Washington State University College of Nursing

Medication Administration Policy for BSN Nursing Students

It is the standard of the Washington State University College of Nursing that students enrolled in all clinical courses will practice within the scope of the clinical curriculum and under the direct supervision of their assigned clinical faculty, supervising nurse or practicum preceptor. These policy guidelines refer only to those student activities which are completed during scheduled clinical hours and experiences for which they are receiving course credit. These policy restrictions and guidelines are not all-inclusive. Rather, they are intended to provide guidance to students, clinical faculty, supervising registered nurses (RN) or licensed practical nurses (LPN), mentors, and contracted clinical sites. Site specific medication policies must be included in student orientations. Contracted clinical facility restrictions or limitations, which are more restrictive than these guidelines, will supersede any aspect of this policy.

Requirements/Restrictions that Apply to All Students

Requires enrollment in 1. Communications and Order Transmission: N315, N325, N415, N417, a. Student Nurses May Not take verbal or telephone physician or N425, N427, and N430 provider orders. b. Student Nurses May Not transcribe physician or provider orders. c. Student Nurses May Not communicate medication orders to pharmacy. 2. Each dose of medication will be administered per the 'Six Rights of Medication Administration' (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of patient allergies. 3. Student medication administration, including documentation of administered doses, will be performed utilizing agency specific policies, procedures, and protocols. 4. A faculty member or supervising nurse must confer with the student before a student administers medication. Students cannot 'peer check' medications for each other. 5. Students are **NOT PERMITTED** to do the following: a. Discontinue a PCA or PCEA (patient controlled epidural analgesia) infusion b. Cosign/witness controlled medication shift count or dose wastage (WAC 246-873-080-7d: When it is necessary to destroy small amounts of controlled substances following the administration

of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the records of destruction)

c. Administer medications via a regional, epidural or spinal catheter, including the direct administration of a dose and/or adjustment of

the infusion rate via an infusion pump

 d. Administer any chemotherapeutic agents, to include oral medications used for non-oncologic purposes (Examples: methotrexate, tamoxifen. This list is not all-inclusive.) e. Assume the primary nursing role and/or monitoring responsibility for patients undergoing procedural/conscious sedation f. Perform any procedure which requires special certification or training, e.g. arterial blood gas sticks.
 6. Medication/Drug errors that occur at a clinical site during clinical hours, as determined by the nursing student, clinical site staff, supervising clinical faculty, supervising nurse and/or practicum mentor, require the following actions: a. Immediately notify the patient's assigned nurse. b. Immediately notify the assigned or supervising WSU CON clinical faculty member. c. Clinical faculty notify the assigned course Clinical Lead within 24 hours. d. Submit the clinical agency's error reporting document per site protocol. e. Submit the Nursing Commission Incident Report (AKA Critical Incident Report) via the online reporting system at https://nursing.wsu.edu/incident-report/ within 24 hours.

Requirements/Restrictions that Apply to Specific Clinical Courses		
To administer these medications, a student must	*Contracted clinical facility restrictions or limitations, which are more restrictive than these guidelines, will supersede any aspect of this policy.	
be enrolled in the applicable	restrictive than these guidenness, win supersede any aspect of this policy.	
course.		
	7. Students may administer controlled medications with the following	
	RESTRICTIONS:	
N315, N325, N415, N417,	a. ALL controlled medications require a RN or LPN signature. The	
N425, N427, N430	documentation system for a clinical site requires a co-signature	
	option, for students to administer controlled medications. If a co-	
	sign option is not available, controlled substances will not be	
	administered by a student.	
N325, N415, N417, N425,	b. Analgesics administered via a Patient Controlled Analgesia	
N427, N430	(PCA) infusion pump requires direct RN supervision, including	
	but not limited to the following interventions:	
	1. Initial set up and dose programming	
	2. Administer loading and/or bolus doses of analgesic	
	medication	
	3. Change medication cartridges or tubing	
	4. Adjust delivery dosages/settings	

N417 and N430 only	8. Pitocin (oxytocin) administration to laboring or postpartum patient, including rate adjustment, requires the direct supervision of the patient's RN .
	9. Insulin is calculated and drawn up with direct RN supervision. Insulin administration requires a co-signature as per facility policy.
	10. Anticoagulants are calculated and administered with a RN check and co-signature.
	11. Blood product/medication administration by students include the following RESTRICTIONS :
Not permitted in any course	a. Blood products requiring a witness for infusion/ administration cannot be administered by the student. This includes blood typing. Students may prime the tubing, obtain vital signs, and monitor the patient under the supervision of an RN.
N325, N415, N417, N425, N427, N430	b. Medications that do not legally require a witness <u>can</u> be administered by the student, under the supervision of an assigned RN. Documentation must be cosigned by an RN. (<u>Examples</u> : Rhogam, albumin, Factor 8, vitamin K, Hespan. This list in not all inclusive.)