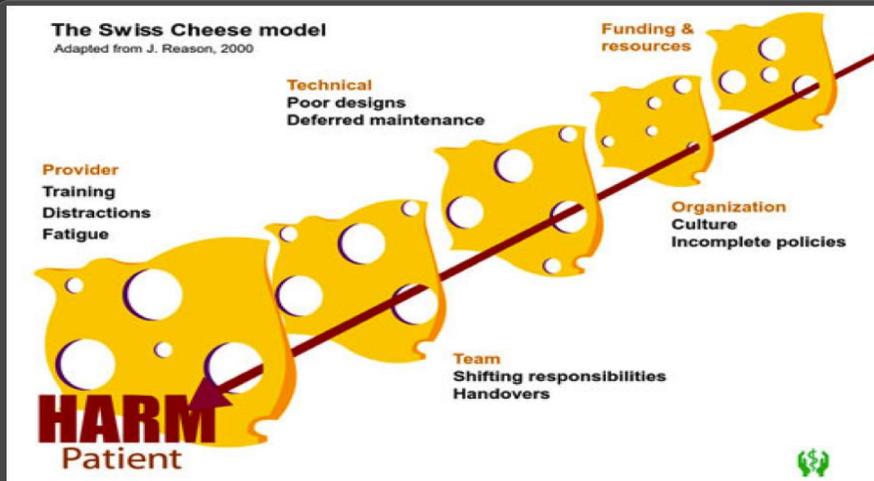


## NURSES ARE THE “RIGHT PERSON” TO ADMINISTER DRUGS!

When errors occur, the “deficiencies” of health care providers (e.g., insufficient training and inadequate experience) and opportunities to circumvent “rules” are manifested as mistakes, violations, and incompetence (*Patient Safety and Quality: An Evidence-Based Handbook for Nurses*). Nursing education includes pharmacology and patient assessment skills to determine appropriateness of drug therapy, effectiveness and adverse reaction when performing medication administration.



## OPPOSE SB 1779 Licensed Medication Aides in LTC

### The LAW upholding standards exists today:

NPA Practice Act (NPA) law that mandates only licensed nurses can administer medications in hospitals and long-term care (LTC). SB 1779 is an untested model of nursing care without evidence of safety. **Licensed Medication aide Pilot failed in 2019.**

**REMEDY – Hire licensed NURSES IN LTC!  
Not create a lower standard in Illinois law!**

### “8” Rights of Medication Administration for licensed nurses

#### 1. Right patient

- Check the name on the order and the patient.
- Use 2 identifiers.
- Ask patient to identify himself/herself.
- When available, use technology (for example, bar-code system).

#### 2. Right medication

- Check the medication label.
- Check the order.

#### 3. Right dose

- Check the order.
- Confirm appropriateness of the dose using a current drug reference.
- If necessary, calculate the dose and have another nurse calculate the dose as well.

#### 4. Right route

- Again, check the order and appropriateness of the route ordered.
- Confirm that the patient can take or receive the medication by the ordered route.

#### 5. Right time

- Check the frequency of the ordered medication.
- Double-check that you are giving the ordered dose at the correct time.
- Confirm when the last dose was given.

#### 6. Right documentation

- Document administration AFTER giving the ordered medication.
- Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.

#### 7. Right reason

- Confirm the rationale for the ordered medication. What is the patient’s history? Why is he/she taking this medication?
- Revisit the reasons for long-term medication use.

#### 8. Right response

- Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?
- Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.

Nursing2012 Drug Handbook. (2012). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania.

If nurses are missing to administer drugs:

*So is nursing assessment & the 8 RIGHTS of Medication Administration to ensure patient safe care.*

Education & licensure has defined the “standards” for over 100 years in IL to practice nursing.

Persons without nursing knowledge aren’t qualified or evidenced to administer drugs safely. Med administration is not solely “passing” a pill. Nurses can’t delegate their nursing knowledge, critical thinking/ decision making to anyone! Why are legislators proposing bills that eliminates qualified nurses to deliver care?