

- vi. Initial enrollment witnessing the scan will be done by authorized subject matter experts. Thereafter passwords must be changed per University of Toledo security policy. If an employee forgets their password, they must come to the pharmacy, with a hospital ID badge; where the default password will be assigned temporarily.

2. **ADMISSION/DISCHARGE/TRANSFER (ADT) PATIENT PROFILE INFORMATION** – Patient ADT information travels via interface from the hospital’s mainframe to the Pharmacy computer system to the ADC. In the event of ADT downtime, users may manually enter patients in the ADC.

- Patient last name
- Patient first name
- Patient hospital admission number

If entered correctly the patient account will be updated with ADT interface when it comes across. Patients will remain on the unit’s screen for a designated amount of time to allow for returns and credits.

3. **MEDICATION REMOVAL**

- a. ADC cabinets are divided into Profile Stations and Inventory Stations:
 - i. A pharmacist will prospectively review orders for inventory stations prior to the removal of the medication unless on the approved override list for that ADC location.
 - ii. A Licensed independent practitioner controls the ordering, preparation, and administration in locations with Inventory Stations
 - iii. Inventory Stations include
 1. OR
 2. ORHY
 3. OPS
 4. ENDO
 5. RAD
 6. TRAUMA
- b. Medication that is located, as remote stock must also be charged through the ADC.
- c. The inventory count must be entered when removing any controlled substance.
- d. All controlled substance access will require a mandatory blind count.
- e. If a discrepancy is discovered at the time of withdrawal, the charge nurse shall be notified and the discrepancy should be resolved as soon as possible (See #6 for discrepancy resolution.)

4. **MEDICATION RETURNS** – Intact items removed from the ADC and not administered may be electronically returned to the ADC using the return meds procedure. Non-controlled substances are to be returned to the medication’s bin, NOT the return bin. Controlled substances must be returned to the return bin, not to the medication’s bin if intact. For large controlled substance products such as PCAs the physical product is returned with the receipt to pharmacy from the ADC return. If a controlled substance is not intact, the procedure for wasting must be followed. Intact medications means the plunger has not been moved, nor the needle uncapped. Patients are credited for return medications but not for wasted medications.

5. **WASTING MEDICATION** –

- a. Wasting of controlled substances is documented at the ADC by two nurses.
- b. One nurse wastes the medication and the other nurse serves as a witness to the discard.
- c. The waste may be documented when the medication is removed or at a later time. (For example when a PCA syringe is changed or discontinued, or giving 25mg of meperidine from a 50mg syringe.)
- d. Waste pertains to controlled substances and will be defined as partial doses of medication or dropped or contaminated doses not administered to the patient.
- e. If a syringe has been used or if the plunger has been moved, or any other violation of a syringe’s integrity has occurred, it must be wasted into a sharps container.
- f. Syringes that have not had their integrity compromised may go into the return bin, along with contaminated oral solid dosage forms, open liquids must be wasted.

