Subject: MEDICATION ADMINISTRATION

A. Administration
B. Labeling
C. Documentation
D. Oral
E. Gastrostomy via g-tube/button
F. Nasogastric/Orogastric
G. Topicals
H. Injectable
   1. Intramuscular
   2. Intradermal
   3. Subcutaneous
   4. Intravenous
I. Intranasal
J. Eye Drops/Ointment
K. Ear
L. Rectal
M. Adverse Reactions

Type: Core Policy [ ] General Policy [X]

Application: Patient Services Policy and Procedure Manual
Date of Issue: May 2010

Contact Person: Patient Services Policy and Procedure Council
Supersedes: November 2009

Recommended:

Patient Services Policy and Procedure Council

Approved:

____________________________________
Paula J. Webb, RN, MSN, NEA-BC
Vice President Nursing / CNO

Review:
Initial/Date

PURPOSE:

1. To provide guidelines for the safe and accurate administration of prescribed medications.

2. To identify who may administer prescribed medications.
A. ADMINISTRATION

Note: Preop antibiotics should be given at the appropriate time prior to surgery start time to provide optimum protection from surgical site infection. See “Label Comments” on the online MAR (OMAR) for administration and infusion instructions of the preop medications.

1. Use the verified MAR or physician order to select medications from the patient’s medication box or automatic dispensing unit.

2. Check the administration time. It may be necessary to administer PRN pain medication 15-30 minutes prior to the prescribed administration time in order to provide adequate pain control for a patient before or after receiving a therapy/procedure. Early administration of pain medication should be limited to once a shift. If the patient demonstrates inadequate pain control with the prescribed time interval, the physician/provider should be contacted for additional pain control orders.

3. Verify the drug name, dose and route on the medication label with the MAR/ physician order.

4. Identify the patient by matching patient demographics on MAR/ physician order to patient’s ID. (See Patient Identification - PS 037) Patient and medication identification labels are used for verification at the bedside.

5. Check the Allergy status.

6. Other considerations

7. a. Patient medications labeled as “Guardrail Required” must be infused using a Smartpump utilizing the Guardrail library (Exception: during a medical emergency or a code or when the delay in obtaining a Smartpump pump would harm the patient.)

   b. Prior to administration, the following high risk medications are checked by two licensed nursing personnel or authorized personnel with demonstrated and documented competency. Two personnel verification is defined as: 1. Verification of medication administration record; 2. Verification of physician order with continuous infusion; 3. Dose, and that it is appropriate for the patient’s weight; 4. Correct rate of administration; and 5. Correct rate is programmed into the IV pump. The second nurse verification requires the second nurse to go to the bedside to verify that the IV pump programming and rate settings are accurate. The primary nurse responsible for the medication administration will ensure that the nurse that double checked the medication is the co-signer in the medical record and narcotic record when applicable. For rate or dose changes with continuous drips, the primary nurse responsible for the medication administration will document the licensed personnel’s name that verified the medication and rate. For chemotherapy administration, also reference the policy on Antineoplastics, PS 637.

   1) Antiarrhythmic drugs
   2) Anticoagulants
      Heparin
      * concentrations greater than 100 units/ml for central lines
      * concentrations greater than 10 units/ml for peripheral IV flush
   3) Hyperalimentation
4) Chemotherapy (administered by Chemotherapy certified nurses only)  
5) Nubain  
6) Insulin  
7) Narcotics  
8) IV Electrolytes excluding IV Fluid admixtures  
9) Ketamine- can only be administered by RNs with completed moderate sedation competency in PICU and ED, as well as minor procedure-RNs in the OR  
10) Vasoactive drips  
11) Milrinone drip  
12) Alprostadil drip  
13) Terbutaline drip  
14) Ethanol Lock  

c. The two (2) authorized Personnel will sign off medication on the MAR or appropriate nursing record after administration. (TPN order sheet or diabetic flowsheet for insulin, etc.)  

d. The nursing orientee will check all medications with the preceptor for the agreed time (see Medication Agreement Attachment II). In the event of a medication error the occurrence will apply to the orientee and the preceptor.  

