



## INODAYA Hospitals - Kakinada

Documentation code:

INH/MOM.Doc.No:24

### Policy On patients shall be monitored after medication administration

Prepared date: 11/11/2025

Reference: MOM.8.a.NABH Standards – 6<sup>th</sup> Edition

Issue Date: 11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

#### 1.0 Purpose:

To ensure safe, effective, and timely monitoring of all patients after medication administration in order to detect adverse reactions, evaluate therapeutic response, and prevent medication-related harm.

#### 2.0 Scope

This policy applies to:

- All inpatients, outpatients given medications within the hospital, emergency patients, and day-care patients
- All doctors, nurses, and allied clinical staff involved in medication management.
- Pharmacy and critical care departments

#### 3.0 Responsibilities:

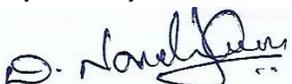
All healthcare professional involved in prescribing, providing, administering, or monitoring of medications.

#### 4.0 Definitions:

Post-administration Monitoring: Continuous assessment of patient's physiological response after receiving medication. Adverse Drug Reaction (ADR): Any harmful or abnormal response to a medication. High-alert Medication: Medications with a higher risk of causing significant patient harm (e.g., insulin, anticoagulants, opioids, chemotherapy).

#### 5.0 PROCEDURE:

- Prior to medication administration, the nurse is responsible for evaluating the patient's vital signs, checking for documented allergies, reviewing pertinent laboratory results, confirming the correct patient, and assessing the patient's current clinical status

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- Assess for **therapeutic response** and **side effects** within **30 minutes to 1 hour** after medication administration

- Observe for nausea, dizziness, rash, breathing difficulty, or any unusual complaint.

#### A. High-Alert Medications

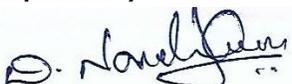
(Examples: insulin, opioids, sedatives, anticoagulants, electrolytes, chemotherapy, vasoactive drugs)

#### Nursing staff must:

- Monitor vital signs as per medication guidelines.
- Reassess patient within **15–30 minutes**.
- Monitor:
  - Respiratory rate
  - Level of consciousness
  - Blood glucose (for insulin)
  - Pain score (for analgesics)
  - Signs of bleeding for anticoagulants

#### B. IV Medications

- Observe the patient **continuously for the first 5 minutes**.
- Check infusion site for:

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- Extravasation
- Inflammation
- Pain or swelling

### C. Reassess patient every 15 minutes for the first hour unless otherwise ordered. D. First-Dose or New Medication Monitoring

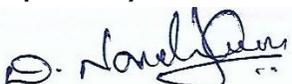
First doses pose higher risk of allergic reactions.

Nurses must:

- Stay with the patient for **at least 5 minutes** after administration.
- Assess for wheezing, swelling, itching, or rash.
- Keep emergency equipment accessible.

### D. Managing Adverse Reactions

If an adverse reaction occurs, the nurse shall immediately stop the medication (if it is an infusion), maintain the patient's airway and provide necessary emergency support, inform the treating physician without delay, activate Code Blue if the patient's condition deteriorates, document the event in the patient's medical record, and report the incident using the ADR Reporting Form while notifying the Pharmacy/Pharmacovigilance Committee.

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