North Kingstown Fire Department

Standard Operating Guidelines		4000 Series
Effective Date:	Medication Administration	EMS Operations
12/2022		4305
Revision Date:		
12/2022		Page 1 of 2

I. PURPOSE

To ensure patient safety and consistency by establishing procedures for EMS medication administration.

II. REFERENCES

Rhode Island Statewide Emergency Medical Services Protocols
Title 216-RICR-20-10-2 Rules and Regulations Relating to Emergency Medical Services

III. POLICY

The North Kingstown Fire Department seeks to establish safe and uniform medication administration practices consistent with best practices and RI Statewide Emergency Medical Services Protocols.

IV. PROCEDURE

A. Personnel will utilize "The Six Rights" during every medication administration
   1. Right Patient
      i. Is the medication indicated for THIS patient?
      ii. Are there any contradictions?
      iii. Does the patient have any related allergies
   2. Right Drug
      i. Is this the correct name (trade vs generic)?
      ii. Is this the correct concentration?
      iii. Is the medication within the expiration date?
      iv. Is the medication the correct color?
      v. Is the medication clear?
      vi. Is the medication free of precipitate or other debris?
      vii. **All medications, INCLUDING IV FLUIDS, shall be verbally verified with another provider.**
   3. Right Dose
      i. The volume and dose shall be **verbally verified** with another provider prior to administering the medication to the patient.
      ii. Protocols should be checked whenever there is a doubt.
   4. Right Route
      i. Intravenous
      ii. Intraosseous

iii. Intramuscular
iv. Intranasal
v. Inhalation
vi. Oral
vii. Buccal
viii. Ophthalmic
ix. Transdermal
x. Topical
xi. Rectal
xii. Endotracheal tube
xiii. High-risk medications such as epinephrine shall be re-verified to ensure correct route.

5. Right Time
   i. Slow IVP
   ii. Rapid IVP
   iii. Verify with protocol whenever in doubt
6. Right Documentation
   i. Identify personnel administering the medication
   ii. Time Given
   iii. Dosage Given
   iv. Route Given
   v. Location Given, if appropriate
   vi. Positive / Negative Reactions

B. ANY medication errors shall be reported in accordance with departmental policy.