e. The graduate nurse (GN) should not give medications unsupervised by his/her preceptor until notification of passing his/her NCLEX.  

f. IVPB/Autosyringe (Intravenous Piggyback/Autosyringe) medications are given by RN’s and LVN’s with demonstrated and documented competency.  

g. IVP (Intravenous Push) medications are given by RN’s and qualified LVN’s who have demonstrated and documented competency.  

h. Licensed radiology personnel who have demonstrated and documented competency may administer IV contrast for diagnostic procedures. Documentation of this will be done in the radiology report.  

i. Licensed respiratory personnel (RRT, CRT) who have demonstrated and documented competency, and have passed a medication calculation test may administer by inhalation opioids for dyspnea or pain control, e.g., morphine, fentanyl, hydro morphine or furosemide, or other inhaled medications ordered by a physician.  

j. All staff who will administer medications will complete and pass a medication calculation test prior to administering medications.  

k. Self or parent/caregiver administration of meds is allowed when preparing a patient for discharge. If there are medications that require special instructions related to administration, a competent parent/caregiver or patient may be allowed to administer the medication(s) under the supervision of the nurse prior to discharge. Education will include nature of the medication(s) to be administered, how to administer the medication(s) including frequency, route, dose, the expected actions and side effects of the medications to be administered and how to monitor the effects of the medication(s) on the patient. Documentation will include the above elements (either spelled out or in summary based on policy statement), evaluation of the parent/caregiver’s or patients ability to administer through return demonstration or
other appropriate method. Entry on the MAR should note that the medication was administered by parent/caregiver or patient.

I. When administration of medication(s), including subcutaneous injections of certain medications (i.e. growth hormones, insulin), has been determined appropriate to facilitate participation in care of the patient (e.g. parent provides primary care at home and medication routine is continued in the hospital), there will be verification that parent/caregiver/patient understands the nature of the medication(s) to be administered, how to administer the medication(s) including frequency, route, dose, the expected actions and side effects of the medication(s) to be administered, and how to monitor the effects of the medication(s) on the patient. Documentation will include verification of the above elements (either spelled out or in a summary based on policy statement), evaluation of the parent's or patient's ability to administer through observation or other appropriate method. Entry on the MAR should note that the medication was administered by parent/caregiver or patient.

m. When there is increased compliance with parent assisting in oral medication administration and select topical medication applications, the medication administration may be performed by a parent with supervision and documentation by nursing staff. Medications would include those that could be provided safely in the home setting. After documentation of appropriate teaching, subcutaneous injections may be given by the parent. No IV or IM meds will be administered by parents. For this purpose education is required because the medication type and routes are limited and staff will monitor all aspects of medication administration including effect of medication.

NOTE: Each orientee will be given three opportunities to score 100%. If the orientee does not pass the first test, they will retest within one week. The orientee will not be allowed to retest on the same day. The orientee’s learning needs will be assessed by the educator and individualized tutoring will be offered. If a second attempt is unsuccessful, he/she will retest within one week.

If the orientee does not score 100% on the third test, formal review process will follow. The review committee will consist of an educator, the Assistant Vice President of education, the Director of Employee Relations and the Director of the orientee’s department. This review could result in termination or a final opportunity to test. The fourth test must be completed within one week of the formal review. Failure to successfully pass the fourth test will result in termination.

B. LABELING

A standardized method for labeling all medications will minimize errors. Anytime one or more medications are prepared but are not administered immediately, the medication syringe/vial will be labeled with drug strength, date, time and secured in such a way that it can be readily determined that the contents are intact and have not expired.

