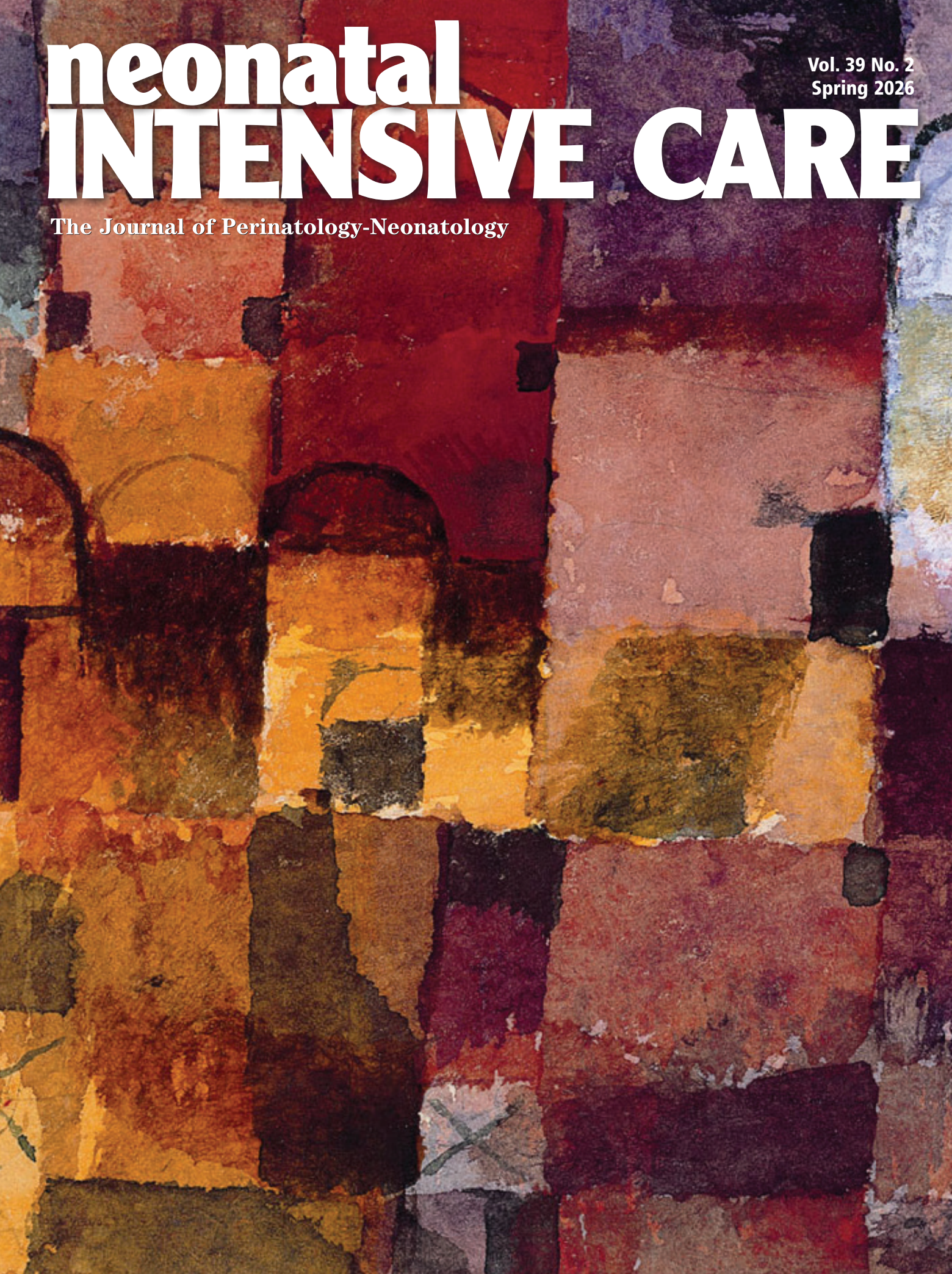
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Improper Medication Is Dangerous—Improper Education Can Be Too: Why the Seven Rights Belong in Family Teaching

