(A) Policy Statement

Medication ordering, administration, billing and record keeping is in accordance with the following procedures developed by Pharmacy and departments responsible for medication administration.

(B) Purpose of Policy

To establish a safe, economical and efficient drug distribution system at the University of Toledo Medical Center.

(C) Procedure

1. Patients Profile

A. New admissions, transfers and discharges

When a patient is admitted to, transferred from or discharged from a nursing unit, the pharmacy is notified via an interface with the Hospital Admissions Systems (ADT).

B. Preparation of Patient Profile

The pharmacy patient profile is an electronic record and reviewed as orders are received and entered into the pharmacy computer system in real time.

1) Patient Profile Information

Prior to processing a Medication Order the following patient information must be reviewed by the pharmacist:

   a) Name
   b) Age
   c) Sex
   d) Problem or diagnosis
   e) Allergies or sensitivities
   f) Patients diagnosis and comorbidities
   g) Laboratory Information is available through pharmacy-laboratory interface or clinical portal
   h) Current medications
   i) Pregnancy and lactation status if appropriate.
   j) Height and weight will be recorded on each profile.

2. Medication Orders

   A. Initiating Orders

      Orders written or electronic must be complete and require:

      1) Name of drug (generic and/or trade)
      2) Strength
      3) Dose
      4) Directions for use
      5) Route of administration
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 IPP-17 Clarifying a Physician Order

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; 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: Refer to policy 3364-133-97

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 pharmacy 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 tapered will include the duration for each dose reduction or if included the tapering instructions. Weaning of IV drips will occur following the titration orders

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 electronically if needed.

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.

Upon transfers of level or care and post operatively the physician discontinues medications deemed no longer necessary by the physician in the CPOE system and orders any new medications required.

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
   - Therapeutic appropriateness as it relates to the patient's current condition and location
   - Proper dosage and frequency
   - Therapeutic incompatibilities, patient drug sensitivities and allergies
   - Therapeutic duplications
   - Range order will processed following: 3364-133-97
   - Use of unapproved abbreviations

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. Orders to discontinue medications are entered into the computer by using the discontinue medication order option. The medication order then 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 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.

E. Therapeutic duplication is the practice of prescribing multiple medications for the same indication without a clear distinction of when one agent should be administered over another – for example, pain, nausea and vomiting, and constipation. If multiple medications from the same therapeutic class are ordered, each medication must include a specific indication or include criteria for which medication to administer first, second, third, etc.

4. **Dose Preparation:**
   A: Refer to policy 3364-133-75 for automated dispensing cabinet processes
   B: Refer to Pharmacy Procedure IPP-34 Medication Carousel
   C: Refer to Pharmacy Procedure IPP-042 Cartfill Process

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
- 3364-110-5-05
- 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 when an ongoing program is approved by the pharmacy and nursing directors, 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. 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 IPP-014 Home Medications. Medications from home not being utilized follow Pharmacy Procedure IPP-035 “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.

Anti-infectives used for prophylaxis will have a maximum duration of 24 hours except when SCIP data and generally accepted practice varies (i.e. cardiovascular surgery 48 hrs), for empiric therapy maximum duration of 5 days; assess cultures results when available, and for documented infection maximum duration of 7 days; assess patient's clinical status to determine if further therapy needed. Antibiotics may be specified for longer durations when clinical documentation indicates such as endocarditis and osteomyelitis. Only long-term suppressive therapy will not have a maximum duration. The University of Toledo antibiotic stewardship program monitors compliance and antimicrobial patterns at UTMC.
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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 ambulatory area.

12. 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.

Approved by:

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Policies Superseded by This Policy: