

**EVOLUTION OF NURSING RESPONSIBILITIES REGARDING DRUGS** In the past, a nurse's responsibility regarding medications focused on the Five Rights of Drug Administration (the Rights)—namely, give the right drug to the right patient in the right dose by the right route at the right time. Consequently, in addition to the limited information needed to administer drugs in accordance with the Rights, you must acquire a broad base of pharmacologic knowledge so as to contribute fully to achieving the therapeutic objective. However, although these basics are vital, much more is required to achieve the therapeutic objective. Put another way, although both the nurse and the pitcher have a clear obligation to deliver their objects in the most appropriate fashion, proper delivery is only the beginning of their responsibilities: Important events will take place after the object is delivered, and these must be responded to. Like the pitcher, the nurse can respond rapidly and effectively only by anticipating what the possible reactions to the drug might be. To anticipate possible reactions, both the nurse and the pitcher require certain kinds of knowledge. For example, the prescriber may overlook potential drug interactions, or may be unaware of alterations in the patient's status that would prohibit use of a particular drug, or may select the correct drug but may order an inappropriate dosage or route of administration. It is ethically and legally unacceptable for you to administer a drug that is harmful to the patient—even though the medication has been prescribed by a licensed prescriber and dispensed by a licensed pharmacist. Nurses, together with healthcare providers and pharmacists, participate in a system of checks and balances designed to promote beneficial effects and minimize harm. More recently, various other rights—right assessment, right documentation, right evaluation, the patient's rights to education, and the patient's right of refusal—have been recommended for inclusion. To observe and evaluate drug responses, and to intervene rapidly and appropriately, you must know in advance the responses that a medication is likely to elicit. Correct administration, without additional interventions, cannot ensure that treatment will result in maximum benefit and minimum harm. The limitations of the Rights can be illustrated with this analogy: The nurse who sees his or her responsibility as being complete after correct drug administration would be like a major league baseball pitcher who felt that his responsibility was over once he had thrown the ball toward the batter. The application of pharmacology in patient care and patient education is considered in the following two sections.