Education That Protects, Not Just Informs

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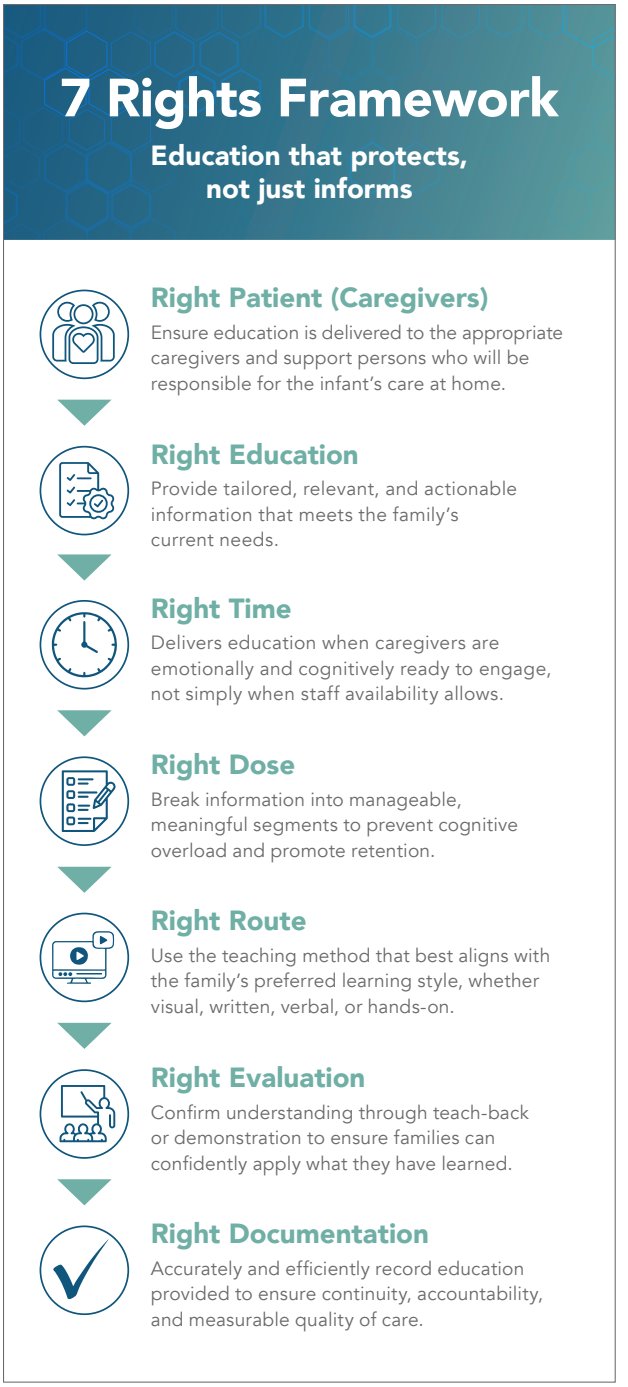
Early in their education, nurses are taught the *Five Rights of Medication Administration*: right patient, right medication, right dose, right time, and right route. This framework is simple, memorable, and deeply ingrained in nursing culture. What if we leveraged this same familiar model to rethink how we deliver education to patients and their families, particularly in high-stress environments?

Education is not a single event. It is layered, emotional, and often delivered under less-than-ideal circumstances. Families are overwhelmed, sleep-deprived, and navigating fear while being asked to absorb complex medical information. In high-acuity environments like the NICU, education is not simply informational; *it is foundational to safety.*

When misunderstood, education can be just as dangerous as improper medication administration. We would never administer a medication without following a standardized safety framework. Yet education, which directly impacts adherence, follow-up, and outcomes, can be delivered inconsistently, at variable times, and without confirmation of understanding.

With its unique requirements, education must be dynamic and personalized to meet families where they are, while also standardized enough to reduce variability and streamline messaging across the care team. Without structure, up to 80% of key information is forgotten, misremembered, or inconsistently reinforced.

A practical and powerful solution is to apply an established clinical framework we already trust: the Five Rights of Medication Administration. By intentionally extending the Five Rights, we create a structured yet flexible approach that promotes comprehension, builds confidence, strengthens continuity of care, and treats education with the same intentionality, consistency, and safety as medication.



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The First Right: The Right Patient (and Caregivers)

Education should be delivered to the *right audience*. In neonatal care, this means ensuring that the appropriate caregivers are present and engaged for teaching.

For example, an infant may require gavage feedings at home, yet only one parent is at the bedside when education is offered. Recognizing that not all stakeholders are present should prompt us to pause and consider whether teaching should wait until everyone responsible for care is together.

It is equally important to ask families directly: *"Would you like anyone else present for teaching?"* Many families rely on extended support systems such as grandparents, partners, or other caregivers, who all play a significant role once the infant goes home. Respecting cultural norms, family dynamics, and personal preferences around who participates in education helps ensure consistency and shared understanding across the caregiving team.

The Second Right: The Right Education

Not all education is relevant to every family, and more education is not always better.

Providing ten handouts and an hour-long demonstration may satisfy a checklist, but it rarely serves families well. Research consistently shows that attention spans, especially when under stress, are limited. Families often have a short window of intense focus, and our responsibility is to use that time wisely.

Overloading parents with information can unintentionally increase fear and self-doubt. Thoughts like *"This is too much—I'll never get it right"* can overshadow what should be empowering education. Instead, teaching should be tailored, actionable, and immediately applicable to the family's current needs.

A helpful guiding principle is this: *give families what they need today, not everything you know*. Education is cumulative and should be delivered in intentional, manageable layers.

