NATIONAL NURSING AUDIT MINISTRY OF HEALTH MALAYSIA

ELEMENT 5: **CONTINUUM OF CARE**

5.1 ADMINISTRATION OF ORAL MEDICATION

1. INTRODUCTION

Administration of oral medications is one of the main tasks of nurses during medication rounds. Nurses are responsible for adhering to the principles of the **7 Rights** to prevent medication errors (Ministry of Health Malaysia, 2015).

Many different medications are taken orally (by mouth). They come as solid tablets, capsules, chewable tablets or orally disintegrating tablets to be swallowed whole or sucked – or as a liquid in the form of drops, syrups or solutions (Andronescu & Grumezescu, 2017).

2. OBJECTIVES

2.1 To ensure that all medications are administered correctly in accordance with the principles of the 7 Rights (7Rs).

2.2 To ascertain those nurses demonstrate a caring attitude during the administration of oral medications.

2.3 To confirm that nurses accurately and completely document all administered medications.

3. METHODOLOGY

3.1	Design	:	Direct observation of the nurse administering oral medication and gathering information from documents.
3.2	Setting	:	Hospital/ Institution
3.3	Inclusion criteria	:	Medication is administered to all inpatients.
3.4	Exclusion criteria	:	Medication is administered to outpatients.
3.5	Population	:	Registered Nurse
3.6	Sample design	:	Convenient sampling
3.7	Sample size	:	30% of registered nurse in hospital/institution
3.8	Frequency	:	Twice a year
3.9	Duration	;	2 months for each session
3.9	Instrument	:	Audit Form (E5 AF 5.1 Pind.1/2026)

4. STANDARD

100% compliance to the standard for administration of oral medications.

5. DEFINITION OF OPERATIONAL TERMS

NO	TERMS	DEFINITIONS
1.	WRITTEN PRESCRIPTION	Any legal orders of oral medication endorsed in patient's medication profile and patient's case notes.
2.	MEDICATION PROFILE	Legal document where the doctor prescribes and the nurse endorse the administration of the medication.
3.	ASSESSMENT OF PATIENT PRIOR TO ADMINISTRATION OF ORAL MEDICATION	• Nurses need to determine the patient's current status prior to administration of selected medication to confirm its continuity by interviewing the patient and from observation charts e.g., Anti-hypertensive drugs, oral

		hypoglycemic agents, digitalis, analgesics, antipyretics and beta-blockers. • Nurses when assessing the patient will exhibit the caring component by explaining the intended procedure in a respectful manner.
4.	PRINCIPLES OF 7 R'S	7 rights of medication administration is known as one of the most effective tools to reduce medication administration errors in hospitals. **1. RIGHT PATIENT** To Confirm the correct patient's identity by **2 identifiers**: • Patient's full name and registration or identification number. • History and allergies. Ask patient to verbalize patient name and cross check: ✓ with patient's wrist band for name and registration number or identification number. ✓ verify accuracy of identifier with patient's medication profile/Hospital Information System. **2. RIGHT DRUG** To ensure that the correct drug (both genetic and brand name) is selected and matches the prescribed medication. Understanding the therapeutic action of the medication, why it is used and the effect of that medication. • Check the correct medication and that is appropriate for the patient in the current context.

3. RIGHT DOSE

To ensure the correct dose. the medications and doses should be calculated independently by two nurses.

Medication Calculation formula:

D/H x S	=	A
D	=	Dose required
H	=	Dose on hand
S	=	Volume of stock
A	=	Amount to give

(Egert, A., Lee, K., & Gill, M. 2023)

Ensure that the dose is appropriate for the patient's age, size, and condition, as different dosages may be required for different conditions. Additionally, it is essential to check the expiry date and inspect the medication package to ensure that it is intact.

4. RIGHT TIME

To ensure the right timing of medication administration, the nurse must verify the correct date and time before giving the medication. This helps to prevent administering the same medication twice or missing a dose.

