

Ambulatory Clinic Policy and Procedure

Title: MEDICATION IN CLINIC ADMINISTRATION AND DOCUMENTATION	Policy Number: EP 4.3
Regulation: The Joint Commission MM.01.01.03, MM.01.01.02	Effective Date: 01/2026

Policy Statement:

It is the policy of Texas Tech Physicians of El Paso (TTP-EP) to provide a guide for personnel when administering medication in the clinic as ordered by the licensed independent practitioner (LIP) or resident.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Procedure:

1. Prescribers: Medications may only be prescribed by LIPs, physicians in training, and mid-level providers with prescriptive authority as per their respective delegation from supervising physicians, in compliance with federal and state prescriptive authority rules and regulations.
2. Prescribers and staff who participate in the prescription and administration of patients' medications have access to the following:
 - a. age
 - b. sex
 - c. diagnosis
 - d. allergies
 - e. sensitivities
 - f. current medications
 - g. height and weight (when necessary)
 - h. pregnancy and lactation (when necessary)
 - i. laboratory results (when necessary)
3. Prescriber order:
 - a. An order is required before administration of any medication in the clinic. The order should include the name of the medication, the dose (prescriber must indicate total dose when calculation is required), the route, date and time, and the frequency of administration.
 - b. The order should be entered and signed in the patient's EMR by the prescriber. A temporary paper order written and signed by the prescriber to be then entered into the EMR is acceptable. Medical assistants may, at the verbal request of practitioners, prepare medication orders in the medical record by completing information in the appropriate electronic form for practitioner review and signature. These prescriptions are not an active order until signed by the practitioners.
 - c. Telephone or verbal medication orders should be given to a RN or LVN, written out, read back, verified by the prescriber to avoid medication error, and entered into the EMR.
 - d. The prescriber must sign the order in the EMR in all cases within 48 hours. (See policy EP 3.15).
 - e. If the order is not clear or there appears to be an error, clarification of the order will be required by the prescriber prior to the administration of the medication.
4. Personnel administering medication (including immunizations):
 - a. Only practitioners, licensed nursing personnel trained technicians and certified medical assistants (CMA) may administer medications.
 - b. All IV infusions, IV medications and controlled substances must be administered by a LIP or nurse.
 - c. CMA must have current competency in medication administration. This test must be performed at least annually and its documentation kept by the clinic manager or nurse manager.

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- d. CMA must not administer IV medications, medications that require mixing beyond simple reconstitution, medications from a multi-dose vial, insulin injections, or controlled substances.
 - e. CMA may administer drugs via oral, topical, nebulized, subcutaneous, intramuscular, or routes according to the competencies demonstrated as applicable.
 - f. Upon periodic review of each clinic medication stock list, Medical Directors may select additional medications that must not be administered by CMA.
5. Patient evaluation:
- a. If indicated, the patient's immunization status shall be reviewed during the healthcare visit.
 - b. Personnel will screen for allergies, contraindications, and precautions, even if the patient has previously received similar medication or vaccine(s).
 - c. If a documented immunization history is not available, patient will be offered the vaccine(s) that are indicated based on the patient's age, medical condition(s), and other risk factors, such as planned travel.
 - d. Consent shall be obtained prior to the administration of any vaccine from the employee, patient, parent, guardian, or student requesting vaccination.
 - e. Patients will receive a current vaccine information statement (VIS) in a language they prefer prior to vaccine administration.
 - i. The VIS can be given electronically or in paper form.
 - ii. COVID-19 VIS will meet current Texas requirements.
 - f. Healthcare personnel will provide any additional educational information upon patient request.
 - g. Discuss or present the patient with information regarding common side effects or possible discomfort after receiving any medication or vaccine.
6. Preparation of dosage:
- a. Personnel will adhere to Infection Control – Standard Precautions (EP 7.2) and wash hands prior and post medication/vaccine preparation and administration.
 - b. Personnel will use a clean designated room that is not close to areas where potentially contaminated items are placed.
 - c. Aseptic medication preparation practices will be followed.
 - d. Verify pulled medication with order.
 - e. Check that no allergies to the medication are reported.
 - f. Draw up and prepare medication/vaccine for one patient at a time and as close to administration as possible.
 - i. It is not recommended that medications be prepared ahead of time.
 - g. The person who prepares the medication should administer the medication/vaccine.
 - h. After preparing a syringe with medication/vaccine, label syringe with medication/vaccine name, strength, amount, date/time prepared, and location of delivery.
 - i. Prepared medications/vaccines should never be left unattended.
 - j. Staff may prepare medication for providers to administer. The provider will verify accuracy of medication prior to administration, then document the administration on the procedure or visit note.
 - k. Do not give medications, vaccines, biologics, or dilutants that have changed color, consistency or odor, or are outdated (expired).
 - l. Do not give medications from unlabeled containers or from a container with a defaced label (only a pharmacist may fill bottles or change labels).
 - m. Check that medication is being administered at the proper time, in the prescribed dose, and by the correct route.
 - n. Exercise caution in mixing medications – do not administer if there is a noted change in clarity or a precipitate formed when mixed.
 - o. Tablets, capsules:
 - i. Pour desired number into the cap of the bottle and from there into a medicine cup.