The Third Right: The Right Time

Even the best education will fail if delivered at the wrong time.

Families may rush through teaching simply to "*get it done*," without realizing its future importance. Education should *not* be provided when caregivers are distracted, multitasking, or emotionally preoccupied. For instance, teaching immediately before a feeding is rarely effective, as families are understandably focused on feeding and bonding with their infant.

As bedside nurses, many of us recognize a hard truth: education often occurs when we have time, not when it is ideal for families. While this reality is shaped by workload and staffing constraints, it highlights the need to rethink how and when education is delivered.

This is where technology becomes a critical ally. By leveraging digital platforms, we can provide education asynchronously and remotely, allowing families to engage when they are most receptive, rather than only when staff availability allows.

The Fourth Right: The Right Dose

Is this the right *amount* of education?

Stress and anxiety significantly limit information processing. While families are highly motivated to do what is best for their baby, excessive education can be counterproductive. Cognitive overload makes it difficult to retain and apply information.

The familiar saying applies here: *the only way to eat an elephant is one bite at a time*. Education should be broken into small, meaningful pieces that families can internalize, practice, and master before moving on to the next concept.

The Fifth Right: The Right Route

Education must be delivered through the right *method*.

Families learn in different ways. Some are visual learners, others prefer written materials, videos, audio instruction, or hands-on demonstrations. Simply asking, *"How do you learn best?"* can dramatically improve engagement and retention.

By matching educational delivery to learning style, we respect family preferences and increase the likelihood that information will be understood and used correctly at home.

Expanding the Framework: From Five Rights to Seven

Many clinicians argue that the traditional Five Rights of Medication Administration are incomplete without two additional components: evaluation and documentation. Safe medication practice does not end at delivery; it requires assessing the patient's response and formally recording what was administered.

Those same principles apply to education. If we are extending the Five Rights to guide how we deliver information, we must also extend the expectation of evaluation and documentation.

The Sixth Right: The Right Evaluation and Assessment

Education is incomplete without assessing understanding.

While brief quizzes can be helpful, the time-tested *teach-back* method remains one of the most effective tools. Asking families to demonstrate or explain what they have learned reinforces comprehension and highlights gaps that need clarification.

This approach follows the principle of *"see one, do one, teach one,"* ensuring that families are not just passive recipients of information but confident, capable caregivers.

The Seventh Right: The Right Documentation

Finally, education requires accurate and efficient documentation. Nurses know the saying well: *if it isn't charted, it didn't happen*.

Nurses are no strangers to charting, and education is often the last thing documented. After a hectic 12-hour shift, charting that a family learned how to use a bulb syringe can easily be overshadowed by more urgent documentation demands.

Yet education happens constantly. Every care time and every conversation in the NICU includes teaching. Expecting nurses to manually chart all of this is *unrealistic and unsustainable*.

Once again, technology offers a solution. Automating education delivery and documentation can reduce staff burden, improve compliance, and ensure consistency. By streamlining charting and enabling auto-documentation, nurses gain back valuable time for what matters most: hands-on patient care and meaningful bedside education.

Beyond the NICU: A Universal Teaching Framework

While deeply relevant to neonatal care, this framework extends far beyond the NICU and even beyond healthcare. Delivering the right education, to the right audience, at the right time, in the right dose, through the right route establishes a strong foundation for any effective teaching process. Adding evaluation and documentation elevates education from a task to a measurable, high-quality intervention.

There is a growing imperative to standardize education so families receive consistent, accurate information while still allowing for personalization based on culture, preferences, and learning style. Families in the NICU experience significant stress, and we have a professional obligation to ensure that education is health-literate, validated, and respectful. Healthy People 2030 reinforces this responsibility, shifting the definition of health literacy to emphasize the role of organizations, not just individuals, in ensuring understanding.

This approach also aligns with the NPN Baby's Bill of Rights, which affirms that every infant and family deserves compassionate, developmentally appropriate, family-centered care, including education that prepares them for life beyond the $NICU_3$. Applying the expanded Five Rights framework honors that commitment by ensuring families receive information they can truly understand and use. Standardizing how we approach education while personalizing how it is delivered promotes equity, strengthens confidence, and supports safer transitions home.

Technology plays a critical role in making this level of consistency and personalization sustainable. Platforms such as NICU2Home from AngelEye Health are designed to operationalize the Seven Rights in a standardized way while reducing staff workload. It delivers ~800 NICU-specific, clinically reviewed resources in 70+ languages, beginning at admission and extending through the first year of life. With dynamic content delivery, progress tracking, secure two-way messaging, and discharge checklist functionality, NICU2Home standardizes education, reduces staff workload, and drives measurable improvements in safety and family outcomes.

Innovation is not always about creating something new. Often, it is about applying what we already trust with greater intention. When we reframe education from a task to a safety intervention, we don't just change the trajectory of care; we also safeguard families long after they leave the hospital.

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