

The “Five Rights” of Medication Administration

Perhaps the most important thing to remember about medication administration is that the patient’s health and safety should always be of primary concern. One of the most familiar devices used to remind those administering drugs to focus on the patient is learning the “Five Rights” of medication administration. While several writers have commented on the inadequacies of the “Five Rights,” they are still used, occasionally in conjunction with additional rights, to provide nurses with a memorized starting point when giving medications to a patient. The key for nurses is to use good clinical judgment and to remember that no dose of medication should be given without thoughtful preparation.

Below is a summary of the “Five Rights” with additional rights added (on pages 2 and 3) to accommodate those who learn 6, 7, 8, 10, 12, and even 14, 16 and 20 rights. This list is by no means sacred. Different programs use slightly different criteria and naming for the various rights and place them in a different order.

Rights of Medication Administration

1. Right Patient

- Check the name on the order and the patient.
- Use two (2) identifiers, including, but not limited to, the patient’s full name, an assigned ID number, or date of birth.
- Ask patient to identify himself/herself.
- When available, use technology (for example, bar-code system).

2. Right Medication/Drug

- Check the medication label.
- Check the order or Medication Administration Record (MAR) or eMAR.
- Verify no known allergy to the drug.

3. Right Dose

- Check the order.
- Confirm appropriateness of the dose using a current drug reference.
- If necessary, calculate the dose and have another nurse calculate the dose as well.

4. Right Route

- Again, check the order and appropriateness of the route ordered.
- Confirm that the patient can take or receive the medication by the ordered route.

5. Right Time

- Check the frequency of the ordered medication.
- Double-check that you are giving the ordered dose at the correct time.
- Confirm when the last dose was given.

Most commonly, a sixth right is added.

6. Right Documentation

- Document administration AFTER giving the ordered medication.
- Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.

Additional rights are added by some scholars, but others point out that all these rights, including the classic five, can involve other practitioners beyond the nurse administering the medication and that safe medication administration results from an “interdisciplinary effort of many individuals and reliable systems” (ISMP, 2007). Others point out that the rights are simply a form of shorthand, a mnemonic device designed to maintain the focus of the nurse, or nursing student, on the patient while providing a minimum standard of diligence.

7. Right Reason

- Confirm the rationale for the ordered medication. What is the patient’s history? Why is he/she taking this medication?
- Revisit the reasons for long-term medication use.

8. Right Response

- Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?
- Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.

9. Right Patient Education

- Check if the patient understands what the medication is for.
- Make them aware they should contact a healthcare professional if they experience side-effects or reactions.

10. Right to Refuse

- Ensure you have the patient consent to administer medications.
- Be aware that patients do have a right to refuse medication if they have the capacity to do so.

11. Right Assessment

- Check your patient actually needs the medication.
- Check for contraindications.
- Baseline observations if required.

12. Right Evaluation

- Ensure the medication is working the way it should.
- Ensure medications are reviewed regularly.
- Ongoing observations if required.

While a consensus on the number of patient rights is unlikely, all can agree that medication errors pose a substantial risk and continue to occur all too frequently. Research shows that administration errors make up 60% of all drug errors (Hughes, 2008). Adding rights to the list may make memorization more difficult, but the design of the exercise is to establish the importance of medication administration so that each drug administered is carefully considered and isn't administered by rote.

Additional rights that are sometimes included:

13. Right Approach

14. Right Principle of Care

15. Right Prescription

16. Right Nurse Clinician

17. Right Storage

18. Right Discard

Since my original writing, a Canadian faculty member has pointed out that in Canada, they use the 10 rights in relation to medication administration, which is advocated in both Lewis's *Medical-Surgical Nursing In Canada* (2022) and the Perry, Potter, et al. *Canadian Clinical Skills and Techniques* (2020).

Others add to the rights listed above, so this list is by no means comprehensive. However, ultimately the goal of medication administration is to get it "right."

References

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