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Learning Objectives

- Describe medication administration in the nursing home.
- Recall steps of the delegation process.
- Identify the role of unlicensed assistive personnel in medication administration.
- Discuss how a registered nurse can appropriately delegate medication administration.

The more than 1.6 million residents in our nation's nursing homes are primarily elderly, have multiple chronic conditions, take multiple medications, and are physically dependent for much of their care needs (Agency for Healthcare Research & Quality, 2001). Many residents rely on registered nurses (RNs) to oversee their care and to minimize their risk of harm. Studies by Horn, Buerhaus, Berstrom, and Smout (2005) and Weech-Maldonado, Meret-Hanke, Neff, and Mor (2004) underscore the importance of RNs to nursing home safety; however,

cation errors. Experts consider this number to be an underesti-mate (IOM, 2007).

Pepper and Towsley (2007) report the most common nursing home medication errors are prescribing errors, including wrong dose and inappropriate medication use, and medication administration errors, including omitted doses and wrong time. Excluding wrong-time errors, Barker, Flynn, Pepper, Bates, & Mikeal (2002) found more than 10% of doses administered to nursing home residents were in error. Monitoring errors are believed to be common in nursing homes, but they have not been well studied. Medication administration errors may relate in part to the large number of medications nursing home residents receive. On average, residents receive seven to eight medications daily, and about one-third receive nine or more medications (Doshi, Shaffer, & Briesacher, 2005). Moreover, large numbers of medicatio

tenet of patient safety, the National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) joined to define delegation. According to the NCSBN and ANA, *delegation*

Kaushal, R., Bates, D. W., Landrigan, C., McKenna, K. J., Clapp, M. D., Federico, R., et al. (2001). Medication errors and adverse drug events in pediatric inpatients. *Journal of the American Medical Association, 285*(16), 2114–-2120.

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Pepper, G. A., & Towsley, G. L. (2007). Medication errors in nursing
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a. RNs should focus on transcribing and dispensing, while medication aides should focus on administering routine medications.
b. RNs should focus on medication assessment, monitoring, and evaluation, while medication aides should focus on administering routine medications.
c. RNs should focus on medication assessment, monitoring, and evaluation, while medication aides should focus on administering complicated medication regimens.
d. RNs should focus on dispensing and calculating, while medication aides should focus on administering oral, intramuscular, and intravenous drugs.

a. ensure UAP who administer medications meet the state competency requirements.
b. directly supervise UAP who administer medications to reduce errors.
c. keep job descriptions and role responsibilities for RNs and UAP who administer medications general in scope.
d. keep off-site documentation of the competence of UAP who administer medications.

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a. State boards of medicine should assume responsibility for UAP regulation.
b. State boards of nursing (BONs) should not list what drugs UAP cannot administer.
c. Each state BON should create a unique training program.
d. State BONs should define what is needed in training programs.

Evaluation Form (required)

- D   b   a   a   a-

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- D   a   a
  a   a   a   y   a   -
  a   a   a   .

1	2	3	4	5

2. Were the authors knowledgeable about the subject?

1	2	3	4	5

3. Were the methods of presentation (text, tables, figures, etc.) effective?

1	2	3	4	5

4. Was the content relevant to the objectives?

1	2	3	4	5

5. Was the article useful to you in your work?

1	2	3	4	5

6. Was there enough time allotted for this activity?

1	2	3	4	5

Comments: _____

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