Position Statement 4
American Society of PeriAnesthesia Nurses

A Position Statement on Safe Medication Administration

The American Society of PeriAnesthesia Nurses (ASPAN) has a responsibility to define principles of safe, quality nursing practice in the perianesthesia setting. ASPAN, therefore, has the responsibility to assist in defining and supporting guidelines for the safe administration of medications within perianesthesia nursing practice.

Background

Medication safety in the perianesthesia arena is an important component in our everyday nursing practice. The following concerns have been identified:

1. ASPAN's Clinical Practice Committee continues to receive numerous inquiries related to the appropriateness of perianesthesia nurses administering drugs typically classified as anesthetic agents (e.g., propofol, ketamine) for nonsurgical/non-anesthesia situations. While, traditionally, these drugs have been used outside of the operating room in critical care settings for the purposes of sedation for the mechanically ventilated patient, providers are recommending that perianesthesia nurses administer these drugs for sedation for short-term therapeutic, diagnostic, or surgical procedures, as an adjuvant to antiemetic protocols, or for analgesic purposes. Currently, the scope of nursing practice across states varies regarding the use of anesthetic agents by nurses not trained as certified registered nurse anesthetists.
2. The Joint Commission (TJC) publishes annual patient safety goals, which include recommendations for improving the safe administration of medications. A number of healthcare and consumer organizations have also offered their endorsement of safer practice environments including the Agency for Healthcare Research and Quality (AHRQ), the American Society of Health-System Pharmacists (ASHP), the Institute for Safe Medication Practices (ISMP), and the National Quality Forum (NQF), to name a few.
3. Medication use has always been extremely beneficial but always with risk.
4. Despite any number of clinical practice safety measures, professional and personal accountability cannot be eliminated.

Position

It is, therefore, the position of ASPAN that the perianesthesia registered nurse is responsible for providing the safe administration of medications wherever perianesthesia care is delivered. Guidelines for the safe administration of medications should include the following principles:

1. Patient safety is the highest priority.
2. Perianesthesia registered nurses are accountable for knowing their state nurse practice act, state board of nursing, and/or professional registration requirements as well as their state laws.
3. Perianesthesia registered nurses are accountable for knowing ASPAN's Practice Recommendation: The Role of the Registered Nurse in the Management of Patients Undergoing Procedural Sedation.
4. Perianesthesia registered nurses are professionally accountable for having knowledge of any medications administered to include indications, action, recommended route, and guidelines for administration, side effects, monitoring, and treatment of untoward reactions. This includes maintaining core competencies within the scope of perianesthesia nursing practice.
5. Perianesthesia registered nurses are accountable for patient outcomes resulting from the administration of these agents. This accountability includes the reporting of clinical trends as outlined by the facility's process.
6. Perianesthesia registered nurses are responsible to know and adhere to facility policies related to the administration and securing of medications.
7. Written medication guidelines should be the result of collaboration among physicians, pharmacists, and nurses, and should be evidence-based. These guidelines should include, but not be limited to, the following accreditation and regulatory requirements:
    a. A list of unacceptable abbreviations and symbols are developed and their use avoided.
    b. Patient identification processes include at least two identifiers.
    c. High-alert medications are easily identified within the facility.
        i. Perform independent double check per policy.
        ii. Administered through a programmable infusion pump using dose error-reduction software (e.g., smart pumps).
    d. Whenever in use, intravenous infusion pumps include free-flow protection devices and dose error-reduction software.
    e. Appropriate communication resources are practiced concerning patient allergy and drug reaction history.
    f. Perianesthesia registered nurses can readily access updated pharmacological references as well as timely education to introduce new medications.
    g. Appropriate antidotes, reversal agents, and rescue agents are readily available in clinical areas with appropriate standardized protocols and/or order sets for administration in an emergency.