6. **INVENTORY COUNT** – All medications will be inventoried by Pharmacy personnel during loading refilling of medication.
7. **DISCREPANCY RESOLUTION** –
 - a. The user will be required to verify the count of controlled substances during any transaction accessing the drug.
 - b. A discrepancy occurs when the physical count does not match the count in the ADC. When a discrepancy occurs, resolve the discrepancy with a witness in the ADC and report the discrepancy to the charge nurse.
 - c. The user last accessing the medication will be displayed
 - d. The charge nurse will research and attempt to resolve the discrepancy.
 - e. If the discrepancy cannot be resolved an activity report for that medication will be printed.
 - f. This will provide information concerning the accessing of the drug. A Nurse Manager or their designees must resolve discrepancies before end of shift.
 - g. An occurrence report will be generated for any unresolved discrepancy to be investigated by the campus police department; as well as reported to the State Board of Pharmacy and Drug Enforcement Agency
8. **OVERRIDE MEDICATIONS** –
 - a. A limited number of medications are available via the override selection.
 - b. Override medications are medications needed in an acute, emergent situation in which a delay in medication administration may be harmful or detrimental to the patient. Appendix I
 - c. The UTMC Pharmacy and Therapeutics Committee must approve the override medication formulary at least annually
 - d. Compliance with the profile station override list will be monitored and reported by pharmacy on a quarterly basis verifying the presence of a complete and accurate order.
 - e. Pharmacy will audit narcotic overrides on inventory stations.
9. **PATIENT INFORMATION** - Patient information is sent to the ADC via an interface with the hospital ADT system. Occasionally a patient may not be listed on the unit census when a med is needed. These patients may be entered manually at the ADC. Transfers and discharges are also done automatically via the ADT interface.
10. **ADC INVENTORY & RESTOCKING** –
 - a. Pharmacy will maintain an adequate inventory of all medications and IV solutions in the most ready to use form through routine stocking and par level report notification.
 - b. Medications will be unit-dosed and IV solutions premixed whenever feasible.
 - c. Technicians will prepare the medications for restocking.
 - d. A pharmacist will check the medications and document the check of medications prior to stocking of the ADC unit manually and electronically.
 - e. If a medication displays as not available for the end user, the medication may be accessed from the alternate location or contact the pharmacy for replacement.
 - f. Par levels will be evaluated periodically based on usage reports.
 - g. Changes to inventory and/or par levels will be based on pharmacy analysis of usage reports, refill activity reports, formulary revisions and interdisciplinary collaboration.
11. **PROBLEMS** – All problems that cannot be resolved on the floor should be reported to the Pharmacy Department. If problems cannot be resolved by pharmacy personnel the ADC vendor will be contacted for resolution. Under no circumstances should the ADC be unplugged or moved (except if advised to reboot). This may cause damage to the ADC software.

12. **POWER OUTAGE / EMERGENCY BACKUP PROCEDURES** – The Hospital Building provides essential services and receive emergency power through the hospital generator providing electricity back up to ADC, Medcarousel, and packagers. ADC in other areas are not required during power failure, but may be connected to emergency power if available. Medications can be obtained from the inpatient pharmacy if needed during power failure in these areas. If it becomes necessary to open the ADC manually for medication access, the pharmacy should be contacted immediately. Any narcotics required during this downtime must be signed out from pharmacy via a shingle sheet.
13. **DIVERSION REPORTS** – A multi-disciplinary group consisting of nursing, pharmacy, and security as needed will participate in monitoring for diversion. These may include reports on variances, overrides, discrepancies, medication removal by nurses, by witness, etc. Whenever an ADC is refilled electronic reconciliation occurs in the narcotic storage station. Variances are investigated. These reports will be stored in pharmacy for a three-year period.
14. **AUTHORIZED PERSONNEL** – Authorized personnel will be granted access to ADC control areas where medications are stored for performing their roles and duties during their shift. The following groups will be permitted access:
- a. Pharmacists
 - b. Pharmacy Technician and students
 - c. Nurses - administering medications who are involved in patient care, nursing students are not permitted access unless individually approved by the Chief Nursing Officer and Director of Pharmacy
 - d. Patient Care Assistants (PCAs)
 - e. Nursing directors/Administrators/Educators
 - f. Any health care worker involved in direct patient care. Unlicensed personnel (clerks, campus police) may transport medications under the direction of licensed personnel in approved processes by the nursing manager and pharmacy director including but not limited to removing from pneumatic tube stations.
 - g. Individuals who need access to storage rooms where medications are stored for performing their roles and duties during their shift include the following at the discretion for the nursing manager and pharmacy director. The following groups may be permitted access:
 - 1) Transportation staff
 - 2) Housekeeping staff
 - 3) Engineering staff
 - 4) Materials Management staff
 - 5) Biomedical engineering staff
 - 6) Any other individual needing temporary access will be granted access in a conditional manner as seen fit with relative patient care duties.
- 16: **Biometric Failures:** If the authorized personnel are unable to log on using biometrics a three step process occurs.
- A: Pharmacy or nurse educator will educate the authorized personnel on proper scanning technique. If the technique is appropriate and failure still occurs greater than 80% of attempts
- B: Pharmacy or nurse educator will have the personnel reenroll biometrics after the education on scanning technique. If the failure rate is still greater than 80% go to C.
- C: The information systems pharmacist, operations manager, or director of pharmacy may authorize an authorized personnel to use user name and password for ADC access if A and B fail to meet 80% log on success.
- D: All users access they system with username and password will provide a printed transaction log daily to the pharmacy listing all ADC transactions.