- It is crucial to administer the medication at the prescribed time or within an acceptable time window, **typically one hour before or after the scheduled time**.
- In some instances, it is necessary to

		administer the medication at specific times, such as before or after meals, or according to the patient's usual medication schedule. • If there is a discrepancy between the charted time and the patient's usual medication time, the nurse should contact the pharmacist or prescribing doctor to confirm the correct timing. • If you are administering a PRN (as needed) medication, you should check the patient's record to determine when the medication was last given, in order to assess whether it is the appropriate time to administer it again. **5. RIGHT ROUTE** It is essential to administer medications according to the prescribed order and ensure the correct route of administration, such as oral, intravenous, or subcutaneous. Administering medication through the wrong route can lead to serious adverse reactions, potentially resulting in critical conditions or even death. Correct method of consuming various type of oral medication, example: i. Tab. Magnesium Trisilicate - chewable ii. Tab. Glyceryl Trinitrate - sublingual Lugol's Iodine - straw **6. RIGHT TO REFUSE** • Patients have the right to refuse medication and/ or treatment. Before administering any medication, the nurse must provide the patient with sufficient information regarding

		the treatment plan, including its significance, benefits, and potential drawbacks, to allow the patient to make an informed decision. • If the patient continues to refuse the prescribed medication despite clarification, the nurse should inform the prescribing doctor and ensure accurate documentation of the refusal. **7. RIGHT DOCUMENTATION** Accurate and complete documentation of the following: • Record assessment findings if applicable. • Date and time of administration must be indicated in the medication profile. • Signature of nurse who served medication and the second Checker must endorse in the appropriate column. • All drugs omitted/ refused, indicated in the medication profile. • Document explanation of any omitted dose/ medication refused in patient's case notes.
5.	SERVE MEDICATION	Nurses ensure patient consume their medication upon administration. However, for medications that need to be consumed after/ with meal, clear explanation must be provided. The nurse needs to follow up to ensure those medications are taken accordingly before documentation.

6. WORK PROCESS

Structure

1. Each patient has an up-to-date written prescription or medication profile.

2. A Standard Operating Procedure (SOP) is in place for the administration of oral medication.

3. The nurse is skilled in medication administration, possessing knowledge of the effects, potential adverse drug reactions, and the appropriate actions to take in the event of such reactions.

Process

1. Greet/ acknowledge patient.

2. Identify right patient - two identifier (name, identification number/ registration number)

3. Verify prescription and check allergies

   - Correct patient's name and registration number
   - Drug - generic name, dose, frequency, route, duration
   - Prescribing doctor - name, signature, and date ordered
   - Check allergies

4. Assess and explain to patient, take appropriate nursing measures and document accurately.

5. Perform hand hygiene

6. Dish out correct medication with **second checker**:

- Read patient's medication profile (right patient)
- Check that the medication has not expired
- Select required medication from patient's drawer of medication cart using

  3 CHECKs:
  1. **Before dishing out**
  2. **During preparation**
  3. **After Preparation**
- Calculate dosage before dishing out.

7. Explain and responds promptly and politely to patient's/ carer's questions.

8. Serve and ensure patient consume the medication.

9. Document medication served/ omitted/ refused.

10. Take appropriate measure if adverse reaction is identified.

11. Monitor patient's response and document.

Outcome

1. The patient receives safe medication administration throughout their hospital stay.

2. The patient is informed about their medication.

3. All medications are administered in accordance with the 7 Rights (7 R's) of medication administration.

4. Medication errors are identified promptly, and appropriate corrective measures are implemented.

5. Accurate and comprehensive documentation is maintained.

7. TECHNICAL SPECIFICATION

Indicator	Percentage of compliance to the standard for administration of oral medications.
Rationale	The nurse is responsible for adhering to the principles of the 7 Rights in medication administration. Ensuring medication safety is crucial to prevent errors that could lead to severe harm or death.
Definition Of Terms	Principles of 7 R's • Right patient - verify identity of right patient by checking the name, ID number/ registration number before giving the medication. • Right drug - Check the label, name and doses of medication before, during and before administer medication • Right dose - Verify written prescription, calculate accurately. • Right route - Verify written prescription and ensure the medication is administer through correct route. • Right time - To ensure the medication is serve to the right time. • Right documentation - Ensure documentation is done accurately. • Right to refuse - Patient has the right to refuse the medication prescription. (Ministry of Health Malaysia,2015).
Criteria	**Inclusion:** Medication is administered to all inpatients. **Exclusion:** Medication is administered to outpatients.
Numerator	Total conformance of items
Denominator	Total number of items – Total number of items marked as NA

Formula	Calculation method : $\frac{\text{Numerator}}{\text{Denominator}}$ x 100%
Standard	**100%**
Data Collection	1. **Where**: Data will be collected from hospitals or institutions. 2. **Who**: Data will be collected by the NNA Committee in the hospital/institution. 3. **How to collect**: Audit Form (E5 AF 5.1 Pind.1/2026) 4. **How frequent:** Twice a year and duration 2 months 5. **Who should verify**: All data must be verified by the Head of Nursing.
References	• Ministry of Health Malaysia. (2015). *Malaysian patient safety goals: Nurses' roles and responsibilities.* Nursing Division, Ministry of Health Malaysia. • Ministry of Health Malaysia. (2019, April 6). *National nursing audit* (Version 6). Ministry of Health Malaysia.

