

<b>Name of Policy:</b> <u>Medication Management</u> <b>Policy Number:</b> 3364-100-70-10 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Chief of Staff <b>Responsible Agent:</b> Director of Pharmacy <b>Scope:</b> The University of Toledo Medical Center and its Medical Staff	 <p><b>Effective Date:</b> 01/24/2024  <b>Initial Effective Date:</b> July 12, 2000</p>
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Medication orders must be clear, complete, and non-ambiguous.

**(B) Purpose of Policy**

To support safe medication prescription and ordering procedures.

**(C) Procedure**

1. Prior to prescribing , dispensing or administering a medication the licensed practitioner responsible for Medication Management must have the following information available to them:
  - a. Two patient identifiers as outlined by hospital policy
  - b. Age
  - c. Sex
  - d. Diagnosis, Comorbidities or problem
  - e. Allergies or sensitivities
  - f. Laboratory Information
  - g. If appropriate to patient: height, weight, pregnancy and lactation status
  
2. Medication Orders must contain the following information
  - a. Name of drug
  - b. Strength and dose
  - c. Directions for use
  - d. Route of administration
  - e. Dated and timed
  - f. Documented diagnosis or indication for use for prn medications
  - g. Positive ID for the prescriber.
  - h. Duration of therapy if applicable
  
3. Types of Medication Orders
  - a. PRN- PRN order must include indication for use and if multiple drugs are written for one indication the order must indicate the criteria to use for each drug. Ex. Tylenol 325mg 1 tablet Q4h PRN mild pain.
  - b. Standing Orders- Standing orders are allowed only in the following situations:
    - a. Emergency situation when the services of a prescriber authorized by the revised code to prescribe dangerous drugs as part of their professional practice are not immediately available
    - b. The administration of biologicals or vaccines to individuals for the purpose of preventing diseases
    - c. The administration of vitamin K for prevention of vitamin K deficient bleeding in newborns
    - d. The administration of erythromycin for prevention of ophthalmia neonatorum

- c. Automatic Stop Order - All orders have an automatic stop date. The standard stop date is 99 days, however medication labeling, The Pharmacy and Therapeutics Committee, and hospital policy and procedures may restrict classes or drugs to shorter durations.
- d. Titrating Orders-
  - a. Requirements for all titratable infusion orders:

CMS requirements	Joint Commission requirements
Drug Name	Medication name
Dose	Initial dose or rate Incremental units which rate or dose can be increased or decreased Maximum dose or rate
Route	Medication route
Frequency	Frequency of titration
Dose calculations requirements	Alternative for dose if order is expressed in dosing unit/weight unit/time (also could be utilized to support measurable end point)
Exact strength of concentration (if applicable)	Exact concentration only necessary if order is written to infuse at a rate
Quantity/duration (if applicable)	See (d) above
Specialty instructions	Objective clinical measure to be used to guide changes

- b. In critical care/procedural settings only, for titrated vasoactive (including inotropes) medications, titrated pain infusions, and titrated sedative agents, the nurse may select between the ordered agents based on the patient’s condition and unique physiological response if ALL of the following criteria are met:
      - 1. An order exists for the medication that is written in accordance with UTMC’s medication order policy
      - 2. Competency is complete and documented
      - 3. The nurse must stay within the defined parameters of the order
    - c. In critical care/procedural settings only, for titrated vasoactive (including inotropes) medications, titrated pain infusions, and titrated sedative agents, the lowest effective dose achieving the stated objective clinical measure will be utilized.
- e. Taper Ordering- Follow the same requirements as Medication Orders (#2 above) but must also include duration.
- f. Range Orders- Range orders are not permitted without clear, specific instructions for each dose.
- g. Compounded Orders- Orders must contain Ingredients to be compounded, quantity of each written in the metric system unless specifically approved by Pharmacy and Therapeutics as a standard University of Toledo Medical Center formulation. Appropriate literature must be available indicating compatibility and beyond use dating. A standard compounding formula will be maintained.
- h. Devices (for example, Nebulizers and catheters)- Same as Medication Orders (#2 Above). Excluding drug, strength and dose as appropriate.
- i. Investigation Drugs- Refer to Procedure IPP-03
- j. Herbal Medication- Same as Medication Orders (#2 Above). Product must be on formulary
- k. Discharge Medications- Discharge Medications will be written in a manner compliant with the Ohio Revised Code (ORC). The physician or designee will review list with patient prior to discharge.
- l. Verbal Orders- Follow Documentation Standards Policy 3364-87-42

