

STATEMENT OF POLICY*

The purpose of this policy is to outline the standard that BYU-Idaho Department of Nursing students who are enrolled in clinical courses will practice within the scope of the clinical curriculum and under the direct supervision of their assigned clinical faculty, supervising nurse, or capstone preceptor. These policy restrictions and guidelines are not all-inclusive. Site-specific medication policies must be included in student orientations. Contract clinical facility restrictions or limitations, which are more restrictive than these guidelines, will supersede any aspect of this policy.

Requirements/Restrictions are applicable to **ALL** nursing students.

Clinical courses:

- NURS 310C
- NURS 322C
- NURS 323C
- NURS 410C
- NURS 422C
- NURS 490C

Communications and Order Transmission:

1. Student nurses **MAY NOT** take verbal orders, telephone physician orders, or provider orders.
2. Student nurses **MAY NOT** transcribe physician or provider orders.
3. Student nurses **MAY NOT** communicate medication orders to pharmacy.

Students are **NOT PERMITTED** to do **ANY** of the following:

- Administer medication (Rx or OTC) in NURS 310C
- Discontinue a PCA or PCEA
- Cosign/witness-controlled medication administration, control count or dose wastage
- Administer medications via a regional, epidural or spinal catheter
- Administer any chemotherapy agents
- Assume the primary nursing role and/or monitoring responsibility for patients undergoing procedural/conscious sedation Student nurses cannot administer conscious sedation
- Perform any procedure which requires special certification or training

BACKGROUND

Graduate nurses report that medication administration is their most important skill and takes nearly 40% of their time (Fusco et al., 2021; Jarvill et al., 2022). Medication errors increase the cost of health care by causing morbidity, mortality, and longer hospital stays (Stolic et al., 2022).

Research shows that only 23% (n=5000) of graduate nurses were considered safe to administer medications, even though they had passed the NCLEX (Jarvill, 2020). Medication errors and near misses of nursing students have been found to be in one of the following patient safety areas: (a) six rights of medication administration, (b) patient identification and (c) patient allergies (Silvestre & Spector, 2023). Nursing students must show competency in medication administration during their pre-licensure education. An effective strategy to support students in achieving and maintain medication administration competence is to ensure direct RN supervision every time medication is being administered by a nursing student (Fusco et al., 2021; Jarvill, 2020; Jarvill et al., 2022; Silvestre & Spector, 2023; Stolic et al., 2022). Additionally, this strategy is a regulatory requirement found in the Nursing Code of Ethics.

DEFINITIONS

NCLEX – National Council Licensure Examination

OTC – Over the counter medication

PCA – Patient controlled analgesia

PCEA – Patient controlled epidural analgesia

RN – Registered nurse

Rx – Prescribed medication

SPEET – Student practice event evaluation tool

PROCEDURES

Student Nurse Medication Administration

1. Student nurses will conduct a focused assessment, including patient allergies **PRIOR** to administering medications.
2. Each dose of medication will be administered per the ‘Six Rights of Medication Administration’ (right patient, drug, dose, time, route, and documentation).
3. Student medication administration, including documentation of administered doses, will be performed utilizing agency specific policies, procedures and protocols.
4. A faculty member or supervising nurse must confer with the student **BEFORE** a student administers a medication and **IS PRESENT** during the administration of medications.

Requirements:

- **ALL** controlled medications require an RN signature
- If co-sign option is not available, controlled substances will not be administered by a nursing student
- Analgesics administered via a PCA requires direct RN supervision, including but not limited to the following:
 - Initial set up and dose programming
 - Administering loading and/or bolus doses
 - Changing the medication cartridges or tubing
 - Adjusting delivery dosages/settings

- Pitocin (oxytocin) administration to laboring or postpartum patients, including rate adjustments, requires the direct supervision of the patient's RN
- Insulin is calculated and drawn up with direct RN supervision and co-signature by **TWO** licensed nurses
- Anticoagulants are calculated and administered with direct RN supervision and co-signature
- Blood products require direct RN supervision, including but not limited to the following:
 - Obtaining vital signs
 - Priming the tubing
 - Completing checklists (requires co-signature)
 - Initiating the blood product transfusion (requires co-signature)
 - Monitoring the patient
 - Discontinuing the blood product transfusion
 - Handling blood product containers per site protocol

Medication Errors and Near Misses

Medication errors that occur at a clinical site during clinical hours, as determined by the nursing student, clinical site staff, supervising clinical faculty, supervising nurse, and/or capstone preceptor require the following actions.

1. Immediately notify the patient's assigned nurse.
2. Immediately notify the assigned or supervising clinical faculty member.
3. Clinical faculty notify the assigned Clinical Course Lead within 24 hours.
4. Submit the clinical agency's error reporting documentation per site protocol.
5. Within 24 hours, submit the BYU-Idaho Incident Report.

Medication near misses are medication administration errors that are identified and corrected before medication administration and before a patient is harmed (Crane et al., 2017). These medication near misses occur at a clinical site during clinical hours, as determined by the nursing student, clinical site staff, supervising clinical faculty, supervising nurse and/or capstone preceptor require the following actions:

1. Immediately notify the patient's assigned nurse.
2. Immediately notify the assigned or supervising clinical faculty member.
3. Student and supervising clinical faculty member consult to design an action plan to avoid this near miss in the future.
4. Clinical faculty notify the assigned Clinical Course Lead within 24 hours.
5. Submit the clinical agency's error reporting documentation per site protocol.
6. Within 24 hours, submit the BYU-Idaho Incident Report.

References:

Crane, S., Sloane, P. D., Elder, N. C., Cohen, L. W., Laughtenschlager, N., & Zimmerman, S. (2017, August). *Implementing near-miss reporting and improvement tracking in primary care practices: Lessons learned*. Agency for Healthcare Research and Quality. <https://www.ahrq.gov/patient-safety/reports/liability/crane.html>

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