Appendix 1: Overridable medications

OVERRIDEABLE MEDS IN ICU Acudose (3A, 3B, 3C, 3D, MICU)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

0.45% NS (0.45% Sodium Chloride Solution) 1000ml solution	Labetalol (Normodyne) 20mg/4ml injection
0.9% NS (0.9% Sodium Chloride Solution) 1000ml solution	Lactated Ringers (1000ml)
Adenosine 6 mg/2ml injection	Lidocaine 1% 20 ml injection
Albuterol MDI 90 mcg/act aerosol	Lidocaine Injection 100mg/5ml
Albuterol sulfate 2.5 mg/0.5 ml inhalation for nebulizer	Lorazepam 2 mg/ml injection
Amiodarone 150mg/100 ml solution	Magnesium Sulfate 1 gram/100 ml solution for injection
Amiodarone 150 mg/3 ml injection	Magnesium Sulfate 2 gm/50ml solution for injection
Atropine Sulfate 0.1 mg/ml 10 ml injection	Mannitol 20% 100gm/500ml solution for injection
Atropine Sulfate 0.4 mg/ml 1 ml injection	Methylprednisolone sodium succ 125 mg/2 ml injection
Calcium Chloride 1 gm/10 ml injection	Metoprolol 5 mg/5 ml injection
Calcium Gluconate 1 gm/10 ml injection	Midazolam 2 mg/2 ml injection
Dextrose 10% 1000 ml solution	Milrinone 40mg/200ml solution for injection
Dextrose 50% injection	Morphine 2 mg/ml injection
Diazepam 10 mg/2ml injection	Naloxone 0.4mg/ml injection Nitroglycerin 0.4mg sublingual tablet
Diltiazem 25 mg/5ml injection	Nitroprusside 25 mg/ml injection
Diphenhydramine 50 mg/ml injection	Norepinephrine 4 mg/4 ml injection
Dobutamine 500 mg/250 ml solution for injection	Norepinephrine 8mg/250ml solution for injection
Dopamine 400 mg/250 ml solution for injection	Ondansetron 4 mg injection
Enalaprilat 2.5mg/2ml injection	Phenylephrine 10 mg/ml 5 ml injection
Epinephrine 1mg/10ml injection	Propofol 1000 mg/100 ml solution for injection
Epinephrine 1mg/1ml ampule	Racepinephrine 2.25% inhalation for nebulizer
Epinephrine 4mg/250ml solution for injection	Sodium Bicarbonate 50 meq/50 ml injection
Esmolol 2500 mg/250 ml solution for injection	Sodium Chloride 0.9% 10 ml solution
Flumenazil 0.5mg/5ml injection	Vasopressin 20 units/ml solution for injection
Glucose 4 gm chewable tablets	Water for Injection (sterile) 10ml
Glucagon 1 mg injection	<u>(3A – 3D Only Medication Listed Below)</u>
Haloperidol (Haldol) 5mg/ml ampule	Electrolytes (Plasma-Lyte) 1000 ml solution for injection
Heparin 25,000 units/250 ml solution for injection	Phenylephrine 1mg/10ml injection
Hydralazine (Apresoline) 20mg/ml injection	Nitroglycerin 1.2mg/3ml injection

	Dextrose 5%/Sodium Chloride 0.2% 1000 ml solution
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OVERRIDABLE MEDS IN BEHAVIORAL HEALTH AREA ACUDOSSES (CAPH, SBH)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

