

## 6 Rights of Medication Administration

Sometimes considered 5 or 6 "Rights" the "R's" of medication administration are a systematic approach designed to reduce administration errors. These 6 rights include the right patient, medication, dose, time, route and documentation. Furthermore, nurses are also urged to do the three checks; checking the MAR, checking while drawing up medication and checking again at bedside. It is important to check for allergies as well before administration. Shortly after medication administration, the patient should be assessed, and they should also be educated on what they are given.



PLAY PICMONIC

### Right Patient

#### Right-answer Patient

Some facilities have differing protocols however it is imperative that the nurse verifies the name on the patient's armband prior to administering any medications.

### Right Medication

#### Right-answer Medication

Read the medication label carefully! Be sure to compare the strength, concentration and type of medication to the order. Considerations include only administering a medication that you prepared yourself and being generally familiar with the medication.

### Right Dose

#### Right-answer Dose-amount

Compare the dose of the medication to the MAR. Be cautious as many medications come in different strengths based on route and a mistake could prove fatal. The nurse may also have to modify dosing based on weight, age, or variable tests like blood glucose. Some medications have very complex or specific doses and may require a second nurse to sign off. Examples of these medications include Insulin, Heparin, and Chemotherapeutic agents based on protocol.

### Right Time

#### Right-answer Time-of-day

Compare the time in the MAR that the medication should be administered to the current time. Never administer additional or missed doses. Be familiar with abbreviations. Check the MAR to assure the last dose of medication was administered at the appropriate time.

### Right Route

#### Right-answer Route

Method of delivery of medications can substantially alter the effects of the drug. Broad classifications include enteral, through the digestive system, and parenteral, directly to the tissues and topical which is applied to the skin.

### Right Documentation

#### Right-answer Documentation

Documentation is key to the nurse's role. Proper documentation of your medication administration in the MAR is crucial.

## Nursing Considerations

### Three Checks

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The "6 Rights" should be implemented at "three checkpoints". First compare the "rights" alongside the Medication Administration Record (MAR) immediately after obtaining it. Second, check the "rights" during medication preparation outside the room, whether this is by mixing, placing a pill into a cup for easier administration or preparing for an IV or injection. Third, check the "rights" again at the bedside before administering the drug to the patient. Developing a regular practice reduces errors.

### **Check for Allergies**

#### [Allergy-alligator](#)

It is crucial to check if the patient has any allergies to the medication prior to administering it. Cross reference by checking the Medication Administration Record (MAR) and asking the patient.

### **Assess the Patient**

#### [Assessing the Patient](#)

You may be required to do certain assessments prior to administering some medications. This may include vital signs, blood glucose, lab values, or a comprehensive assessment.

### **Education**

#### [Diploma](#)

The nurse's role is important in educating the patient on certain side effects a medication might have and drug interactions. Some drugs could have a synergistic effect or an antagonistic effects with other medications.