present throughout the process of ordering the medication, procuring the medication and administration of the dose.
NO eMAR orders or charting:	**Rapid Response/Codes:** Medications administered during Rapid Responses and Codes will not be charted on the eMAR. These medications will be ordered and their administration will be documented on the Rapid Response Team Record or Cardiac Arrest Flow Sheet, respectively. After the completion of the Rapid Response or Code, the documentation will be sent to Pharmacy and Pharmacy will manually charge for all administered medications. *Continuous IV orders are required to be written as orders with the necessary parameter, if to be continued post rapid-response or Code. **Moderate Sedation –** documentation of medications administered is maintained either on paper or on an electronic form. The paper record/order must be sent to pharmacy so that administered medications can be appropriately charged.
Other Scanning issues:	**Hardware issues:** If scanner will not function on device, contact IS to notify them of the issue, as it may recur for other users. Attempt to use a second device. If the issue persists, manual charting events should be noted in the comments of the task. Notify the manager of the department involved.
Quality Assurance	1 Overall scan compliance – Reported weekly 2. User scan compliance – Reported monthly 3. Scanning audits to be performed periodically (as needed): -Barcode scanning after drug administration (and manual charting). -Pyxis removal vs. charting events (especially continuous IVs)
REFERENCES:	

Approved: _____ Date: November 11, 2011

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TITLE: Electronic Medication Administration - Timing, Rescheduling, and other Charting options		
EFFECTIVE: November 2011 **Created by: Pharmacy**	**Policy #: 2**	**PAGE:** 1 **OF** 1
Reviewed/Revised: (by/date)		

SCOPE:	Pharmacy, Nursing, Radiology, Respiratory departments at HRMC.
PURPOSE:	To outline allowable charting functions and detail parameters for different charting activities on the electronic medication administration record (eMAR).
DEFINITIONS:	eMAR: electronic Medication Administration Record CPOE: Computerized Provider Order Entry
POLICY:	Administration of all scheduled medications must be **within 30 minutes of the scheduled time,** based on the latest CMS Interpretive Guidelines. 'Unscheduled' tasks must also be administered within 30 minutes of the event (i.e. Surgery, Blood Transfusion). A task will remain active in the Medication Administration Window until charted as given or not administered. The maximum time a task can be post-charted is within 24 hours of the current date/time.
Timing of administration:	
PROCEDURE:	HRMC standard administration times will be utilized by pharmacy when entering medication orders on to the eMAR. (PN.05) Only **single doses** may be rescheduled by **nursing**, if the patient is off the unit (procedure). It is NOT acceptable to reschedule doses if the patient refuses – this should be charted as 'Not Done' or 'Not Given' (see below) **A single dose can only be rescheduled 8 hours from the scheduled time of administration, and can NOT be rescheduled prior to the current date/time.** A **pharmacist** can reschedule all times upon order, or patient request based on an accurate medication history and last dose received. If modification of administration times will cause a significant delay in therapy (or too frequent), the provider should be contacted.
Rescheduling:	
Additional dose:	The additional dose function will ONLY be utilized for charting post-downtime. Examples include PRN (as needed), Unscheduled, or Continuous IV's that have been discontinued prior to documenting administrations during the downtime.
Missing medication:	Pharmacy must be contacted to request any missing medications.
Not Done or Not Given:	Any task charted as 'Not Done' or 'Not Given' will require a documented reason. Medications held without parameters to do so, will require communication with the provider, in order to determine if the medication order should be changed, continued, or discontinued.
Pre-Op Antbiotics:	Pre-operative antibiotics will be entered with the following frequencies: 'Once', 'Pre-Procedure', or 'Unscheduled' Antibiotic should be initiated prior to incision. Preferred documentation will occur within the pre-procedural area – and still remain on the eMAR, with barcode scanning of patient and medication. -If the medication is initiated by an anesthesiologist or within the Operating Room, eMAR documentation will still be completed. Proxy documentation may be necessary (see 'Overall Process Policy')
Quality Assurance	**Reviewed at the end of every shift:** Overdue tasks **Performed periodically (as needed):** Early/Late administration reports Event time vs. documented time of administration
REFERENCES	http://www.ismp.org/Tools/guidelines/acutecare/tasm.pdf