Adenosine 6 mg/2ml injection
Albuterol sulfate 2.5 mg/0.5 ml nebulized solution
Dextrose 50% injection
Diazepam 10 mg/2ml injection
Diphenhydramine 50 mg/ml injection
Epinephrine 1mg/1ml injection
Glucose 4 gm chewable tablets
Glucagon 1 mg injection
Haloperidol 5mg/ml injection
Lorazepam 2 mg/ml injection
Midazolam 2 mg/2ml injection
Naloxone 0.4mg/ml injection
Nitroglycerin 0.4mg sublingual tablets
Olanzapine 10 mg powder for solution for injection
Ondansetron 4mg/2ml injection
Sodium Chloride 0.9% 10 ml injection
Water for Injection (sterile) 10ml
Ziprasidone mesylate 20 mg powder for solution for injection

OVERRIDABLE MEDS IN NON-ICU FLOOR ACUDOSSES
(4A, 4B, 4C, 4D, 5A, 5B, 5C, 5D, 6A, 6B, 6CD)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

0.45% NS (0.45% Sodium Chloride Solution) 1000ml solution

0.9% NS (0.9% Sodium Chloride Solution) 1000ml solution

Albuterol sulfate 2.5 mg/0.5 ml inhalation for nebulizer

Atropine Sulfate 0.1 mg/ml 10ml injection

Dextrose 10% 1000 ml solution

Dextrose 50% injection

Diphenhydramine 50 mg/ml injection

Epinephrine 1mg/10ml injection

Epinephrine 1mg/1ml injection

Flumenazil 0.5mg/5ml injection

Glucose 4 gm chewable tablets

Glucagon 1 mg injection

Haloperidol 5mg/ml injection

Heparin 25,000 units/250 ml solution

Hydralazine 20mg/ml injection

Labetalol 20mg/4ml injection

Lactated Ringers (1000ml) solution

Lidocaine 1% 20 ml injection

Lorazepam 2 mg/ml injection

Magnesium Sulfate 1 gram/100 ml solution for injection

Metoprolol 5 mg/5ml injection

Midazolam 2 mg/2ml injection

Morphine 2 mg/ml injection

Naloxone 0.4mg/ml injection

Nitroglycerin 0.4mg sublingual tablets

Racpinephrine 2.25% inhalation for nebulizer

Sodium Bicarbonate 50 meq/50 ml injection.

Sodium Chloride 0.9% 10 ml solution for injection

Water for Injection (sterile) 10ml

OVERRIDABLE MEDS IN HEMODIALYSIS AND BEDDED OUTPATIENT INFUSIONS
(HEMO, 2A/BOP) ACUDOSE

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

0.45% NS (0.45% Sodium Chloride Solution) 1000ml solution
0.9% NS (0.9% Sodium Chloride Solution) 500ml and 1000ml solution
Albuterol sulfate 2.5 mg/0.5 ml inhalation for nebulizer
Dextrose 50% injection
Dextrose 5% 1000ml solution
Diphenhydramine 50 mg/ml injection
Epinephrine 1mg/10ml injection
Epinephrine 1mg/1ml injection
Flumenazil 0.5mg/5ml injection
Glucose 4 gm chewable tablets
Glucagon 1 mg injection
Heparin 10,000 units/10 ml solution for injection
Hydralazine 20mg/ml injection
Labetalol 20mg/4ml injection
Lidocaine 1% 20 ml injection
Lidocaine 1% 50ml injection
Lorazepam 2 mg/ml injection
Magnesium Sulfate 1 gram/100 ml solution for injection
Methylprednisolone sodium succ 125 mg/2 ml injection
Metoprolol 5 mg/5ml injection
Midazolam 2 mg/2ml injection
Morphine 2 mg/ml injection
Naloxone 0.4mg/ml injection
Nitroglycerin 0.4mg sublingual tablets
Ondansetron 4mg/2ml injection
Water for Injection (sterile) 10ml

