

SUBJECT: ANTICOAGULATION MONITORING BY PHARMACY	REFERENCE #1112
DEPARTMENT: PHARMACY	PAGE: 1 OF: 3
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
 - Baseline coagulation shall be assessed for all patients before they are started on warfarin and for all patients already receiving warfarin upon admission

Note: Pharmacy shall not dispense anticoagulant medication without a current INR in the medical record.

 - 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
 - Reports of INRs greater than three (3) and episodes of vitamin K administration shall be considered as possible indicators of warfarin-associated adverse drug events. Immediate steps shall be taken to address these events.

SUBJECT: AUTOMATED DISPENSING MACHINES - CONTROLLED SUBSTANCES	REFERENCE #3009
	PAGE: 1 OF: 3
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: TELEPHONE, VERBAL AND WRITTEN ORDERS FOR MEDICATION	REFERENCE #4004
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Verbal and telephone orders are allowed; however, in an effort to reduce medication errors, the use of these types of orders is discouraged. The medical staff is educated on a continual basis to make all attempts to minimize the use of verbal and telephone orders. _____ Hospital shall never allow verbal or telephone orders for the purposes of medical staff practitioners' convenience only. Whenever possible and practicable, all members of the medical staff with privileges and approval to prescribe medication, will do so by physically entering an order in the patient's medical record or on a Pharmacy prescription pad.
- Telephone and verbal orders for administration of medications may be received and recorded by pharmacists and other licensed staff lawfully authorized to administer drugs. Such orders prescribed verbally or by telephone, are to be issued in the best interest of the patient and, therefore, will be kept to a minimum. Telephone and verbal orders for medication may be prescribed in the following instances:
 - The prescribing practitioner has determined that the patient is in need of medication within a specific time period and he/she is unable to physically write the order in the patient's medical record due to his/her physical location. To delay administration of the medication would not be in the best interest of the patient's plan of care and treatment, therefore, expedient ordering and administration of the medication is necessary.
 - The prescribing practitioner has determined that the patient is in need of medication in an urgent or emergent situation, with verbal/telephone communication presenting the swiftest method of accomplishing the order.

PROCEDURE:

- Orders given verbally or by telephone for medications and their administration shall be filled only when given by a qualified physician, surgeon, dentist, podiatrist or other person duly licensed or authorized to prescribe by the State of _____ and who has been approved as a member of the medical staff of this hospital. All verbal/telephone orders of medication shall be transcribed in writing into the medical record of the patient or, if appropriate, on a prescription form if taken by a Pharmacist.

SUBJECT: PHARMACIST ORDER VERIFICATION	REFERENCE #5002
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 3
	EFFECTIVE:
APPROVED BY:	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 staff 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: INFUSION PUMPS - EQUIPMENT INSPECTION, CARE AND MAINTENANCE	REFERENCE #6017
	PAGE: 1 OF: 5
DEPARTMENT: HOSPITALWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To ensure that medical equipment used for patient care is clean, functional, safe, available and properly inventoried.

POLICY:

- _____ Hospital shall limit the number of different model-type infusion pumps used within the facility
- Infusion pumps for patient use are electrical with battery operation back-up support. The infusion pumps are computerized which allows the delivery of specific doses of medications as ordered by the patient’s licensed independent practitioner. All infusion pumps utilized in the facility will have free-flow alarm systems and dose-registration locking devices.
- These protocols are to be followed when cleaning and checking the unit:
 - General care:
 - The pump case exterior and cartridge channel shall be kept clean and free of contamination
 - Pumps shall be cleaned between each patient use
 - To avoid mechanical or electronic damage, do not immerse the pump in any fluids or cleaning solutions.
 - Never use sharp objects, i.e., pens, pencils, fingernails, paper clips, needles, to clean the pump.
 - Activities to be performed in the decontamination room:
 - Remove any tape from machine, used tubing, etc., and discard in the appropriate biohazard waste container
 - Review and follow manufacturer’s instructions for decontamination
 - ◆ Manufacturer’s instructions are attached to the piece of equipment or the equipment container.