



POLICIES & PROCEDURES

Number: 7311-60-021

Title: SAFE LABELLING OF MEDICATIONS AND SOLUTIONS ON A STERILE FIELD

Authorization

- Board of Directors
- Senior Leadership Team
- Vice President

Source: Medication Use Quality Committee
Cross Index: 7311-60-004, 7311-60-017, 7331-50-006
Date Reaffirmed:
Date Revised:
Date Effective: November 22, 2007
Scope: SHR

1. POLICY

- 1.1 All medication/solution placed on a sterile field will be identified with a label.
- 1.2 The label will contain the name and strength of the medication/solution. This policy includes all medication/solution containers and administrative devices including bowls, medicine cups and syringes.
- 1.3 When a medication/solution be found on a sterile field without a label, the container and its contents must be discarded.

2.0 PURPOSE

- 2.1 To prevent potential hazards associated with medication/solution use on the sterile field by practicing safe medication/solution management and labelling.

3.0 PROCEDURE

- 3.1 Individual departments will require a procedure to operationalize this policy.
- 3.2 Medication/solution that have similar names and/or labels will be physically separated in the storage area.
- 3.2 Medication orders will comply with SHR Policy *Ordering of Medications*.
- 3.3 Confirm all verbal/telephone orders by repeating the entire order using a digit-by-digit technique (i.e. one-two as opposed to 12) to reduce the possibility of error.

3.4 Labelling

3.4.1 Preprinted Labels

Preprinted labels will be checked three times, to determine that the right medication/solution has been selected for use.

- i) Upon procurement from storage and/or the pharmacy.
- ii) When preparing and drawing the medication/solution into a syringe or other administration device.
- iii) When placing the medication/solution on the sterile field or transferring it to the licensed healthcare provider for administration.

3.4.2 No Preprinted Labels Available

- i) Order sterile labels from materials management
- ii) Obtain a sterile marking pen and sterile labels
- iii) Label all medication/solution. Include name and strength and/or dosage of medication/solution.

3.4.3 Attach label to syringe(s) and/or containers holding all medication/solution.

3.5 To the extent possible, medication/solution will be used in the strengths, dilutions and/or dosages commercially available from the manufacturer. Any medication/solution calculation will have an independent double check by two licensed health care professionals.

3.6 Delivery of Medication/Solution

3.6.1 Medication/solution will be delivered to the sterile field in an aseptic manner.

3.6.2 When medication/solution is delivered to the sterile field **two** licensed health care professionals will view the label and verify the medication/solution named, strength, dosage, and expiration date. Then audibly identify and verify receipt of the medication/solution.

3.6.3 The licensed health care professional, attending the sterile field, will ensure independent double checks, and question orders for drug doses that are illegible or appear unsafe.

3.6.4 The patient's identity will be verified before administering any medication/solution as per SHR policy *Verification of Patient Identification before the Initiation of Treatment/Procedure*.

- 3.6.5 Medication/solution will not be poured on the sterile field unless the medication/solution container is designed specifically for that purpose. Rubber stoppers will not be removed for the purpose of pouring the medication/solution. Wipe the top of the stopper with an antiseptic agent according to facility procedure and use the appropriate transfer devices (e.g. syringe/needle, vial spike, filter straw) when delivering the medication/solution and/or mixing medication/solution on the sterile field.
- 3.6.6 When a medication/solution is handed to the physician or surgeon for administration, the name, strength, dosage and/or dilution will be announced aloud so that all team members are aware of the medication/solution being administered. Announce using a digit-by-digit technique, (i.e. one-two as opposed to 12) to decrease the potential for error.
- 3.7 If there is a change in either scrub personnel or circulating personnel at any time during a procedure, all medication/solution and their labels will be noted and verified concurrently by entering and exiting personnel.
- 3.8 When a medication/solution incident is identified initiate the safety reporting form in accordance with SHR policy *Safety Reporting*.
- 3.9 Retain containers of all medication/solution until the end of the sterile procedure.

References:

Institute Safe Medication Practices (2004). Loud Wake-up Call: Unlabelled containers lead to patient's death. Dec. 2 <http://www.ismp.org/MSAarticles/LoudPrint.html>.

Operating Room Nurses Association of Canada (ORNAC) (2006). *Recommended standards, guidelines, and positions statements for perioperative nursing practice*. ON: Author

Sheridan, D.J. (2006). Labelling solutions and Medications Used in Sterile Procedural Settings. *Journal on Quality and Patient Safety*: 32:5 p 276-282.