

- 6) Date and time orders written
- 7) All drug strengths and volumes must be written utilizing the metric system and should not contain unapproved abbreviations.
- 8) Indications will be provided in "PRN" medication directions of use.
- 9) Ambiguous or unclear physician orders should be clarified prior to dispensing through contact with the physician as per pharmacy procedure 017-IPP.

B. Medication Administration Record

All new medication orders are verified by nursing in the electronic medical record of administration (eMAR)

1) Regularly Scheduled Orders

Regularly scheduled orders are administered by nursing. These orders appear in the eMAR as a result of order entry into the pharmacy computer. Orders will only appear in the Automated Dispensing Cabinet (ADC) profile system after they have been reviewed and verified by a pharmacist.

- 2) PRN Orders All prn orders should have dosage frequencies and qualifications indicated by the physician; e.g. Acetaminophen tablets 325mg every 4 hours prn temperature. The specific dosage hour is based upon when the first dose is administered, the frequency prescribed and the patient's need for the drug.

- 3) Range Orders: Range orders are not allowed.

- 4) Limited Orders (e.g. T.I.D., times 2 doses, Stat, Pre-Op, one time only, etc.)

Stat is defined as an order where there is an immediate critical need for the drug. The order should be filled and delivered within 15 minutes from the time it is ordered. The pharmacy fills the Stat order, the pharmacist prepares, labels and sends the drug to the nursing unit via pneumatic tube immediately if the medication is not available in the automated dispensing cabinet (ADC) The Pharmacy and Therapeutics Committee reviews and designates medications that can be overridden.

Unless otherwise ordered, they are one-time doses and are discontinued in the prescribed manner. If subsequent doses are ordered, the order is continued in the same manner as other drug orders.

3) Tapering Medications

All medications which are tapered will meet the criteria in section 2A and include the duration for each dose reduction or if included the tapering instructions found in the hospitals Standard IV Drip reference.

C. Scheduling

Regularly administered medications are scheduled by the pharmacy utilizing standard medication administration times according to policy 3364-133-70.

D. Transfers

When a patient is transferred from one nursing unit to another, pharmacy automatically is notified via the ADT interface. The patient's profile is automatically updated to show the new location. Forms and drugs on the nursing unit are transferred to the new unit by the nursing department. Drug transfer can be accomplished by removing the patient's medications from the ADC patient specific bin and placing them in a bag. The bag of patient specific medications is transferred with the patient. Upon arrival at the new nursing unit, the meds are placed into the appropriate ADC patient specific bin corresponding

with the patient's room and bed number. The transfer reconciliation may occur on paper or electronically

E. Discontinuing a drug order

The computerized provider order entry (CPOE) system will discontinue medication in the pharmacy system when ordered by the physician. Pharmacy will be notified electronically and review this discontinuation.

"Resume previous orders" is not considered to be a valid order and must be rewritten by the prescriber. Medication names, doses, and frequencies must be specified to resume an order post-operatively.

3. Entering Patient and Drug Orders into the System in Pharmacy

Upon notification by a physician's original order, the pharmacy will process the medication order into the patient's active medication profile. This is accomplished by using one of several routines in the pharmacy computer system.

A. Receiving and Entering Orders

1) Processing the order: Orders may be received electronically or on paper: Regardless of source orders will be reviewed for:

- ❖ Completeness and accuracy. Orders must be legible. Orders that are incomplete will be investigated by the Pharmacist prior to processing
- ❖ Use of unapproved abbreviations
- ❖ Proper dosage and frequency
- ❖ Therapeutic appropriateness as it relates to the patient's current condition and location
- ❖ Existing or potential interactions between the medication and food/medications ordered
- ❖ Current or potential impact as indicated by laboratory values
- ❖ Therapeutic incompatibilities, contraindications, patient drug sensitivities and allergies
- ❖ Duplication of current therapies

B. The drug dispensing record and patient profile is produced as a direct result of order entry into the pharmacy computer system. Once entered all orders are a permanent part of the patient's database. The preservation and storage of these records is described in policy 3364-133-29. Only orders that have been entered or verified by a pharmacist have active status. The patient profile shows all active orders as well as orders that are waiting for verification. All discontinued orders are viewed on the Inactive Medication Profile.

C. Discontinue orders are entered into the computer by using the discontinue medication order option. After that time the medication order moves to the inactive medication profile. Automatic stop-orders and self-terminating meds automatically discontinue when the last scheduled dose has been dispensed.

D. All initial, one time or stat doses are sent to the nursing unit in a dose carrier if not stocked in the ADC. The front of the dose carrier is a labeled with the generic and trade name of the drug, dose, directions and scheduled administration times. The dose carrier label must be initialed by the individual filling and the pharmacist checking it, prior to delivery.

4. Dose Preparation:

- A: Refer to policy 3364-133-75 for automated dispensing cabinet processes
- B: Refer to procedure 034-IPP for MedCarousel processes
- C: Refer to policy 3364-133-99 for cart fill process

A.

5. Administering Medications

- A. The Acudose Medication Station is the automated dispensing cabinet (ADC) utilized in the organization and dispensing of select medications on the Nursing units.
- B. Administration of Medications-medication administration policies are fully described in Nursing policies:
 - 3364-110-5-02
 - 3364-110-5-03
 - 3364-110-5-04
 - 3364-110-5-05
 - 3364-110-5-10

The administration of drugs may only be performed pursuant to a prescriber order approved by the University of Toledo Medical Center Executive Committee. Physicians, registered nurses, and other paraprofessionals as described by Ohio law and good medical practice may administer drugs. A staff member who is not licensed or approved by the proper authority and who does not have the proper training will not be allowed to give medications.

