

Documenting the administration of patient self administered medication treatments within the Medication Administration Record (MAR) ensures a complete and accurate record. Timely and precise charting protects the patient from potentially dangerous errors, provides a clear communication tool for the entire care team, and establishes a legal record of care delivered.

Overview of Barcode Medication Administration

Barcode Medication Administration (BCMA) is a process designed to electronically confirm the 7 Patient Rights of Medication Administration: Right Patient, Right Medication, Right Dose, Right Time, Right Route, Right Documentation, and Right Reason. BCMA adds an additional layer of safety but **DOES NOT** replace the safe medication administration process. Hospital policies regarding Patient Identification (2-Identifier process) **MUST** be followed.

Self-Administered Treatment Administration Documentation Workflow

It may be appropriate for a patient to self-administer medication(s), such as an inhaler or nebulizer. When documenting this process, healthcare staff must follow established protocol to ensure accuracy and compliance. This includes observing the patient's self-administration and correctly entering the information into the Medication Administration Record (MAR).

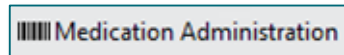
STEP 1: Prepare medication(s) to be administered.

- If preparation is required, keep the barcode intact for scanning purposes.

STEP 2: At the patient's bedside, verbally/visually verify the correct patient, following hospital policies.

STEP 3: Confirm the patient information in the demographics banner bar.

STEP 4: Open the **Medication Administration Wizard** from the barcode button on the toolbar.



STEP 5: Scan the FIN barcode on the patient's wristband or face sheet per practice policy.

- On the patient's facesheet, staff will scan the **QR Code**.
- When scanning the QR Code, staff will need to scan in a downward fashion. This will avoid capturing the other barcodes on the sheet.



STEP 6: Click the **Refresh** button within the Wizard to ensure the most up-to-date medication order(s) are viewed.

Last Refresh at 13:52 EDT

STEP 7: Scan the medication(s).

- Complete any required or missing fields and manage alerts, as applicable.

- After scanning the patient wristband and medication(s), click in the **Result** column.

Medication Administration

Nurse Review Create order and document. Last Refresh at 14:49 EDT

TESTING, NEILE MRN: 2287468 DOB: 11/11/1985 Loc: 223; 01
Female FIN#: 256319542 Age: 34 years ** Allergies, No Known Medication Allergies **

05/08/2020 12:49 EDT - 05/08/2020 16:49 EDT

Scheduled	Mnemonic	Details	Result
<input checked="" type="checkbox"/> 05/08/2020 15:00 EDT	albuterol albuterol (Ventolin HFA)	2 Puffs, Aerosol, INHALATION, 05/08/20 15:00... General Recommended Maximum Daily Do...	albuterol 2 Puffs, INHALATION

- The **Charting For:** window will open. In the ***Performed by** field, type **Patient** and **PATIENT, SELF ADMIN** will auto populate.
- Document any other required or pertinent information.
- Click **OK**.

Charting for: TESTING, NEILE

albuterol (Ventolin HFA)
2 Puffs, Aerosol, INHALATION, 05/08/20 15:00:00 EDT, 05/08/20 15:00:00 EDT, Treatment Location: INLAND HOSPITAL
General Recommended Maximum Daily Dosing Guidelines: Nebulized Dose: Bronchospas...

*Performed date / time: 05/08/2020 1450 EDT

*Performed by: PATIENT, SELF ADMIN

Witnessed by:

STEP 8: Observe the patient self-administering the medication(s) to ensure appropriate administration.

STEP 9: Click the **Sign** button to document.