


SOG# 505-22	Standard Operating Guideline	
	<p style="text-align: center;">Cumberland Road Fire Department Inc.</p> <p style="text-align: center;">Medication Administration</p>	<p>Approved By Steven Parrish, Fire Chief</p> <p>Effective Date Revised Date August 8, 2023 </p>

1.0 PURPOSE

To ensure department personnel who function under a North Carolina Office of Emergency Medical Service (NCOEMS) credential are familiar with the appropriate reporting procedures where a medication administration error has occurred during patient care and with or without harm to the patient or patients.

2.0 DEFINITION(S)

- a. *Credential*: a certification presented to an individual under the authority of certifying agency allowing the individual to function or perform actions as outlined under the certification
- b. *Dose*: specified quantity or amount of medication taken at one time
- c. *Emergency Medical Technician (EMT)*: a level of credentialing issued by NCOEMS, permitting an individual to function and practice specific skills and procedures as outlined by NCOEMS and under the authority of NCOEMS and the appointed Medical Director who possesses oversight of the individual's department or agency
- d. *Medical Director*: a physician who assumes ultimate responsibility for the patient care aspects of an EMS System and other agencies or departments operating under the EMS System Plan
- e. *Medication*: a substance used for medical treatment of a patient presenting with specific signs and symptoms
- f. *Medication Error*: the administration of a medication that may include the incorrect dose, incorrect route of administration, incorrect patient classification (pediatric or adult), incorrect reasons (signs and symptoms), incorrect device, or any action or actions during the administration which the patient may have incurred harm or potential harm
- g. *NCOEMS*: a State of North Carolina agency/department that possesses state oversight of an EMS system; the regulatory agency for EMS Systems in North Carolina; credential issuing agency for the State of North Carolina
- h. *Personnel*: a credentialed individual functions at the EMT level of credentialing and is affiliated with an agency or department function of their local EMS System Plan.

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- i. *Route of Administration:* means by which an administered medication enters the body of a patient being treated by credentialed personnel.

3.0 POLICY

Credentialed EMTs functioning with Cumberland Road Fire Department are expected to be knowledgeable in administering all medications under the EMT Scope of Practice outlined by the North Carolina Office of EMS. Knowledge is expected to be obtained through initial training provided by Cumberland County EMS, the EMS System for Cumberland County, NC, or the educational entity preferred by Cumberland County EMS. Continuing knowledge is expected to be obtained through attendance of continuing education as provided by Cumberland County EMS or the preferred educational entity of Cumberland County EMS.

MEDICATIONS


Under the authority of the EMS System Medical Director, Cumberland Road Fire Department maintains an inventory of seven (7) medications under the NC EMT Scope of Practice. These medications (Generic/Trade) are:

1. Acetaminophen (Tylenol)
2. Albuterol
3. Diphenhydramine (Benadryl)
4. Epinephrine 1:1000 (Epi 1:1)
5. Narcan (Naloxone)
6. Oral Glucose
7. Oxygen

Department personnel are expected to perform the appropriate patient assessment during patient care to determine if and what medication may be required based on the patient’s complaint and presentation. Medications are to be administered using the correct dose, proper route, and the appropriate device if required. Before administration department personnel are encouraged to take a “time-out” before administration and verify with additional credentialed personnel, if available on scene, to verify the correct medication, dose, route, and purpose.

DOCUMENTATION

Department personnel are to document all medications administered to any encountered patient. Documentation should include the medication name (generic or trade), administered dose to include the appropriate unit of measurement (Example: mg), and the route of administration. Documentation is completed in Emergency Reporting, the department’s Records Management

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System (RMS), with documentation completed by typed text entry or via a dropdown menu.

Medication administration must be supported through the documented assessment findings and the patient’s presentation of signs and symptoms. Assessment should include questioning the patient, guardian, family, or bystanders if the patient has known allergies, with questioning completed before medication administration. If a patient’s allergy history is noted as unknown, department personnel are expected to use sound judgment in determining if medication administration is appropriate.

Department personnel may contact Cape Fear Valley Medical Center Emergency Department and request to speak with the Physician In Charge (PIC) for consultation/guidance in medication administration. Department personnel are to provide a patient summary to include any known allergies with recent vital signs (blood pressure, pulse rate, respiratory rate, SpO2, and any other pertinent vital signs) to the PIC. Documentation of consultation is to be documented in the ePCR narrative of Emergency Reporting with documentation to include the PIC’s name, orders requested, orders given, and time of consultation.


Reassessment of the patient is to be completed after any medication administration. Reassessment includes obtaining a complete set of vital signs and documenting any positive and negative changes in the patient’s condition or status.

MEDICATION ERROR(S)

Department personnel are to report medication errors immediately upon discovery. Medication error(s) may include the following at a minimum:

- Incorrect/Inappropriate dose
- Incorrect/inappropriate route of administration
- Incorrect/inappropriate medication
- Incorrect/inappropriate device
- Incorrect/inappropriate purpose
- Incorrect/inappropriate patient
- Incorrect/inappropriate documentation

Upon discovering a medication error, department personnel are to immediately report the error to the Cumberland Road Fire Department EMS Quality Assurance Officer (Assistant Chief of Cumberland Road Fire Department).

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Guidance will be provided to all involved department personnel on the next actions required.

Medication errors are evaluated internally by developing a corrective action plan for all involved and appropriate personnel. Cumberland County EMS Quality Assurance/Improvement will be notified of the medication error within 24 hours of discovery for further guidance. Cumberland Road Fire Department will provide the developed corrective action plan, which may include but is not limited to education, written assignment(s), or suspension of privileges pending further investigation.

Cumberland Road Fire Department recognizes that all medication errors will be documented and reported to the Cumberland County EMS System Medical Director, Associate Medical Director, and Cumberland County EMS Peer Review Committee for discussion. It is also recognized that additional actions may be taken by the Cumberland County EMS Medical Director, EMS Peer Review Committee, and/or the North Carolina Office of EMS, including but not limited to suspending privileges or revoking credentials for involved credentialed personnel.

Findings and actions taken will be documented and maintained in the involved personnel's personnel file.

DUE PROCESS

Department personnel are afforded due process with any and all actions taken, whether departmental or from the Cumberland County EMS Medical Director, Peer Review Committee, or North Carolina Office of EMS. If requesting due process, department personnel are to notify the Cumberland Road Fire Department EMS Quality Assurance Officer (Assistant Chief) in writing within 72 hours of being notified of actions taken for guidance on filing a due process/appeal.