OVERRIDABLE MEDS IN DANA CANCER CENTER ACUDOSE (A-DCC)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

0.9% NS (0.9% Sodium Chloride Solution) 1000ml solution
0.9% NS (0.9% Sodium Chloride Solution) 250ml solution
0.9% NS (0.9% Sodium Chloride Solution) 500ml solution
Acetaminophen 325 mg tablet
Acetaminophen 500 mg tablet
Albuterol MDI 90 mcg/act aerosol
Aspirin 81 mg tablet
Atropine Sulfate 0.4 mg/ml 1ml injection
Dextrose 50% injection
Diphenhydramine 50 mg/ml injection
Epinephrine 0.3 mg/0.3 ml auto-injector
Famotidine 20 mg/50 ml solution for injection
Furosemide 20mg/2ml & 40mg/4ml injection
Glucose 4 gm chewable tablet
Hydralazine 20mg/mL injection
Lorazepam 2 mg/ml injection
Magnesium Sulfate 1 gram/100 ml solution for injection
Methylprednisolone sodium succ 125 mg/2 ml solution for injection
Metoprolol 5 mg/5 ml injection
Naloxone 0.4mg/ml injection
Ondansetron 4 mg/2ml injection
Potassium Chloride 10meq/100 ml solution for injection
Sodium Chloride 0.9% 10 ml solution
Water for Injection (sterile) 10ml

OVERRIDABLE MEDS AND SUPPLIES IN ER ACUDOSE (ER, EROB)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

Acetaminophen 325mg tablet	Ipratropium-albuterol 0.5-2mg/3ml nebulized solution
Acetaminophen 500mg tablet	Ketamine 100mg/ml 5ml injection
Acetaminophen 625mg suppository	Ketorolac 30mg/ml injection
Acetaminophen 650mg/20.3ml oral solution	Ketorolac 60mg/2ml injection
Activated charcoal 25g/120ml oral suspension	Keys
Activated charcoal with sorbitol 25g/120ml suspension	Labetalol 20mg/4ml injection
Adenosine 6mg/2ml injection	Lactated Ringer 1000ml solution
Albuterol sulfate 2.5mg/0.5ml nebulized solution	Laryngoscope
Amiodarone 150mg/3ml injection	Levetiracetam 1000mg/100ml solution for injection
Amiodarone 150mg/100ml solution for injection	Lidocaine 1% (local anesthetic) 20ml injection
Amiodarone 360mg/200ml solution for injection	Lidocaine 2% 20ml solution
Ammonia Aromatic 15% inhalation	Lidocaine 2% (UROJECT) 10ml jelly
Aspirin 300mg suppository	Lidocaine/Epi/Tetracaine (XAP) 5ml solution
Aspirin 81mg chewable tablet	Lidocaine-Epi 1% 20ml MDV solution
Atropine 1mg/10ml injection	Lidocaine-Epi 2% 20ml solution
Azithromycin 250mg tablet	Loraepam 2mg/ml injection
Bacitracin 500 U/GM 15GM ointment	Lorazepam key
Bumetanide 1mg/4ml injection	Magnesium sulfate 1g/100ml solution for injection
Bupivacaine (PF) 0.25% 30ml injection	Magnesium sulfate 2g/50ml solution for injection
Bupivacaine (PF) 0.5% 50ml injection	Mannitol 20% 100g/500ml solution for injection
Bupivacaine-Epinephrine 0.25% 30ml injection	Meal ticket
Calcium chloride 1g/10ml injection	Meperidine 50mg/ml injection
Calcium gluconate 1g/10ml injection	Methylprednisolone acetate 80mg/ml injection
Camera keys	Methylprednisolone sodium succ 40mg/ml injection
Cefazolin 1g/50ml solution for injection	Methylprednisolone sodium succ 125mg/2ml injection
Cefazolin 2g/50ml solution for injection	Metoclopramide 10mg/2ml injection
Ceftriaxone 250mg powder for injection	Metoprolol 5mg/5ml injection
Clindamycin 600mg/50ml solution for injection	Metronidazole 500ml tablet
Clindamycin 900mg/50ml solution for injection	Midazolam 10mg/2ml injection
Clonidine 0.1mg tablet	Midazolam 2mg/2ml injection
Clopidogrel 75mg tablet	Morphine 2mg/ml injection
Culture test tubes	Morphine 4mg/ml injection
Dermabond	Naloxone 0.4mg/ml injection
Dexamethasone 20mg/5ml injection	Naloxone 2mg/2ml injection
Dexamethasone 4mg/ml injection	Naloxone 4mg/10ml solution
Dextrose 50% injection	Neomycin-Bacitracin-Polymixin ointment
Digoxin 0.5mg/2ml injection	Nitroglycerin 0.4mg sublingual tablet
Diltiazem 25mg/5ml injection	Nitroglycerin 2% ointment
Diph,Pertusus,Tet 0.5ml injection	Nitroglycerin 50000mcg/250ml solution for injection
Diphenhydramine 50mg/ml solution	Nitroprusside 50mg/2ml injection
Dobutamine 500mg/250ml bag	Norepinephrine 1mg/4mL ampule
Dopamine 400mg/250ml bag	Norepinephrine 8mg/250ml solution for injection
Enalaprilat 2.5mg/2ml solution	Olanzapine 10mg injection
Epinephrine 1mg/ml solution	Ondansetron 4mg/2ml injection
Epinephrine 0.1mg/ml 10ml solution	Patient Specific Meds
Epinephrine 4mg/250ml bag	Phenylephrine 50mg/5ml injection
Famotidine 20mg/2ml solution	Positive Exposure HIV pack

