

Institute for Safe Medication Practices
200 Lakeside Drive, Suite 200, Horsham, PA 19044
www.ismp.org

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CONTACT: Renee Brehio, Media Relations, ISMP
704-831-8822, rbrehio@ismp.org

**ISMP Publishes Draft Guidelines
for Timely Medication Administration**

Horsham, Pa---In September 2010, more than 18,000 nurses responded to an Institute for Safe Medication Practices (ISMP) survey regarding the Centers for Medicare & Medicaid Services (CMS) “30-minute rule” that requires scheduled medications in healthcare settings be administered within 30 minutes before or after the scheduled time. Respondents pointed out that increased complexity of care, number of prescribed medications per patient, and number of patients assigned have made the CMS rule potentially unsafe. To assist nurses and hospitals struggling to comply, ISMP has interacted with CMS officials and drafted guidelines for the timely administration of scheduled medications.

The ISMP guidelines rely on ISMP expertise on medication safety, review of available literature on risks associated with early and delayed administration of maintenance doses, feedback from survey participants, and advice from an expert clinical advisory group of more than 20 diverse clinicians and academics.

The full draft guidelines have been published in the January 13, 2011 issue of the *ISMP Medication Safety Alert!* and are available at www.ismp.org/Newsletters/acutecare/articles/20110113.asp for public comment. Supporting guidelines also are available to assist hospitals in accomplishing ISMP’s recommendations.

In summary, the guidelines call upon hospitals to:

- **Identify a hospital-specific list of time-critical *scheduled* medications.** Time-critical *scheduled* medications are those where early or delayed administration of maintenance doses of greater than 30 minutes is likely to cause harm.
- **Establish guidelines that facilitate pharmacy order review, pharmacy dispensing, and nurse administration of the hospital-identified, time-critical *scheduled* medications** within 30 minutes before or 30 minutes after the scheduled time (or more exact timing when indicated, as with rapid- and short-acting/ultra-short-acting insulin).

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- **Establish guidelines for timely drug administration of *scheduled non-time-critical medications*** in the following categories:
 - Daily, weekly, or monthly scheduled medications*
 - Medications administered more frequently than daily but not more frequently than every 4 hours (e.g., BID, TID, q4h, q6h, q12h)*
 - Medications administered more frequently than every 4 hours (e.g., q1h, q2h, q3h)*

As an alternative, hospitals with electronic MARs (eMARs) may choose to establish a standard allowable percent of difference between the scheduled time and administration time—not to exceed 25%—for non-time-critical medications if the eMARs can alert nurses in advance to an impending late dose and the allowable timeframe for administration.

- **Define targeted timeframes for administering first doses or loading doses of medications such as IV anti-infective agents, IV anticoagulants, IV antithrombotics, IV electrolytes, and IV antiepileptic medications where timeliness is critical** (e.g., an emergency department patient with suspected sepsis should not wait several hours for administration of a prescribed IV anti-infective). Where electronic prescribing systems are available, the prescriber can also be queried regarding when the first dose should be administered given the standard administration times.

Once ISMP has allowed sufficient time for comments, final guidelines on the timely administration of medications will be posted on www.ismp.org. ISMP also plans to interact with CMS to discuss the guidelines and possible alterations in the current 30-minute rule that will best facilitate both timely and safe drug administration.

An *ISMP Medication Safety Alert!*[®] newsletter article describing the findings from the Institute's landmark 2010 survey of nurse input on the 30-minute rule is available online at:

www.ismp.org/Newsletters/acutecare/articles/20100909.pdf.

About ISMP: The Institute for Safe Medication Practices (ISMP) is an independent, nonprofit charitable organization that works closely with healthcare practitioners and institutions, regulatory agencies, consumers, and professional organizations to provide education about medication errors and their prevention. ISMP represents more than 35 years of experience in helping healthcare practitioners keep patients safe, and continues to lead efforts to improve the medication use process. ISMP is a federally certified patient safety organization (PSO), providing healthcare practitioners and organizations with the highest level of legal protection and confidentiality for patient safety data and error reports they submit to the Institute. For more information on ISMP, or its medication safety alert newsletters and other tools for healthcare professionals and consumers, visit www.ismp.org.