At a minimum, all medications are labeled with the following:

- Drug name, strength, and amount (if not apparent for the container)
- Expiration date when not used within 24 hours
- Expiration time when expiration occurs in less than 24 hours
- For all compounded IV admixtures and parenteral nutrition solutions, the date prepared and the diluents
When preparing medications for multiple patients or the person preparing the medications is not the person administering the medication, the label also includes the following:

- Patient name
- Patient location

In surgical or other procedural settings (OR, prep areas, pre-op holding, PACU, medications used by anesthesia providers, radiology and other imaging services, endoscopy units, dental services, and patient care units) where “bedside” procedures are done, when medications are drawn up and put on the sterile field for use during that specific procedure, at a minimum, the label will include the following:

- Medication name
- Medication strength
- Medication amount (if not apparent from the container)
- Expiration date is required if the medication will not be used within 24 hours.
- Expiration time is required if the expiration will occur in less than 24 hours.
- Date prepared and the diluent for all compounded IV admixtures

In most cases of medications and solutions in the procedural setting, only the drug name, strength (concentration), and amount will be needed.

Any remaining medication must be discarded immediately after the case / procedure with the emergency drugs available in the OR / Perioperative areas. They may be discarded at the end of the day.

It is acceptable to purchase and use pre-filled, pre-labeled syringes such as on procedure trays. However, pre-labeling medication and solution containers is not acceptable. The label should be prepared and applied at the time the medication or solution is prepared.

If, during the peri-operative or peri-procedural process, a solution or medication (either in the sterile field or out) is poured, drawn into a syringe, or otherwise used from it’s original container and immediately administered, or disposed of in some fashion, labeling is not required.

Whenever removing medication/solutions from original container, the original container must be kept in the room for the procedure. If the medication or solution that has been removed from its original container will be used over the course of a procedure, for instance – prep solutions, normal saline used to rinse cardiac valves, local anesthetics, clotting agents, etc. their receiving container must be labeled.

C. DOCUMENTATION - See MAR (PS 586) for guidelines.

D. ORAL MEDICATIONS

1. Use oral syringe and syringe dispenser cap to withdraw liquid oral medications from multi-dose bottles.

2. If necessary crushed pills may be mixed with water, syrpalta or appropriate food. Pharmacy may be consulted to determine if crushing is appropriate for admixture methods and compatibilities.
E. GASTROSTOMY VIA G-TUBE / BUTTON

1. Draw up medication as described in B. Oral Medications.

2. Considerations for special instructions such as "take on empty stomach “or "take with food/plenty of liquids“ should be considered.

3. Attach the barrel of the syringe to the feeding catheter / g-button and slowly inject medication.

4. Clear the catheter / g-button with water.
   a. Neonate - 3ml
   b. Infant – 5ml
   c. Child greater than 1 yr – 10ml
   d. Adolescent - up to 30ml
   e. Or per physician order

F. NASOGASTRIC/OROGASTRIC TUBE

1. Refer to Nasogastric/Orogastric Tube policy, PS 555 for checking proper placement of the nasogastric or orogastric tube.

2. Crush solid medications that are not sustained-release preparations into a fine powder with a pestle or pill crusher. Mix in a small medicine cup with up to 10ml of warm solution (i.e. formula or water).

3. Draw up the solution into an oral syringe and label appropriately. Avoid using hypodermic syringes to avoid inadvertent IV or IM administration of medication. Clear the syringe of excess air.

4. Unclamp tube and prepare for administration of medication after placement verification.

5. Attach syringe to desired tube port and instill medication by slowly and steadily pushing on the plunger.

6. Follow administration of medication with flushing tube with 1-10ml of diluent flush. Air may be used to flush if potential for fluid overload exists, but potential for clogging the tube exists.

7. Clamp the gastric tube for approximately 30 minutes after medication administration if the tube is not in continuous use.

8. Troubleshoot clogged tube: Remove the syringe with medication and attach a 60ml syringe to the NG tube port. Aspirate gently and then apply light pressure to the plunger. May repeat several times. If this does not clear the tube, remove the tube unless contraindicated (i.e. GI surgery). Attempt to identify why the tube clogged to avoid repeating the process. Possible problems may include:
   a. Medication was incompatible with the diluent.
   b. Tube was not flushed adequately when previous medications were administered.
   c. Food-medication interaction
   d. Drug-drug interaction
G. **TOPICALS**

1. PRN topical may be left at the bedside. Denote “at bedside” in appropriate column on MAR.

H. **INJECTABLE MEDICATIONS:**

If injectable medication is not prepared by pharmacy, mix as directed and draw up in a syringe using aseptic technique. Consult package insert and/or label directions, as reference for specific instructions on mixing and administration.