Fentanyl 100mg/2ml solution	Prescription blanks
Fluorescein eye strips	Prochlorperazine 10mg/2ml injection
Flumazenil 0.5mg/5ml solution	Proparacaine 0.5% ophthalmic drop
Fosphenytoin 500mg/10ml solution	Propofol 1000mg/100ml solution for injection
Furosemide 40mg/4ml solution	Propofol 500mg/50ml solution for injection
Gelatin adsorbable (1975) 100sq cm SPGE (Surgifoam)	Racinephrine 2.25% nebulized solution
Glucagon 1mg vial	Red airway cart locks
Glucose 4g chew	RSI Kit
Haloperidol 5mg/ml solution	Sodium bicarbonate 50mEq/50ml injection
Heparin 25000u/250ml bag	Sodium chloride 0.9% 10ml injection
Heparin 5000u/ml solution	Sodium polystyrene sulfonate 15g/60ml suspension
Hydralazine 10mg/0.5ml solution	Sterile Water for Injection (PF) 10ml injection
Hydrocortisone 100mg/2ml solution	Tetanus-Diphtheria injection
Hydromorphone 0.5mg/0.5ml syringe	Tetracaine (PF) 0.5% ophthalmic drop
Hydromorphone 1mg/ml	Thrombin 5000u vial
Hydroxyzine HCl 25mg/ml solution	Ticagrelor 90mg tablets
Ibuprofen 100mg/5ml suspension	Tranexamic acid 1000mg/10ml injection
Insulin regular 10u/0.1ml syringe	Vasopressin 20units/ml injection
Iohexol 300mg/ml dye	Vecuronium 10mg injection
Ipratropium 0.02% 2.5ml nebulized solution	Ziprasidone 20mg injection

OVERRIDABLE MEDS AND SUPPLIES IN PRE AND POST-OP ACUDOSE (PARU, PACU)

