Independent Double Check Policy for Medication Administration

Policy:
Windsor Regional Hospital (WRH) is committed in providing a standard of excellent patient-centered care by ensuring the safety of all patients through safe medication practice.

Purpose:
To prevent medication errors associated with high-alert medications.
To provide written procedures for the safe administration of medications that have been designated as high-alert medications.

Scope:
This policy applies to all WRH Health Care Providers or persons who provide health care on behalf of Windsor Regional Hospital who prepare high-alert medications, administer high-alert medications and monitor the effectiveness of high-alert medication use while caring for and treating patients.

Definitions:
An independent double check (IDC) is a process in which a second practitioner conducts a verification in the presence or absence of the first practitioner. The most critical aspect is to ensure that the first health care provider does NOT communicate what he or she expects the second practitioner to find; this would reduce the visibility of a mistake.

Process:
A. An independent double check must be conducted when the following high-alert medications are prepared and/or administered at Windsor Regional Hospital:

1. Anticoagulants
   a. Heparin IV infusions
   b. Subcutaneous low molecular weight heparin (LMWH) doses prepared on the unit (i.e. enoxaparin, tinzaparin, dalteparin, etc). This excludes manufacturer/pharmacy-prepared unit dose syringes.
   c. Direct Thrombin Inhibitor IV infusions (i.e. Argatroban, Bivalirudin)
   d. Antiplatelet IV infusions (i.e. Abciximab, Eptifibatide)

2. Insulin
   a. IV infusions
   b. Subcutaneous doses prepared on the unit

3. Narcotic infusions

4. Epidural infusions

5. Patient Controlled Analgesia (PCA)

6. Intrapleural Infusion

7. Total Parenteral Nutrition (TPN) and Total Nutrient Admixture (TNA) infusions

8. Parenteral Chemotherapy Drugs

***Per Professional College Standards of Practice --- Independent double checks on medications not listed above may be conducted/requested at the discretion of the healthcare provider or per unit specific medication administration procedures***
B. The independent double check will be performed on the above medications at:

1. For subcutaneous doses - with each dose / injection
2. For infusions:
   a. At the time of initiation of therapy
   b. At the time of a concentration change
   c. At the time of a bolus dose
   d. At any dose / rate change
   e. At any bag change
   f. At change of shift (by oncoming nurse) or transfer of care from another unit (by the receiving nurse)

***Per Professional College Standards of Practice -- Additional checks may be conducted/requested at the discretion of the healthcare provider or per unit specific medication administration procedures***

C. Nursing students MUST obtain an independent double check by both the clinical instructor/preceptor AND a staff nurse. Preparation and administration of high-alert medications must be directly supervised by the clinical instructor/preceptor.

**Nursing students require an independent double check for ALL medications listed on the ISMP List of High-Alert Medications. The list can be accessed through the ISMP website (http://www.ismp.org) under the Medication Safety Tools & Resources

D. Steps for completing an Independent Double Check:

1. The first practitioner will prepare the ordered medication and, if applicable, set the infusion pump settings. If the medication is to be further diluted in an IV fluid, the first practitioner will leave the vial, the syringe containing the medication to be added to the IV fluid, and the IV fluid for the second practitioner to check. **The first practitioner must not mix the drug into the IV fluid until checked by the second practitioner.

2. The first practitioner will request the independent double check without communicating what she/he expects the second practitioner to see.

3. The second practitioner will perform the independent double check by starting from a different vantage point, without any advance knowledge of what findings to expect.
   
   Example: A nurse calculates the amount of medication needed from a multi-dose vial, prepares the syringe and requests an independent double check. A second nurse independently checks the order, calculates the volume of drug needed for the dose ordered, checks the syringe contains the correct dose / volume if the medication is to be further diluted in IV fluid, the syringe containing the medication shall be checked PRIOR to further dilution. The check shall include the medication dose as well as the IV fluid being used (if applicable)

4. The second practitioner will check for:
   a. Correct drug
      - Check the physician’s order or MAR/CMAR (or appropriate flow record) against the medication vial being used to prepare the dose
      - If the medication is to be further diluted in IV fluid, the IV fluid will be check against the physician’s order, MAR/CMAR (or appropriate flow record), or IV monograph
   b. Drug dosage
      - Check the physician’s order or MAR/CMAR (or appropriate flow record) against the medication vial being used to prepare the dose
      - Independently calculate the volume of drug needed for the dose ordered
      - Check that the syringe contains the correct dose / volume
      - If the medication is to be further diluted in IV fluid, the syringe containing the medication shall be checked PRIOR to further dilution. The check shall include the medication dose as well as the IV fluid being used (if applicable)
   c. Pump settings (if applicable)
      - Check against the physician’s order or MAR/CMAR
   d. Correct line being used (if applicable)
      - e.g. peripheral vs central, IV line vs feeding tube line
      - Trace IV tubing from bag-to-pump and pump-to-patient
E. Documentation:

1. The practitioner administering the drug shall document AFTER the drug is administered. Both nurses/authorized personnel will place their initials next to the recorded dose given on the MAR/CMAR and/or on any specific administration flow record used (see #3 below).

2. The practitioner completing the Independent Double Check will co-sign to the right of the first practitioner’s initials and indicate “IDC”.

3. The documentation of the Independent Double Check will occur on the following unit specific records:
   a. ALL units:
      - Diabetic record (for insulin administration)
      - Anticoagulant flow record (for heparin and low molecular weight heparins)
      - PCA / Intraspinal morphine injection monitoring record
      - Epidural monitoring record
      - IV flowsheet
   b. Specialty units:
      - ED: ED treatment record for Critical Care VS (CCVS sheet)
      - ICU/CCU: Critical Care VS (CCVS) sheet
      - Cardiac Catheterization Lab (CCL): Electronic CCL record or CCVS sheet
      - PACU: Post-A Anaesthetic nursing flow record

4. Nursing students: The Clinical Instructor / Preceptor AND staff nurse must both document that an independent double check was performed. Both initials must be documented under the “Independent Double Check” column or be identified with “IDC” beside them.

References:

Accreditation Canada. Qmentum Program. 2014-15 Medication Management Standards


ISMP. Conducting an independent double-check. ISMP Nurse Advise-ERR. 2008;6(12):1