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- ii. Do not touch medications with fingers or return medication to container from cup.
- p. Liquids:
 - i. Shake thoroughly unless contraindicated on label.
 - ii. Pour medication with cup on level surface at eye level.
 - iii. Pour until the bottom of the meniscus is level with the desired amount marked on the cup.
 - iv. Use appropriately marked cup or syringe – do not estimate doses between marked lines.
 - v. Wipe the edge of the bottle before replacing cap so that the cap does not stick
- q. Injections:
 - i. Vials: Personnel must clean the access diaphragm of vials using friction and a sterile 70% isopropyl alcohol, ethyl alcohol, iodophor, or another approved antiseptic swab. Allow the diaphragm to dry and then, inject air into vial in an equal amount to the solution to be withdrawn.
 - ii. Multi-dose vials are to be used according to policy EP 4.9.
 - iii. Ampules: with appropriate PPE in place, break off top of ampule away from body along the colored line around the neck of the ampule.
- r. IV medication administration:
 - i. Only RN (or LVN who has completed an age appropriate IV therapy-training program) are allowed to start an IV, administer IV medications via IV tubing or IV needle or catheter.
 - ii. The licensed nurse is responsible for identifying solution compatibilities and rate of administration.
 - iii. Nurses may titrate infusions within the parameters ordered by a physician.
 - iv. The prescriber must be present in the room when administering IV medications for analgesia or sedation.

7. Administration:

- a. Personnel will perform hand hygiene before preparing the vaccine(s) and/or any time hands become soiled. Follow the guidance from EP 7.16, Hand Hygiene.
- b. Gloves will be worn if contact with potentially infectious body fluids is anticipated or if HCP has an open lesion(s) on their hands.
 - i. If administering intranasal or oral vaccines, gloves should be worn.
- c. The Five Rights of Medication Administration will be followed, including the right patient, right drug, right dose, right time and frequency of administration, and the right route of administration.
- d. Before administering any medication, the person administering the medication should know the following:
 - i. the dose and route of administration, including special instructions, (document that these instructions have been given)
 - ii. the patient's diagnosis and the disease process involved
 - iii. patient allergies
 - iv. use two patient identifiers to identify the patient prior to the administration of the medication (ask patient name and birth date)
- e. Healthcare personnel will not administer medication or a vaccine from the same syringe to more than one patient, even if the needle is changed.
- f. Staff will immediately engage any safety devices after administering medication or vaccine.
 - i. Needles will not be recapped.
 - ii. Staff will use a rigid, stable surface to engage safety device and will avoid using their hands.
 - iii. If the needle does not have a safety device, staff will use the scoop method if necessary.
- g. Staff will discard the syringe/needle into the nearest appropriate sharps container.

8. Documentation:



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- a. After administration of any medication or vaccine, the patient should be observed for an appropriate time interval based on the specific agent administered.
- b. Documentation shall occur as soon as administration is completed and shall include, as applicable, the medication, vaccine, or biologic administered, route, dose, date, time, and site, as well as the patient’s response including the following:
 - i. Desired results, such as reduction of pain, fever, etc.
 - ii. Unexpected side effects, adverse drug reaction

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Signatory approval on file by: Rajiv Rajani, M.D. Assistant Dean of Clinical Affairs Clinic Medical Directors Committee, Chair Texas Tech Physicians of El Paso	