- C. Drug Administration during Therapeutic Treatments- Respiratory and physical therapists may administer drugs during treatments in accordance with Respiratory Care and Rehabilitation Services Policy as described in the guidelines for the use of the computerized Medication Administration Record.
- D. Self-Administration of Drugs. Patients may not self-administer medications, except in specialty units (psychiatry) or for specific medication (e.g. continuous insulin pump), and a written protocol must be part of the unit or nursing policies. In those with self-administration, the medication is never left with the patient but brought by the nurse from the automated dispensing cabinet, whenever possible. The nurse supervises the patient correctly self-administering the medication and then returns the medication and container to the automated dispensing cabinet. The nurse must educate the patient about the following: medication name, type, reason for use, how to administer, anticipated actions, potential side effects, and monitoring the effects of the medication. The nurse must determine that the patient is competent at medication administration before allowing him or her to administer medications.
- E. Home Medications. See Pharmacy procedure 014-IPP. Medications from home not being utilized follow procedure 035-IPP “Disposition of Patient’s Medications from Home”.

6. Recording Doses Administered

ALL DOSES ARE TO BE CHARTED ON THE eMAR using bar-code technology at the time of administration when electronic record is available. Refer to specific clinic and department procedures for areas without eMAR technology.

7. Automatic Stop Orders

All orders will have an automatic stop day of 99 days with the following exceptions.

All orders for anti-infectives will require documentation of indication, drug, dose, and duration. Unless otherwise indicated by the prescriber:

Anti-infectives ordered as “post-operative prophylaxis” will have a maximum duration of 24 hours

- Exceptions: post-op left ventricular assist device implantation will have a maximum of 48 hours
- Exceptions: open fracture prophylaxis will have a maximum of 48 hours (grade I or II) or 72 hours (grade III) from initial injury or 24 hours after successful wound closure (whichever occurs first)
- Exception: “Z-pak Dosing”: azithromycin 500 mg IV/PO x1, then 250 mg IV/PO q24h x 4 days
- Exception: Agents used for the treatment of *Clostridioides (Clostridium) difficile* infections; such agents will be adjusted for a 10 day treatment duration

Anti-infectives ordered as “empiric therapy” will have a maximum duration of 72 hours
Anti-infectives ordered as “definitive/targeted therapy” will have a maximum duration of 5 days
Anti-infectives ordered as “long-term suppressive therapy” will have an automatic stop date of 99 days

Anti-infective order categories are defined as follows:

- A. “Post-operative prophylaxis” – antimicrobials given after a surgical procedure in order to prevent infection
- B. “Empiric therapy” – initial therapy started in the absence of definitive microbiologic pathogen identification
- C. “Targeted/definitive therapy” – therapy targeted to a specific pathogen or definitive disease state after initial diagnostic procedures are complete
- D. “Long-term suppressive therapy” – any antimicrobial therapy intended to be given indefinitely
 - i. Examples of long-term suppressive therapy include antimicrobials given during episodes of prolonged neutropenia (“neutropenia prophylaxis”), after solid organ transplantation (“transplant prophylaxis”), and those given in the presence of foreign devices (“hardware prophylaxis”)

The University of Toledo antibiotic stewardship program monitors compliance and antimicrobial patterns at UTMC.

8. Discharging the Patient

When the patient is discharged, the pharmacy is notified via the ADT interface. A discharge causes all of the patient orders to automatically discontinue.

9. Charging for Medications

General Information-Patients are charged for doses prepared and delivered. All doses returned that can be reissued are credited. All billing is done automatically whenever a dose is dispensed.

10. Sending Drug-Food Interaction and Patient Education Forms for Selected Medications

The pharmacy will generate a listing for the clinical dieticians of adult inpatient receiving medications identified by the clinical pharmacist, dieticians and the Pharmacy and Therapeutics Committee. The Pharmacy will provide education booklets and all in-house patient education for warfarin (Coumadin®) when requested. The Nursing Staff will screen patients appropriate for education.

11. Sample Medications

Drug Samples are not to be used in the inpatient setting. Refer to Hospital Policy No: 3364-101-06-03 for use in the outpatient area.

12. Patient-specific Prescriptions

Patient-specific prescriptions shipped from pharmacy, physician’s office, or brought by patient for administration at UTMC will follow receiving, storage, distribution, and expiration requirements for samples.

13. Acquisition of medications by practitioners from sources other than UTMC

Practitioners are not to bring supplies of medications from other sources, including private clinics, other hospitals, direct from manufacturer, or other sources without the expressed written consent of the medication management process by the director of pharmacy or institutional review board if appropriate.

<p>Approved by:</p> <p><u>/s/</u> <u>05/24/2021</u> Lindsey Eitniew PharmD, BCPS, AAHIVP Director of Pharmacy Date</p> <p><u>/s/</u> <u>05/24/2021</u> Russell Smith Pharm D, MBA, BCPS Chief Pharmacy Officer Review/Revision Completed By: Pharmacy Date</p>	<p>Review/Revision Date:</p> <p>5/83 6/05 11/84 8/07 11/86 12/07 10/87 5/08 2/89 8/08 7/90 7/09 6/93 1/6/11 3/95 9/16/2011 10/96 12/15/2011 4/99 11/1/2012 9/99 12/1/2017 8/00 2/20/2020 2/01 6/15/2020 7/02 10/5/2020 7/04 4/9/2021</p>
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