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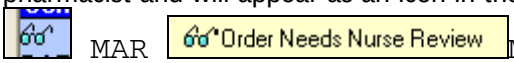
TITLE: Electronic Medication Administration – Task Review – PAL (Patient Access List)

EFFECTIVE: November 2011 **Created by: PHARMACY**	**Policy #: 3**	**PAGE:** 1 **OF** 1
Reviewed/Revised: (by/date)		

SCOPE:	Pharmacy, Nursing, Radiology, Respiratory departments at HRMC. *[Inpatient Units Only]*
PURPOSE:	To assure complete and correct transcription of each medication order to the electronic medication administration record (eMAR).
DEFINITIONS:	eMAR: electronic Medication Administration Record CPOE: Computerized Provider Order Entry PAL: Patient Access List
POLICY:	Task review of an electronic order is the electronic 'signoff' by a nurse that the order has been reviewed against the paper record or CPOE order. A nurse must 'review' the provider order versus the eMAR following order entry and before administration of any doses related to the order. If a physician order is written on paper, the nurse must also sign, date, and time below the corresponding order on paper.
PROCEDURE	
Task review	**New tasks** A Task is created on the Patient Access List (PAL) for each new or changed order entered by a pharmacist and will appear as an icon in the shape of a pair of eyeglasses.  MAR Order Needs Nurse Review MAR Summary The eyeglass icon on the eMAR is the only indication the nurse will receive that review of the order has not been completed. The only other warnings will display when 'hovering' over an order in the 'MAR Summary'. Tasks are created as follows: Order Type — "Status" New, Modified, Renewed, Rescheduled — Ordered Discontinued order — Discontinued Void — Deleted Void after an Administration has occurred — Voided with Results
End of Shift: Order review	Paper orders: A review at the end of each shift should be completed to validate that all medication orders have been profiled and reviewed on the eMAR. In addition, all medication tasks should be reviewed as documented for each patient (no overdue tasks), upon hand-off of the patient to the next shift. Any task left unaccounted for must be communicated to the next shift (i.e. Patient off unit).
Discrepancies	Any discrepancy between the physician's order and the entry on the eMAR will be communicated to Pharmacy by the nurse as soon as it is identified. The task should not be documented as reviewed if incorrect. If the discrepancy arises from the interpretation of the order, the order will be clarified by Pharmacy with the prescriber and the order entry corrected. If the discrepancy arises from a transcription error, the original order entry will be voided by pharmacy and the correct entry will be made. This should also be documented as an incident.
REFERENCES:	

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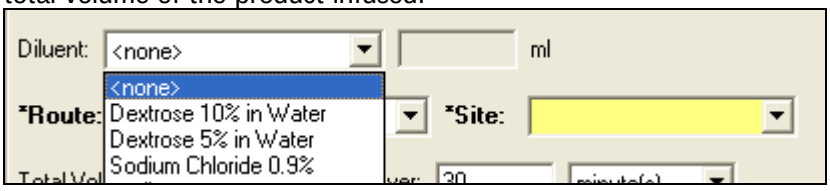
POLICY - PHARMACY – NURSING

Hackettstown Regional Medical Center

TITLE: Electronic Medication Administration – Continuous Infusion and Intermittent documentation		
EFFECTIVE: November 2011 **Created by: Pharmacy.**	**Policy #: 4**	**PAGE:** 1 **OF** 1
Reviewed/Revised: (by/date)		