- m. Unapproved Abbreviations- The use of an unapproved abbreviation will invalidate medication order. Approved abbreviations are available in Dorland's Dictionary of Medical Acronyms and Abbreviations, as approved by the Pharmacy & Therapeutics Committee. Unapproved abbreviations include, but are not limited to:
    - a. U, u
    - b. Q.D., QD, q.d., qd
    - c. Q.O.D., QOD, q.o.d., qod
    - d. MS
    - e. MSO<sub>4</sub>
    - f. MgSO<sub>4</sub>
    - g. Trailing zero (e.g. X.0 mg)
    - h. Lack of leading zero (e.g. .X mg)
  - n. Anti-Neoplastics- Follow Hospital Policy 3364-100-70-07
4. The Electronic Health Record is the preferred mechanism for ordering medications, exceptions are on a case by case scenario where approved by the Medical Records Committee.
  5. When written orders are utilized, medication orders and physician signatures should be written legibly
  6. All drug strengths and volumes should be written in the metric system.
  7. Include leading zeroes in front of a decimal point (example: 0.5 mg)
  8. Avoid trailing zeros after a decimal point (example: 1.0 mg).
  9. Pediatric dose calculations will be weight based when clinically appropriate.
  10. Recalled medications: when appropriate, physician will discuss with the patient the risk of having received a recalled medication.

Nurses:

1. The RN shall clarify any medication order that the nurse believes, or should have reason to believe, is:
  - ◆ Illegible
  - ◆ Harmful, or potentially harmful to a patient
  - ◆ Not current or valid
  - ◆ Inaccurate
  - ◆ Contraindicated by other information
2. The nurse shall adhere to Nursing Service Policy 3364-110-05-03 on Administration of Medications.
3. When multiple medications are ordered for the same indication such as pain; qualifiers must be provided to indicate medication selection. If discovered to be absent, the nurse must clarify with the physician.
4. When multiple medications are ordered for the same indication such as pain, the nurse may administer a **less potent** prescribed medication based on patient request or preference, and must document that the patient requested medication outside of current qualifiers on order. Example: if a patient has active orders for acetaminophen 650 mg prn for mild pain score of 1-3 and oxycodone 5 mg prn for moderate pain score of 4-7, and the patient reports a pain score of 7, but requests to have acetaminophen because oxycodone "makes me dizzy", it would be appropriate to administer acetaminophen based on patient preference.

Pharmacists:

1. The pharmacist shall clarify any medication order that is not legible, clear, complete, and non-ambiguous. Pharmacists will adhere to pharmacy department policies, Policy 3364-133-17, regarding safe medication dispensing.
2. Therapeutic duplication:
  - a. All pharmacists may discontinue exact duplications of orders in the medical record:

- b. If the clinical picture is unclear, the pharmacist will clarify therapeutic duplicate orders with the prescribing physician per policy.
- c. If both orders are intended for the same prn indication: designation of priority or directions to give both medications must be noted in the order

<p><b>Approved by:</b></p> <p>/s/ _____ Date _____          Lindsey Eitnrear, PharmD, BCPS, AAHIVP          Director of Pharmacy</p> <p>/s/ _____ Date _____          Puneet Sindhvani, MD          Chief of Staff</p> <p><i>Review/Revision Completed By:</i>          HAS          Chief of Staff</p>	<p><b>Review/Revision Date:</b></p> <p>4/10/02                      10/11/2023          4/29/05          7/13/05          8/10/05          2/27/08          4/27/2011          5/2014          4/2015          6/2017          8/2017          5/2019          2/2020          6/2020          10/5/20</p> <hr/> <p><b>Next Review Date:</b> 10/2026</p>
<p><b>Policies Superseded by This Policy:</b></p>	