1. IV bags and bottles should be labeled with type of IV fluid. When medications are added, the drug name, dose, date, time and staff initials will appear on the label.

2. **A filter needle will be used to draw up medications supplied in ampules.**

3. For multiple dose vials, label vial with patient’s name, date and time reconstituted.

4. Use a tuberculin syringe to draw up doses less than one (1) ml in volume.

5. Insulin syringes may only be used for administration of insulin.

6. **Intramuscular Injections:**

   a. Guidelines for Needle size-amount of injection:

      The smallest needle which is adequate in both gauge and length will cause the least injection site trauma. Needle length may vary according to the amount of subcutaneous tissue present.

      **Infants:** A 25 gauge, 5/8 or a 23 gauge, 1 inch size is preferred. The muscle mass of small infants usually cannot tolerate more than 0.5 ml of medication.

      **Toddlers:** A 22 gauge, 1 to 1½ inch needle is usually acceptable. The maximum amount to be injected into any one site is 1 ml.

      **Older Age Groups:** Needle size as for toddler; the maximum amount into any one site is 2 ml.

      **Adolescents/Adults:** A 22 gauge, 1 to 1 ½ inch needle. If amount of injection is greater than 2 ml, the ventrogluteal site should be used.

   b. Select injection site, rotating among acceptable pediatric muscle groups.

      **Age:** Less than 5yrs – lateral and anterior aspect of the thigh.
      Greater than 5yrs – Dorsogluteal (if well developed), ventrogluteal, deltoid, lateral thigh and anterior thigh.

      (See Attachment I)

7. **Intradermal Injections:**

   To administer: The medial surface of the forearm is the most common site for administration. A 25 gauge, 5/8 inch needle should be inserted, bevel up, at a 15
degree angle. No more than 0.1 ml should be injected. A small bleb will form as the fluid is injected.

8. **Subcutaneous Injections:**

To administer: Use a 26 gauge, 3/8 inch needle or a 25 gauge, 5/8 inch needle. Never give more than 0.5ml to the small child and 1.0 ml to the older child in any one injection. Rotate site frequently.

9. **Intravenous Medication:**

   a. If medication is not reconstituted by pharmacy, mix medication as directed and draw up in a syringe using sterile technique. **A filter needle must be used to draw up medications supplied in ampules.**

   b. Administer medication by syringe pump infusion method, piggyback method or push method as applicable.

   c. When two or more drugs are to be given by IV check for compatibility prior to administration. If medications are incompatible, flush with N/S or appropriate solution before and after administration.

I. **INTRANASAL MEDICATIONS**

Follow manufactures instructions, physician orders, pharmacy instructions for medication dispensed in nasal spray pumps. Have bulb syringe available to suction patient’s nares before instillation if necessary.

J. **EYE DROPS OR OINTMENT**

1. Position patient in a supine position for proper instillation and to prevent contamination of dropper on tube. Use an assistant as needed.

2. Pull the lower lid down and out to form a cup.

3. Drop the solution into the cup. The medicine will enter the conjunctiva. Close the eye gently.

4. Ointments should be applied along the inner canthus in an outward direction.

5. Avoid touching the tip of the dropper or ointment tube to the body.

K. **EAR DROPS**

Position patient with affected ear at appropriate angle prior to instillation.

   a. Infants and children less than 3 years, pull ear slightly down and straight back.

   b. Patient more than 3 years pull ear up and back.

