Contents

- 1 MedicationAdministration
  - 1.1 Owning committee name
  - 1.2 Interested Work Groups
  - 1.3 FHIR Resource Development Project Insight ID
  - 1.4 Scope of coverage
  - 1.5 RIM scope
  - 1.6 Resource appropriateness
  - 1.7 Expected implementations
  - 1.8 Content sources
  - 1.9 Example Scenarios
  - 1.10 Resource Relationships
  - 1.11 Timelines
  - 1.12 gForge Users
  - 1.13 Issues
MedicationAdministration

Owning committee name

Pharmacy

Interested Work Groups

- PHER (Immunizations)
- Patient Care

FHIR Resource Development Project Insight ID

855

Scope of coverage

Administration of Medicines to Humans across All Healthcare Disciplines in All Care Settings and All Regions.

The scope of "Medicines" is as defined by the medicines resource and at its simplest can be taken to be an identified product. This allows very broad interpretation and can cover non-prescribed medication, herbal products, diet supplements, illicit drugs, and even some products that may be classified as devices. The key distinguishing characteristic is that the product is consumed during the process of MedicationAdministration and cannot be reused.

An administration of a medicine may be a single event or may be a series of events over a period of time. As such it is the end point of a process of:

- prescription or ordering
- dispensing or supply
- administration or consumption

Separate resources have been created for MedicationPrescription and MedicationDispense.

MedicationAdministration should not be used to record reports that a patient is taking or has taken a particular medicine. Use the MedicationStatement resource for this.

RIM scope

medicationAdministration corresponds to the RIM Act of Substance Administration (SBADM) as constrained in the Pharmacy Domain model PORX_ST040110UV

Resource appropriateness

Administration is one of the three core steps of use of medicines, the other two being Prescription (or Order) and Dispensing (or Supply). In many settings the three steps are performed by separate people, and are frequently recorded by separate software systems. Administration records are a core part of knowing what medication a patient has actually taken - having a standard format for this is essential. There is a well established set of attributes that are always required. The pharmacy group spent some time discussing the extent to which the attributes for Prescription, Dispensing and Administration overlapped and came to the conclusion that there is a need to express these attributes as part of distinct resources, not as part of some more abstract "Medicines Processing" resource.

Expected implementations

This is a key resource required by almost all Healthcare systems. As such it is key for any system scoped by CCDA.

Content sources

- Existing normative V3 Pharmacy RMIMs
- HL7 v2 specifications
- Existing specifications in Canada, The Netherlands and UK
- NCPDP specifications
- Developing specifications in Australia
- Some commercial systems

Example Scenarios

- A nurse recording that a specific administration of an ordered medication has been performed
- A patient records that they have taken a dose of a prescribed medication
Resource Relationships

MedicationAdministration is one of a set of three (along with MedicationPrescription and MedicationDispense) that describe the normal business lifecycle for point of care systems dealing with Medication. EHR systems typically additionally require the closely related MedicationStatement resource to be able to complete a full record. The business lifecycle will frequently be managed by the Order resource. MedicationAdministration will frequently be referred to by a CarePlan resource.

The actual medication (drug) itself is recorded using a medication resource and is referenced by this resource

Timelines

Ready for second ballot September 2013

gForge Users

hugh_glover, Jean-Henri Duteau

Issues

• Do we want to specifically exclude radiation here? If so, should that be a parallel set of resources (one for administration, one for order) or should it be handled somehow via Procedure?
• The definition of introducing devices could be interpreted to include things like implanting a pacemaker or a knee replacement or something - clearly intended to be handled via Procedure. The scope needs to be clarified so it's very clear what's covered by Procedure vs. Immunization vs. MedicationAdministration.
• Need a scope boundary defined between this and Immunization
• Could use better clarification of the difference between this and MedicationStatement - what about "report" makes MedicationAdministration inappropriate? I'd expect the scope to somehow bound to a single instance/occurrence of an administration, which I think is the biggest difference between this and Medication Statement
• While will MedicationAdministration frequently be referred to by CarePlan? It seems a little granular. Prescription seems more likely.