Independent Double Checks for High Alert Meds

What is an "independent double check" (IDDC)?

An independent double check of a high alert medication is a procedure in which two licensed staff separately check (alone and apart from each other, then compare results) each component of prescribing, dispensing, and verifying the high alert medication before administering it to the patient. The following information must be verified:

⇒ Is this the prescribed drug?

⇒ Is this the prescribed dose/strength/rate/route/frequency?

⇒ Is this the right patient?

⇒ All IDDCs will be documented with both names using eMAR.

Why should IDDCs be completed?

Manual IDDCs are an important tactic to help detect errors related to high alert medication administration before the error reaches the patient.

When should IDDCs be completed?

IDDCs should be completed before administration of the following medications:

⇒ anticoagulant infusions & enoxaparin injections in which the dose is manipulated from the original syringe.

⇒ IV thrombolytic medications for stroke: alteplase (tPA) and tenecteplase (TNKase).

⇒ PCA and CADD PCA pump orders and settings.

⇒ insulin: all IV doses; SQ doses of 15 units or more.

⇒ all chemotherapy doses.

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References

ISMP. Independent double checks: Worth the effort if used judiciously and properly. June 6, 2019. www.ismp.org

UTMC Patient Care Policy: High Alert Medications

KETAMINE FOR PAIN

IDDC should be conducted when:

- Starting the ketamine infusion.
- During shift change report.
- The infusion rate order changes.

Process for Ketamine for Pain IDDC:

- Both RNs verify the order in the computer.
- While the order is pulled up in the computer, set the parameters for the pump – each RN should check the programming independently.
- Both RNs enter credentials in eMAR to document IDDC.

PCA PUMPS

IDDC should be conducted when:

- Starting the PCA.
- During shift change report.
- The PCA order changes.

Process for PCA Pump IDDC:

- Both RNs verify the order in the computer.
- While the order is pulled up in the computer, set the parameters for the pump – each RN should check the programming independently.

Helpful Hints

- PCA pumps should always be couple with maintenance fluids to ensure the meds are flushed through the line.
- The PCA tubing is the primary site for the connection to the patient's IV – the IVFs then attach to the PCA tubing secondary Y site connection (opposite from typical set-up).

Note: An RN in orientation cannot act as one of the "independent double check RNs" as the orientee is not yet independent and still working under supervision of the preceptor.

Preceptors should ensure orientees have hands on experience with the IDDC process; however, the preceptor is ultimately responsible for completing the IDDC verification and documentation.

HEPARIN HELPFUL HINTS

- If the nomogram indicates that the infusion should be stopped or paused, document the rate as **0** units/kg/hr in the eMAR.
- After the heparin drip has been paused for the appropriate amount of time, (e.g., stopped for 1 hour, etc.) and drip is restarted, enter the new rate in the eMAR.
- When making a rate change, ensure that only the units/kg/hr section on the pump is modified. ***Do not modify the mL/hr***.

HEPARIN INFUSION

IDDC should be conducted when:

- starting the infusion
- during shift change report
- every time the order changes
- any rate change is indicated (increase, decrease, or pause) based on the PTT level
- if the drip is stopped for any reason

Process for IV Heparin Infusion IDDC:

- Both RNs view and verify the order details on the computer and verify the five rights (right patient, right drug, right dose, right route, right time)
  - ⇒ Hover the mouse over the order to get the complete details of the order
  - ⇒ Review the patient's weight to ensure it is in kg, ***not*** lbs.
- Draw baseline PTT (when heparin is ordered, the baseline PTT is included in the orderset)
  - ⇒ This is only a baseline. It is ***not*** used to adjust the heparin rate.
- Do not wait on the baseline PTT result. ***After*** drawing baseline, start heparin drip.
- Print a copy of the nomogram - tape the nomogram to the pump
- With the order pulled up on computer, set the pump parameters – each RN should check the programing ***independently***. Ensure use of units/kg/hr (typically not mL/hr unless fixed rate)
- **Carefully check the ordered nomogram prior to ordering PTTs– some require PTTs more frequently then every 6 hours. Examples are based on PTTs ordered after 6 hrs**
- Place order for a PTT timed 6 hours after the drip is started (e.g, drip started at 13:00– PTT should be ordered for 19:00).
- Once the PTT result posts, follow the nomogram directions regarding the rate.
  - ⇒ If the nomogram indicates **No Change**, order the next PTT for 6 hours after the last PTT drawn (e.g., PTT drawn at 10:00 results as therapeutic and no change is indicated, the next PTT should be ordered for 16:00. Do not order PTT for 6 hours after results are posted, as this is too late.
  - ⇒ If the nomogram indicates to pause the infusion, order the next PTT once the infusion is restarted at the new rate (e.g., drip stopped at 10:00 and restarted at 11:00, the PTT should be ordered for 17:00)

IV THROMBOLYTIC

(Alteplase or Tenecteplase for stroke)

IDDC should be conducted :

- At the bedside after pharmacist reconstitutes thrombolytic.
- By RN & Stroke NP, 2 RNs, OR RN & Pharmacist

Process for IV Thrombolytic IDDC

- Pharmacist reconstitutes medication at bedside after order given by stroke team provider or ED physician.
- 2 clinicians verify
  - ⇒ Order.
  - ⇒ Patient ID.
  - ⇒ Patient weight.
  - ⇒ Dose
  - ⇒ (Bolus and infusion for alteplase; Bolus for tenecteplase.)
  - ⇒ Both clinicians sign the IDDC section

ADJUSTED SQ ANTICOAGULANTS

IDDC should be conducted when:

- Enoxaparin doses are manipulated from the original syringe.

Process for Adjusted SQ Anticoagulation IDDC:

- Pull order up at bedside.
- 1st RN & 2nd RN confirm independently at bedside:
  - ⇒ Right patient.
  - ⇒ Right medication.
  - ⇒ Right route.
  - ⇒ Right timing.
  - ⇒ Ordered dosage.
  - ⇒ Correctly adjusted dosage .

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INSULIN

IDDC should be conducted when:

- Administering IV doses.
- Administering SQ doses of 15 units or more.

Process for Insulin IDDC:

- RN #1 checks glucose.
- RN #2 goes with RN #1 to med room to confirm order in OmniMed.
- RN #1 draws up appropriate amount with RN #2 witnessing.
- RN #2 verifies completed draw.
- RN #1 scans and administers insulin adding RN #2 name in comment box .

CHEMOTHERAPY

Process for Chemo Infusion IDDC:

- RN 1 and RN 2 independently calculate BMI chemo agent dosing and compare results.
- The 2 RNs confirm the following first at the front desk and again at bedside:
  - ⇒ Right Patient
  - ⇒ Right Medication
  - ⇒ Right Dose
  - ⇒ Right Route