

SUBJECT: ANTICOAGULATION MONITORING BY PHARMACY	REFERENCE #1114
DEPARTMENT: PHARMACY	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

DEFINITION:

- Every patient receiving Anticoagulation Therapy shall be entered into the Anticoagulation Therapy Monitoring Program. Anticoagulation Therapy includes:
 - Warfarin (coumadin) - oral
 - Heparin - IV or subcutaneous injection
 - Low-molecular weight heparin - subcutaneous injection

POLICY:

- The Pharmacy and Therapeutics Committee, in coordination with the medical staff, shall develop and implement anticoagulant therapy protocols based on the most current guidelines and literature available:
 - The Anticoagulation Therapy Management Program multidisciplinary team shall evaluate the literature for new evidence-based practices and technologies that have been proven to be effective in reducing antithrombotic errors and improving patient outcomes. New practices and technologies shall be applied to the organization's anticoagulation therapy protocols as applicable.
- Anticoagulation therapy protocols state that:
 - The initiation of therapy is based on individual patient parameters
 - A baseline INR shall be obtained for all patients started on warfarin and for all patients already receiving warfarin upon admission

Note: Pharmacy shall not dispense anticoagulant medication without a current INR in place

 - A current INR shall be available, and used to monitor and adjust therapy
 - Therapy is modified based on monitoring the patient's response and Clinical Laboratory results. as evaluated by the Pharmacist

SUBJECT: AUTOMATED DISPENSING MACHINES - CONTROLLED SUBSTANCES	REFERENCE #1309
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DEPARTMENT: PHARMACY	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- The purchase, storage, distribution and accounting of controlled drugs will be done in accordance with all federal and state laws and standards of professional practice, to maintain optimal quality control over these high-risk substances and to prevent diversion. The Pharmacy Department is responsible for compliance with this policy. (See Controlled Drug Distribution policy and procedure.)
- A transaction record for all controlled substances in schedules II, III and IV will be maintained by the hospital. All schedule class II, III and IV drugs are dispensed as floor stock. All controlled drug records will be maintained for the period required by law and be readily retrievable.
 - A perpetual inventory record of all schedule class II drugs stored in the main Pharmacy Department will be maintained.
 - When controlled drugs in schedules II, III and IV are transferred outside of the main Pharmacy, a record will be made on the controlled substance request form, which is serially numbered.
 - Each dispensing and each drug administration transaction will be recorded separately; therefore, there should be two (2) transaction records for each dose given to a patient. If the nurse retrieves the dose from the controlled drug stock inventory in the automated dispensing machine, the record of dispensing will be made on the automated dispensing machine computer system and/or on the perpetual inventory record. The dose administered will also be recorded by the nurse on the patient's medication administration record (MAR). Documentation includes patient's name, date, time, amount of medication removed, remaining balance and the signature of the staff member removing the medication.
 - The automatic dispensing system will prompt the user to complete an inventory count and enter the number when a controlled substance is removed. If the count is incorrect per the system, the user will be prompted to perform a recount. If the recount remains incorrect, a discrepancy is created and is communicated to the Pharmacy Department.
 - Controlled substance discrepancies will be reported to the Charge Nurse immediately.

SUBJECT: PRESCRIBING/ORDERING - GENERAL PRACTICES	REFERENCE #1602
DEPARTMENT: PHARMACY	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- _____ Hospital shall develop, implement and maintain policies and procedures to support the ordering of care, treatment and services for all patients.
- _____ Hospital staff shall provide care, treatment and services using the most current patient orders.

PROCEDURE:

- All orders for medication and treatment must be documented in the patient’s medical record, signed by the patient’s licensed independent practitioner and be legible.
 - The prescribing practitioner will be contacted for clarification of any orders staff members feel are not legible.
 - Any orders requiring clarification due to legibility will be referred to the Information Management/Medical Records Committee for performance improvement activities.
- Abbreviation:
 - Medication orders shall contain only abbreviations and symbols, which have been approved by the medical staff. A list of these abbreviations is included with the formulary.
 - Medication orders shall not contain abbreviations and symbols included on the medical staff approved “unacceptable medication abbreviation/ symbols/dose designation list”.
- Definitions: When used with medication orders:
 - “Hold” means discontinue a medication for a period of time. An order to “hold” a medication is permissible and generally reflects the prescriber’s intent to have the patient cease receiving the medication for a period of time with the understanding that the medication has a high likelihood of being reinstated pursuant to the original order. However, any medication ordered as a “hold” may be formally discontinued by the prescriber.
 - A medication ordered as “hold” will not be dispensed by the Pharmacy and will not be administered by nursing or other staff approved to administer medications. The patient should not receive the medication as long as that medication’s hold order remains in effect.

SUBJECT: PHARMACIST ORDER VERIFICATION	REFERENCE #1702
DEPARTMENT: PHARMACY	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The Pharmacist will review each prescription or order for medication before administration.
- Exception is made for situations in which a licensed independent practitioner (LIP) with appropriate clinical privileges controls ordering, preparation and administration of the medication, as in endoscopy or cardiac catheterization laboratories, surgery, during cardiorespiratory arrest or in the Emergency Department.
- Exceptions also include urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status.
- When questions arise the prescriber will be contacted for clarification.

PROCEDURE:

- A direct copy of the order is provided to Pharmacy Department personnel immediately after it is written. The Pharmacy Technician will encode the prescription into the computer and the order is placed in an unconfirmed status.
- The Pharmacist reviews the encoded prescription and if appropriate will confirm the order. The Pharmacist will review all medication prescriptions for:
 - The appropriateness of the drug
 - The appropriateness of the dose
 - The appropriateness of the route of administration
 - The appropriateness of the frequency
 - Real or potential allergies/sensitivities
 - Real or potential interactions between the medication ordered and other medications and food the patient is currently taking
 - Therapeutic overlap
 - Drug interaction and incompatibilities

SUBJECT: PROGRAMMABLE PUMPS FOR THE ADMINISTRATION OF CONTINUOUS IV HEPARIN	REFERENCE #2409
	PAGE: 1
DEPARTMENT: ORGANIZATIONWIDE	OF: 3
	EFFECTIVE:
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POLICY:

- Nursing staff shall use programmable infusion pumps, or Smart Infusion Pumps, whenever antithrombotics (including platelet inhibitors) are administered intravenously and continuously to a patient.
- Infusion pumps used for infusion of antithrombotics shall have functionality to intercept and prevent wrong dose/wrong infusion rate errors related to misprogramming of the pump, miscalculation or inaccurately prescribed medication.
- When multiple parenteral infusions are being administered, the distal ends of all tubing (and the pump channels, if multiple-channel pumps are used) shall be clearly and boldly labeled to prevent line mix-ups.
- It is the policy of this institution to assure that all clinical alarms and medical equipment alarm systems utilized for patient care are properly operational and alarms are activated when the appropriate settings are in use.

PROCEDURE:

- Patient care staff will perform routine testing of clinical alarms prior to use of medical equipment/devices on the patient population:
 - Patient care staff will manually set off alarms during operational assessment of all medical devices/equipment to assure proper functioning of the equipment and associated alarms prior to use on the patient.
 - An environmental assessment of the alarm will be performed to assure the alarm can be heard within an appropriate distance and with competing noise within the unit where the medical device/equipment is being used. The environmental assessment will include assurance that any visual aspects of the alarm system are working properly when activated.
- Patient care staff will verify and reset, if necessary, the alarm parameters at the beginning of each shift, when the nurse returns from break(s) and when the patient is turned or moved:
 - Alarm parameters are patient-specific. Parameters should be set at 5-10% above and below expected rate.