SOP: Administration of Pre-operative Medications

This SOP details the **administration of pre-operative medications**, covering patient assessment, medication selection, dosage calculation, timing of administration, monitoring for adverse reactions, documentation requirements, and communication with the surgical team. Its goal is to ensure safe and effective preparation of patients before surgery to optimize outcomes and minimize risks.

1. Purpose

To provide clear and standardized procedures for the administration of pre-operative medications to surgical patients, ensuring patient safety and optimal surgical outcomes.

2. Scope

This SOP applies to all clinical staff involved in the administration of pre-operative medications in surgical units.

3. Responsibilities

- **Prescribing Physician:** Selects appropriate pre-operative medications and dosage.
- **Nursing Staff:** Administers medications, monitors patients, documents actions, and reports concerns.
- **Anesthesia/Surgical Team:** Communicates requirements and patient-specific needs.

4. Procedure

1. **Patient Assessment**
    - Verify patient identity using at least two identifiers (e.g., name, DOB).
    - Review patient history, allergies, and previous responses to medications.
    - Assess vital signs and current physical status.
2. **Medication Selection & Dosage Calculation**
    - Confirm medication, dose, route, and timing with the physician order.
    - Calculate dosage based on patient weight, age, renal/hepatic function, and comorbidities if applicable.
3. **Preparation and Administration**
    - Prepare medication in accordance with pharmacy guidelines and infection control measures.
    - Administer at the prescribed time before surgery (as per medication guidelines).
    - Observe rights of medication administration (right patient, medication, dose, route, time, documentation).
4. **Monitoring for Adverse Reactions**
    - Monitor patient for effectiveness and possible adverse reactions (vital signs, distress, allergic reactions).
    - Report any unexpected reactions immediately to the physician and surgical team.
5. **Documentation**
    - Document administration details in the patient medical record, including time, dose, route, and any observations.
    - Record and report any adverse reactions or deviations from the protocol.
6. **Communication with Surgical Team**
    - Confirm and communicate completion of medication administration with the surgical/anesthesia team.
    - Relay any relevant patient response or concerns.

5. Documentation Requirements

- Electronic Health Record (EHR) or Medication Administration Record (MAR) entries must be completed promptly.
- All deviations, complications, and communications with the surgical team should be entered into the record.

6. Review and Quality Assurance

- This SOP should be reviewed annually or after any significant incident related to pre-operative medication administration.
- Audits may be conducted to ensure compliance and identify areas for improvement.

7. References

- Hospital Medication Administration Policy
- Relevant Clinical Practice Guidelines
- Manufacturer's Guidelines for Specific Medications