Cognitive Strategies For Safe Medication Administration
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Medication errors are:
- Responsible for 19% of all adverse events
- The single most common preventable cause of adverse events
- The cause of 7,000 deaths annually
- Harmful in nearly 1 out of every 5 doses
- Responsible for increasing hospital costs > $77 million annually
- Accountable for prolonging hospital stays

Background
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Lasater Clinical Judgment Rubric (LCJR)

Noticing
- Mindfulness
- Pertinence
- Clinical Vigilance
- Situation Awareness
- Patient-centered
- Deviation and Pattern recognition
- Link and chunk data
- Creates baselines for comparisons
- Finds and leverages resources

Interpreting
- Prioritizing relevant data
- RN Stacking
- Sound clinical reasoning

Responding
- Supportive
- Compliant
- Inter-collaborative, interpersonal, and intra-personal communication
- Informed decision making
- Focused adherence

Reflecting
- Autonomous self evaluation
- Ongoing improvement

Statement of Problem During ILR
A paucity of medication error research is available that examines the nurse’s clinical judgment and reasoning abilities. Cognitive strategies must be identified that the nurse can use to facilitate safe medication administration.

Integrated Literature Search (ILR)
- 324 Total articles reviewed for key terms
- 239 Total abstracts reviewed for JHNEBP for levels I-V
- 189 Total full articles read for JHNEBP for levels I-V
- 20 Total articles included
- 85 Excluded: did not meet inclusion criteria
- 50 Excluded at abstract review
- 169 Excluded at full article review

New Conceptual Model: The Tang Model

Conclusion
1. A gap of knowledge remains in evidenced-based cognitive strategies for safe medication administration.
2. The Tang Model could be employed with high fidelity simulation scenarios for testing during medication administration.
3. The Tang Model could be used when the nurse activates the “10 Rights of Medication Administration” in patient care.