Guest Editorial

The Sixth Right of Medication Administration

Right Response

David Wilson, MS, RNC • Pam DiVito-Thomas, PhD, RN

In recent years we have seen an increased focus on medical errors in healthcare institutions and the often costly and negative outcomes of such errors. Medication errors result in approximately 7000 deaths per year according to a 1999 Institute of Medicine report. The report further stresses the need to implement safety systems to ensure safe practice at the point of care. The Joint Commission on Accreditation of Healthcare Organizations issued sentinel event alerts about the necessity to monitor, analyze, and decrease medication errors, particularly in regard to high-risk medications that cause serious adverse effects.

The process of medication administration often leads to adverse patient outcomes that can potentially be prevented if effective systems are in place. Because administration of medications is an important aspect of the practice of nursing, nurses are uniquely positioned to intercept medication errors and promote a positive patient outcome.

To ensure adequate medication administration and prevent errors, faculty teach their students the 5 rights of medication administration: right dosage, right medication, right time, right patient, and right route. This system is a stopgap measure for effective medication administration to each client. However, despite the use of the 5 rights of medication administration, errors occur as a result of other factors such as confusion over the ordered prescription or a dispensing error. When analyzing the cause of medication errors, Benner et al stress that nurses have an important role in the prevention and detection of potential and actual medication errors.

The Sixth Right

To decrease medication errors, we propose a sixth right of medication administration: the right response. For medication administration to be effective and error free, a significant amount of critical thinking must occur on the part of the person administering the drug. Critical thinking in clinical judgment is the process students go through to make decisions; this process is evident in the steps of the nursing process. Critical thinking is demonstrated by “thinking in action” within the context of clinical practice. With the increasing focus in healthcare on outcomes, this sixth right is a focal point for evaluating the effectiveness of medication administration and emphasizes accountability in medication administration rather than viewing the process as finite.

Although the sixth right may not appear to be applicable to every medication administered, its value is obvious if one considers medications intended to control and relieve pain. For example, when the nurse assesses the patient’s pain and subsequently administers a pain medication, the process should not end with administration of the medication itself. Other medications for which assessment of patient response to medication administration is crucial include the antiarrhythmic, antidiabetic, anticoagulant, and vasopressor drugs. As in the nursing process, a nursing intervention, once implemented, must be evaluated for its effectiveness. In much the same manner, the sixth right of medication administration incorporates an evaluation of the effectiveness of the medication’s intended purpose. Furthermore, nursing assessment of the right response to medications includes important nursing functions such as monitoring blood glucose, vital signs, and other physiologic data.

In an outcomes-driven healthcare atmosphere, the sixth right of medication administration serves as a useful and objective tool for measuring the desired outcome of medication administration; that is, the patient derives benefit from the treatment. In addition, the use of the sixth right may prevent undesired outcomes such as ineffective pain management by ensuring that there is ongoing, continuous evaluation of the medication’s intended purpose.

References

2. Joint Commission on Accreditation of Healthcare Organizations. Sentinel

Authors’ Affiliations: Assistant Professor (Mr Wilson), Langston University School of Nursing, Tulsa, Okla; Assistant Professor (Dr DiVito-Thomas), Anna Vaughan School of Nursing, Oral Roberts University, Tulsa, Okla.

Corresponding Author: Mr Wilson, 2409 W. Twin Oaks, Broken Arrow, OK 74011 (davewils@gbronline.com).