Attempt to keep child in same position as instillation for a few minutes to allow medication to enter ear canal.
L. RECTAL MEDICATION

1. Place child in a side-lying or prone position

2. Lubricate suppository or rectal tube with water soluble jelly prior to administration.

3. Gently insert the suppository into the rectum. Do not insert more than ½ inch.

M. ADVERSE REACTIONS

Adverse Drug Reaction: Any reaction to a drug that is undesirable, unexpected, and occurs at doses normally used for the prevention, diagnosis, or treatment of disease. All adverse medication reactions or suspected medication reactions are reported to the Physician, Nurse Manager/Charge Nurse and Pharmacist. An adverse reaction is reported to the Pharmacy by filling out the Adverse Drug Reaction Notification Form (Attachment IV) or by calling 2-ADR (x2237). Pharmacy will enter documentation into medical record upon notification. For vaccine adverse event, complete form and route to pharmacy or phone the pharmacy. (Vaccine Adverse Event Reporting Form – Attachment III)

Immunization Reactions are to be reported on a vaccine adverse event form as per PS 095, Immunizations.

Combined PS 040 (Medications: Administration of Medications and Reporting of Errors/Adverse Reactions) and PS 589 (Medication Administration) in November 2000.

ORIGINAL DATE: March 1982 (PS 040), (PS 589)

REFERENCE:


**Vastus Lateralis:** The vastus lateralis is the major muscle in the anterolateral thigh and is used most often for intramuscular injections in infants. By school-age and adolescence, this site may be more painful than others because of the development of the musculature.

![Diagram of Vastus Lateralis](image)

**To administer:** Locate the area between the greater trochanter of the femur and the knee. Divide this area into thirds. Give the injection into the middle third, grasping the thigh and compressing the muscle as shown. The needle should be directed on a front-to-back course.

**Ventrogluteal Muscles:** The ventrogluteal muscles make up the other preferred site for IM injections in infants, although this is a useful site for other age-groups as well. These muscles contain no important nerves or vessels and are accessible when the child is in a variety of positions.

![Diagram of Ventrogluteal Muscles](image)

**To administer:** Place your index finger on the anterior superior iliac spine and your middle finger at the iliac crest. Inject the medication just below the iliac crest using a 90° angle.
**Gluteal Region:** The gluteal muscles are very small and poorly developed in the infant and young toddler. It is not recommended as an injection site until the child has been walking for at least one year since locomotion helps to develop the gluteal musculature.

To administer: Place the child supine and encourage a “toe-in” position as this position will help relax the muscle. Palpate the posterior superior iliac spine and the head of the greater trochanter of the femur. Give the injection superior and lateral to imaginary line between these landmarks. Direct the needle in a straight front-to-back course.

**Deltoid:** The deltoid muscle in the toddler is shallow and can only accommodate a very small amount of fluid. However, for the school-ager and adolescent, the deltoid is the preferred site
for injection. Regardless of age group, repeated injections in this area are painful, so its use should be limited.

**To administer:** The deltoid muscle is accessible with the child in almost any position. The entire shoulder and arm should be exposed for view. Give the injection in the densest part of the muscle, above the armpit and below the acromion. Grasp the muscle mass firmly and insert the needle slightly upward toward the shoulder.
MEDICATION AGREEMENT
PRECEPTOR/ORIENTEE

I __________________________ as an orientee, agree to check all medications with my preceptor ________________ in ________________, for _____ weeks. I understand that any medication errors that may occur during this time will be an occurrence for my preceptor and myself.

____________________________
Orientee/Date

____________________________
Preceptor/Date

I __________________________ as the preceptor for ____________________ verify that he/she has exhibited competency in medication administration for _________ week/weeks in ________________. As of this date, my orientee will be primarily responsible for all medications in ________________. Any medication error after this date in ________________, will not be an occurrence for myself the preceptor.

____________________________
Orientee/Date

____________________________
Preceptor/Date
<table>
<thead>
<tr>
<th><strong>VACCINE ADVERSE EVENT REPORTING SYSTEM</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>24 Hour Toll-Free Information 1-800-822-7967</strong></td>
</tr>
<tr>
<td><strong>P.O. Box 1100, Rockville, MD 20849-1100</strong></td>
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<tr>
<td><strong>PATIENT IDENTITY KEPT CONFIDENTIAL</strong></td>
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**Patient Name:**

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<th>Last</th>
<th>First</th>
<th>M.I.</th>
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**Vaccine administered by (Name):**