8. AUDIT FORM

NATIONAL NURSING AUDIT MINISTRY OF HEALTH MALAYSIA	**VERSION 8/ Pind.1/2026**
ELEMENT 5 : CONTINUUM OF CARE	
TOPIC : 5.1 ADMINISTRATION OF ORAL MEDICATION	**DATE: 15 JAN 2026**
DOCUMENT NO : E5 AF 5.1 Pind.1/2026	

OBJECTIVES

1. To ensure that all medications are administered correctly in accordance with the principles of the 7 Rights (7R's).
2. To ascertain those nurses, demonstrate a caring attitude during the administration of oral medications.
3. To confirm that nurses accurately and completely document all administered medications.

STANDARD : 100% compliance to the standard for administration of oral medications

Date of Audit : .....

Locality : .....

Auditor : .....

Auditee : .....

N.B. Instructions for Auditors

1. To tick [√] at appropriate column.
2. S/ T/ D indicate soft skill/ technical skill/ documentation respectively.
3. Item D9, is rated as N/A if patient does not refuse medication.
4. Item T10, is rated as N/A if no adverse reaction occurred.

S/N	ITEM	SOURCE OF INFORMATION	YES	NO	N/A
S1	Greet/ Acknowledge patient	Listen/ Observe nurse			
T2	Identify right patient with - 2 identifier (Name, ID number/ registration number)	Listen/ Observe nurse			
T3	Verify written prescription and check allergies	Observe nurse			
4	Assess patient.				
	S4.1 Explain prior to assessment	Observe nurse and listen to conversation			
	T4.2 Perform assessment	Observe nurse and verify finding			
T5	Perform hand hygiene	Observe nurse			
T6	Dish out correct medication with 2nd checker:				
	6.1 Read patient's medication profile	Observe nurse and verify right patient and right time.			

	6.2	Select required medication from patient's drawer of medication cart and check that the medication has not expired. **Apply 3 CHECKs:** **- Before dishing out** **- During preparation** **- After Preparation**	Observe nurse and verify findings for the right medication			
	6.3	Calculate dosage before dishing out	Observe nurse and verify findings for the right dose			
S7	Explain and responds promptly and politely to patient's/ carer's questions.		Listen/ Observe nurse.			
T8	Administer medication:					
	8.1	Re-verify identity of right patient.	Listen and observe nurse.			
	8.2	Serve medication	Listen and observe medication served via the right route.			
D9	Document omission reasons for refusal if patient refuse to take medication		Verify findings			
T10	Take appropriate measure if adverse reaction is identified		Observe nurse			
D11	Accurate and completeness of documentation		Check document			

AUDIT REPORT

(Please [√] the appropriate box)

Rating:

Criteria	Item	Conformance	Non conformance	Not Applicable (NA)
Technical	10			
Documentation	2			
Soft skill	3			
Total	**15**			

Calculation: _____ X 100% = _____

REMARKS:

Auditor (name and signature) : ……

Calculation: $\frac{\text{Total conformance of items}}{\text{Total number of items} - \text{Total number of items marked as NA}} \times 100\%$

9. REFERENCES

Andronescu, E., & Grumezescu, A. M. (Eds.). (2017). *Nanostructures for drug delivery*. Elsevier.

Egert, A., Lee, K., & Gill, M. (2023). *Nursing fundamentals: Fundamentals of nursing pharmacology – Mohawk College edition.* Mohawk College.

Ministry of Health Malaysia. (2015). *Malaysian patient safety goals: Nurses' roles and responsibilities.* Nursing Division, Ministry of Health Malaysia.

Ministry of Health Malaysia. (2019, April 6). *National nursing audit* (Version 6). Ministry of Health Malaysia.