h. Work environments restrict unnecessary noise and distractions from the medication preparation area.
i. Receipt of medication orders must be per facility policy (e.g., verbal, phone).
j. Accurate and complete medication information is obtained on all perianesthesia patients. This information will be made available to all healthcare team members across the continuum of care to ensure safe and effective medication use. Appropriate training should occur prior to handling hazardous drugs. Organizational identification of hazardous drugs and education on the following should occur: associated risks, appropriate use of personal protective equipment (PPE), equipment and devices, and the appropriate response to exposure or spill of a hazardous drug.
k. Eliminate whenever possible the use of non-pharmacy preparation at the bedside and encourage use of ready-to-administer medications when available.[a]

8. The perianesthesia registered nurse is responsible for the safe administration and storage of all opiates and/or sedatives.
   a. All medications are labeled with the name of the medication, strength, and the amount of the medication and diluent name and volume if not apparent from the container.
   b. When an individual medication(s) is prepared by someone other than the perianesthesia registered nurse responsible for administering the medication, the medication must be verified both verbally and visually by two qualified individuals.
   c. The perianesthesia registered nurse secures all controlled medications per facility policy.
   d. Use barcode medication administration when available.
   e. Any unused opiates and/or sedatives must be discarded with another nurse as a witness.[b]
9. It is strongly recommended that each perianesthesia registered nurse is aware of the pharmacokinetics of various medications that cause respiratory depression, unwanted sedation, and alterations in hemodynamic stability. Factors to consider when determining a patient's length of stay following administration of medications include, but are not limited to[6,c,d]:
   a. Amount, type, and timing of medication
   b. Patient response
   c. Medication half-life and peak
   d. Monitoring capabilities of receiving unit
   e. Drug interactions
   f. Cumulative effects

Expected Outcomes

Perianesthesia registered nurses need to familiarize themselves with this position statement and inform and educate peers, nurse managers, hospital administrators, and physicians. Collaborative and interprofessional efforts must be made to define and implement safe medication administration

[a]The Institute for Healthcare Improvement (IHI) recommends dispensing medication doses from the pharmacy in single dose units to avoid medication errors from mixing, counting, cutting and drawing up medications.[2]

[b]Regarding the waste of unused opiates, The Institute for Safe Medication Practices (ISMP) offers the following recommendations:

- *For prefilled syringes, a witness is required to verify the volume in a prefilled syringe, then dispose of the medication per institutional policy while the witness watches. The syringe should not be discarded in the sharps box before removing and wasting any leftover medication. Documentation of the volume and dose of the waste should be verified and cosigned by the witness.[3]*
- *For drugs remaining in a single-use vial, the leftover medication should be drawn into a syringe with a witness to verify the remaining volume and then disposed into the medication waste box while the witness watches. Do not discard the vial in the sharps box before removing and wasting any leftover medication from the vial. Documentation of the volume and dose of the waste should be verified and cosigned by the witness.[3]*

[c]*ASPAN's Clinical Practice Committee frequently receives questions regarding discharge following medication administration, particularly oral or intravenous opiates or reversal agents.*

- *Current recommendations suggest a minimum of two hours observation following administration of a reversal agent*
- *Current recommendations suggest at least 30 minutes of observation following the last dose of sedative and/or opiate medication unless transferring to same level of care or a unit with comparable monitoring capabilities*
- *These recommendations are empirically based on the pharmacokinetics of medications including the half-life of the drug and effects of cumulative doses*

[d]*The American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia recommend that the timing of assessments should coincide with peak drug effects, typically 15 to 30 minutes after parenteral opioid administration and one to two hours after oral administration.*[4,5]

[e]*For current information regarding safe medication practices, visit the Institute for Safe Medication Practices (ISMP) at: https://www.ismp.org/.*

guidelines wherever perianesthesia registered nurses provide care.[e] ASPAN, as the voice of perianesthesia nursing practice, must externalize this information by sharing this position statement with regulatory agencies and other related professional organizations.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on April 17, 2004, in Philadelphia, Pennsylvania, and approved by a vote of the ASPAN Representative Assembly on April 18, 2004, in Philadelphia, Pennsylvania.

This position statement was updated and revised at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

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ADDITIONAL READING

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