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<tr>
<th>Responsible Physician</th>
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<tr>
<td>Facility Name/Address</td>
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**Form completed by (Name):**

<table>
<thead>
<tr>
<th>Relation</th>
<th>Vaccine Provider</th>
<th>Patient/Parent</th>
<th>Manufacturer</th>
<th>Other</th>
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**Address:**

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<th>City</th>
<th>State</th>
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**Telephone no. (___):**

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<th>City</th>
<th>State</th>
<th>Zip</th>
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**Date Received:**

**Date of birth (mm/dd/yy):**

**Patient age:**

**Sex:**

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<th>M</th>
<th>F</th>
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**Date form completed (mm/dd/yy):**

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<tr>
<th>Time</th>
<th>AM</th>
<th>PM</th>
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**Describe adverse event(s) (symptoms, signs, time course) and treatment, if any:**

7. _______________________________________________________________________________________

8. Check all appropriate:

- Patient died (date mm/dd/yy)
- Life threatening illness
- Required hospitalization (days)
- Resulted in permanent disability
- None of the above

**Patient recovered:**

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<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
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**Relevant diagnostic tests/laboratory data:**

12. __________________________________________

**Enter all vaccines given on date listed in no. 10:**

<table>
<thead>
<tr>
<th>Vaccine (type)</th>
<th>Manufacturer</th>
<th>Lot number</th>
<th>Route/Site</th>
<th>No. Previous Dose</th>
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<tbody>
<tr>
<td>a.</td>
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<td>b.</td>
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<td>c.</td>
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<td>d.</td>
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14. Any other vaccinations within 4 weeks prior to the date listed in no. 10:

<table>
<thead>
<tr>
<th>Vaccine (type)</th>
<th>Manufacturer</th>
<th>Lot number</th>
<th>Route/Site</th>
<th>No. Previous doses</th>
<th>Date given</th>
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<tbody>
<tr>
<td>a.</td>
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<tr>
<td>b.</td>
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15. Vaccinated at:

- Private doctor’s office/hospital
- Military clinic/hospital
- Public health clinic/hospital
- Other/unknown

16. Vaccine purchased with:

- Private funds
- Military funds
- Public funds
- Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

<table>
<thead>
<tr>
<th>Only for children 5 and under</th>
<th>Only for reports submitted by manufacturer/immunization project</th>
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</thead>
<tbody>
<tr>
<td>22. Birth weight: _______ lb. _______ oz.</td>
<td>23. No. of brothers and sisters</td>
</tr>
<tr>
<td>24. Mfr./imm. proj. report no.</td>
<td>25. Date received by mfr./imm. proj.</td>
</tr>
</tbody>
</table>

20. Have you reported this adverse event previously?

- No
- To health department
- To doctor
- To manufacturer

21. Adverse event following prior vaccination (check all applicable, specify)

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Onset</th>
<th>Type</th>
<th>Dose no. in series</th>
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26. 15 day report?

- Yes
- No

27. Report type

- Initial
- Follow-Up

Health care providers and manufacturers are required by law (42 USC 300a-76) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

Form VAERS-1(rev)
ADVERSE DRUG REACTION NOTIFICATION FORM

Adverse Drug Reaction: Any reaction to a drug that is undesirable, unexpected, and occurs at doses normally used for the prevention, diagnosis, or treatment of disease.

Procedure: Complete this form for any suspected adverse drug reaction and forward to the Department of Pharmacy as soon as possible. Addressograph bottom of form, attach a patient identification label, or otherwise complete the patient information section. Suspected adverse drug reactions may also be reported by telephone to the Department of Pharmacy (885-2237).

Do not use this form for medication errors: an Occurrence Report Form should be completed for that purpose.

Date of Reaction __________________________

Description of Reaction ________________________________________________________
____________________________________________________________________________

Suspected Drug(s) _____________________________________________________________
____________________________________________________________________________

Submitted by __________________________
(Patient Identification)

Patient Name _________________________________________________________________

Medical Record No. ______________________________ Billing No. _______________

Admission Date ______________________________