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| Name of Policy: Medication Management & Responsibility Policy Number: 3364-100-70-10 Approving Officer: Chief of Staff Responsible Agent: Administrative Director of Pharmacy Services Scope: The University of Toledo Medical Center (UTMC) and its Medical Staff | |  Effective date: Original effective date: 7/12/2000 | |
| Key words: Medication management, Prescribe, Dispense, Order, Prescription | | | |
| <input type="checkbox"/> | New policy proposal | <input checked="" type="checkbox"/> | Minor/technical revision of existing policy |
| <input type="checkbox"/> | Major revision of existing policy | <input type="checkbox"/> | Reaffirmation of existing policy |

(A) Policy Statement

Medication orders must be clear, complete, and non-ambiguous. Delineate the licensed practitioner responsible for medication management within all areas of the University of Toledo Medical Center (UTMC). Medication management includes ordering, procurement, dispensing, administration, and patient safety.

(B) Purpose of Policy

To support safe medication prescription and ordering procedures, and safe, effective and efficient distribution of pharmaceuticals within UTMC.

(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 pain score 1-3, mild pain.

- b. Standing Orders- No standing orders are allowed. Standing orders are allowed only in the following situations:

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- 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
- b.d. The administration of erythromycin for prevention of ophthalmia neonatorum

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- e. Hold Orders- Hold orders are not permitted.

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- d.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.

- e. Resume Orders- Use of Resume orders or Resume Preop orders is a non-valid order and will not be acted upon.

- f.d. Titration Orders-

- a. Requirements for all titratable infusion orders:

| CMS requirements | Joint Commission requirements |
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| Drug Name | Medication name |
| Dose | Initial dose or rate Incremental units <u>which rate or dose the rate</u> can be increased or decreased Maximum <u>dose or rate rate (dose) of infusion</u> |
| Route | Medication route |
| Frequency | Frequency of <u>titration incremental rate (dose) adjustment</u> |
| 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 |

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| Specialty instructions | Objective clinical measure endpoint to be used to guide changes |
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- b. In critical care/procedural settings only, for ~~nurse~~-titrated ~~vasoactive (including inotropes) medications, titrated pain infusions, and titrated sedative agents~~ continuous infusions, the nurse may select between ~~the~~ ordered agents of the same indication with a rate adjustment required 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 UTM's medication order policy

2. Competency is complete and documented

3. The nurse must stay within the defined parameters of the order

~~3-4.~~ The lowest effective dose achieving the ordered clinical endpoint will be utilized

~~In critical care/procedural settings only, for nurse-titrated vasoactive (including inotropes) medications, titrated pain infusions, and titrated sedative agents~~ continuous infusions, the lowest effective dose achieving the stated objective clinical ~~measure~~ ordered clinical endpoint will be utilized.

- c. When ranges are present within the incremental rate adjustment instructions of a titratable infusion order, the nurse may select any incremental rate change within the ordered range based on the medication's current rate, the current vital signs, pain score, or sedation assessment (as appropriate based on medication), and/or the patient's previous response to rate changes.

~~g.e.~~ Taper Ordering- Follow the same requirements as Medication Orders (#2 above) but must also include duration.

~~h.f.~~ Range Orders- Range orders are not permitted without clear, specific instructions for each dose, with the exception of incremental rate adjustments as outlined in section 3.d.cd of this policy.

~~i.g.~~ Compounded Orders- Orders must contain ~~i~~ 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.

~~j.h.~~ Devices (for example, ~~n~~ Nebulizers and catheters)- Same as Medication Orders (#2 Above). Excluding drug, strength and dose as appropriate.

~~k.i.~~ Investigational Drugs- Refer to Procedure IPP-03

~~l.j.~~ Herbal Medication- Same as Medication Orders (#2 Above). Product must be on formulary

~~m.k.~~ Discharge Medications- Discharge ~~m~~ 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.

~~n.l.~~ Verbal Orders- Follow Documentation Standards Policy 3364-87-42

~~e.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. MSO₄
- f. MgSO₄
- g. Trailing zero (e.g. X.0 mg)
- h. Lack of leading zero (e.g. .X mg)

~~p.n.~~ Anti-Neoplastics- Follow Hospital Policy 3364-100-70-7 Ordering of Antineoplastic Agents

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 ~~provider~~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~~calculations will be weight based when clinically appropriate.
10. Recalled medications: -when appropriate, ~~provider~~physician will discuss with the patient the risk of having ~~received~~received a recalled medication.

Nurses:

1. The ~~nurse~~RN shall clarify any medication order that the nurse believes, or should have reason to believe, is:

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| <ul style="list-style-type: none"> ♦ Illegible ♦ Harmful, or potentially harmful to a patient ♦ Not current or valid | <ul style="list-style-type: none"> ♦ Inaccurate ♦ Contraindicated by other information |
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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.

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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 Medication Control and Distribution(3-A), regarding safe medication dispensing.
2. Therapeutic duplication:
 - a. All pharmacists may discontinue exact duplications of orders in the medical record.
 - ~~b. Pharmacists who are credentialed and privileged to do so may discontinue non-identical duplicate orders when clinically appropriate by documenting the action in the electronic medical record. Examples include 2 medication in the same pharmacologic mechanism of action or class.~~
 - ~~e-b.~~ If the clinical picture is unclear ~~or the pharmacist is not privileged to do so~~, the pharmacist will clarify therapeutic duplicate orders with the prescribing physician per policy.
 - ~~d-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

Responsibility of Medication Management

The Pharmacy Department has responsibility of medication management within UPMC except in those departments/services that have a delegated physician (licensed independent practitioner) with direct patient attendance. These include but are not limited to:

1. Operating Room and Recovery Room – The Department of Anesthesiology has responsibility for medication utilization within these areas.
2. Radiology and Nuclear Medicine Department - Radiologists are responsible for medication utilization within this area. Their responsibility includes all contrast media and radioisotopes.
3. Emergency Center- The medical staff of the Emergency Department is responsible for medication utilization within this area.
4. Radiation Oncology - Radiation Oncologists are responsible for medication utilization within this area including radioisotopes.
5. Outpatient Clinics in the Medical Center facilities - Providers within each clinic location are responsible for medication administered to and provided to patients. Patient self-administration of home medication is at the discretion of the provider and patient.
6. Endoscopy Procedure Area – Provider conducting the endoscopy will have responsibility.
7. Cardiovascular Laboratory – Provider conducting the procedure will have responsibility.

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| <p>Approved by:</p> <p>_____ Daniel Barbee Chief Executive Officer</p> <p>_____ Date</p> <p>_____ Puneet Sindhvani Chief of Staff</p> <p>_____ Date</p> <p><i>Review/Revision Completed by: HAS, Chief of Staff, Pharmacy</i></p> | <p>Policies Superseded by This Policy: • 3364-100-70-12</p> <p>Initial effective date: 7/12/2000</p> <p>Review/Revision Date:</p> <p>4/10/02 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 10/11/2023</p> <p>Next review date:</p> |
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