SCOPE:	Pharmacy, Nursing, Radiology departments at HRMC.
PURPOSE:	To detail the documentation for administration of Continuous Infusions and Intermittent orders on the electronic medication administration record (eMAR). This usually refers to the Intravenous (IV) route, but may also include other routes of administration (i.e. SubCutaneous, Epidural, Umbilical
DEFINITIONS:	eMAR: electronic Medication Administration Record CPOE: Computerized Provider Order Entry
POLICY:	This policy oversees the documentation of Continuous and Intermittent products on the eMAR.
PROCEDURE:	
Continuous Drips	**Continuous Rate:** Rates for orders at a fixed continuous rate must be entered when administration is documented on the eMAR. Weight based continuous rates (e.g. mcg/kg/min) will show the calculated value based on the current clinical weight. A Heparin drip will be considered a continuous rate drip: Rate changes occur based on the written order, so the 'Rate Change' must be charted on the e-MAR. **Titrations:** The current rate will be documented at the time of initial infusion, rate changes, and bag changes. All events will be documented on the nursing flow-sheet or eMAR.
Continuous events: 	**Administration Event** (Begin bag is initiated by bar code scan)**:** **-Begin Bag:** Validate correct rate. Site of administration must be documented. **-Site Change:** Use to document a site change. May be used to document that a rate assessment has been made. **-Infuse:** Default screen for manual charting. Document amount infused. **-Bolus:** Used to document that a bolus amount has been given. **-Waste:** Used to document amount of waste. **-Rate Change:** Used to document rate changes
Intermittent orders:	Diluent: If necessary, the appropriate diluent can be selected or changed, along with the total volume of the product infused.  Rate: The 'Infuse Over' field is defaulted based on the defined rate of the order. If the intermittent rate does not match the ordered rate (i.e. infused with a titrated rate - IVIG, infliximab), modification of the rate of administration can be completed by changing the "Infused over" time to reflect the total administration time.
Site of administration	Site of administration is required for all injectable routes (i.e. IV, IM, and Subcutaneous).
REFERENCES:	

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TITLE: Electronic Medication Administration – Downtime		
EFFECTIVE: November 2011 **Created by: Pharmacy**	**Policy #: 5**	**PAGE:** 1 **OF** 1
Reviewed/Revised: (by/date)		

SCOPE:	Pharmacy, Nursing, Radiology, Respiratory departments at HRMC.
PURPOSE:	To outline downtime procedures for charting of medication administration when the electronic medication administration record (eMAR) is not available.
DEFINITIONS:	eMAR: electronic Medication Administration Record 724: program at specified computers with patient information available during downtime.
POLICY:	All departments must follow downtime policies within their respective departments. This policy oversees the complete MAR documentation that is required for all medications when the electronic system is unavailable.
PROCEDURE:	**MAR printing:**
Prior to downtime:	For scheduled downtimes, Pharmacy will print a real-time MAR from phabatchreport. For unscheduled downtimes, a version of the MAR will be updated ever 30 minutes, and available from either pharmacy or the nurse administrator.
During downtime:	Pharmacy should be present (on-site) during any downtime. Unscheduled downtimes during hours when pharmacy is not on-site require the on-call pharmacist to be available for order review. **724:** The 7/24 program will allow all users access to the medications administered and to view active orders. All charting must occur on paper. **Patient Profiles:** Pharmacy will print patient profiles to validate existing orders against newly written orders. **MAR documentation:** **Scheduling/Transcription of orders:** All new orders will be documented on paper MAR, with the standard administration times scheduled for future doses. If necessary, a blank paper MAR page can be utilized. All modified orders will also be modified on the paper MAR. All discontinued orders will be marked as discontinued on the paper MAR. **Administration of medications:** Pharmacy will contact the nurse if there is an issue with any new medication order written. Non-stat medications for new orders should not be removed from Pyxis until pharmacy is contacted to verify the order is appropriate. All administration documentation is to be documented on the paper MAR. All injectable medications require a site of administration. All vaccinations require Manufacturer, Lot, Exp Date, and VIS date.
After downtime:	**Back-charting (electronic):** Pharmacy will enter all orders, timing the appropriate start time of medication orders. Nursing will chart ALL administered medication tasks on the eMAR, with the appropriate time of administration documented on the paper MAR. If the nurse that administered the medication is no longer available, the medication will be charted 'by proxy'. The paper MAR should always be maintained with the paper Medical Record. **Patient discharged** If the patient is discharged, all paper medication administration records will be sent to pharmacy to manually charge the medications. The paper MAR will then be maintained with the paper Medical Record.
REFERENCES	

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