Approved by Pharmacy and Therapeutics Committee

Saline flushes removed from the list

****Note that medications ordered on patient profile will not be displayed on override profile.**

Albumin 5% 12.5gm/250ml	Hydralazine 10mg/0.5ml solution
Albumin 5% 25gm/500ml	Hydromorphone 0.5mg/0.5ml syringe
Albuterol sulfate 2.5mg/0.5ml nebulized solution	Hydromorphone 1mg/ml
Aspirin 81mg chewable tablet	Insulin aspart 10unit/0.1ml solution
Atropine 1mg/10ml injection	Ipratropium-albuterol 0.5-2mg/3ml nebulized solution
Atropine 0.4mg/1ml injection	Ketamine 50mg/5ml injection
Atropine 1mg/1ml injection	Labetalol 20mg/4ml injection
Dexamethasone 4mg/ml injection	Lactated Ringer 1000ml solution
Dexamethasone 10mg/ml injection	Lidocaine 1% 20ml solution
Dextrose 50% injection	Meperidine 25mg/ml injection
Dextrose 5% and 0.45% Sodium Chloride 1000ml	Metoclopramide 10mg/2ml injection
Dextrose 5% and 0.45% NS w/20KCl 1000ml	Metoprolol 5mg/5ml injection
Diazepam 10mg/2ml injection	Methylprednisolone 125mg/2ml injection
Diphenhydramine 50mg/ml solution	Midazolam 2mg/2ml injection
Dopamine 400mg/250ml	Milrinone 40mg/200ml
Enalaprilat 2.5mg/2ml	Morphine 2mg/ml injection
Ephedrine sulfate 50mg/ml	Morphine 4mg/ml injection
Epinephrine 1mg/10ml solution	Naloxone 0.4mg/ml injection
Epinephrine 1mg/ml solution	Neostigmine methylsulfate 5mg/10ml injection
Esmolol 10mg/ml 10ml solution for injection	Nitroglycerin 0.4mg sublingual tablet
Fat emulsion 20% 100ml	Nitroglycerin 50000mcg/250ml solution for injection
Fentanyl 100mg/2ml solution	Ondansetron 4mg/2ml injection
Flumazenil 0.5mg/5ml solution	Propofol 1000mg/100ml solution for injection
Furosemide 20mg/2ml injection	Racpinephrine 2.25% for nebulizer
Glucagon 1mg vial	Scopolamine base 1 patch
Glucose 4g chew	Sodium bicarbonate 50meq/50ml
Glycopyrrolate 0.2mg/ml injection	Sodium Chloride 0.9% 100ml
Haloperidol 5mg/ml solution	Sodium Chloride 0.9% 1000ml
Heparin 25000u/250ml bag	Succinylcholine chloride 200mg/10ml
Heparin 5000u/ml solution	Vasopressin 20unit/ml

UTMC REQUEST FOR AcuDose Access

AcuDose USER ID Use last 5 digits of Rocket ID number *	Initial Password will be MCONEW . (You will be required to change on initial sign on.)	Assigned Nursing Unit
	PASS1234	

(Check appropriate box)

<input type="checkbox"/> Head Nurse	<input type="checkbox"/> Staff RN	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Asst. Head Nurse	<input type="checkbox"/> Agency Nurse	<input type="checkbox"/> EMT
<input type="checkbox"/> Staff LPN	<input type="checkbox"/> Surgery Technician	<input type="checkbox"/> Other

Please read and sign the bottom to verify that you have read and understand the following statement:

I understand that my AcuDose ID and bioID (or password for those who have problems with the bioscan) is my electronic signature for all transactions to the system, and no other retrievable record of my password exists. It will be used to track all of my transactions on the system, and will be permanently attached to those transactions with a date and time stamp. These records will be maintained and archived per the policies of the University of Toledo, and will be available for inspection by the Drug Enforcement Agency (DEA) and the State Board of Pharmacy, as is presently done with my handwritten signature for controlled substance records.

I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

Please Print Name (First, Middle initial, Last)

Date

Signature of AcuDose User

UTMC REQUEST FOR AcuDose Access

Administrative Use Only

Authorized by: (Signature of Head Nurse or Asst.) (Printed name of Authorizer)

Entered into ConnectRx System by: Date:

GIVE TO NEW USER: ID _____ Password: MCONEW

To establish your bioID

- 1.) Log onto machine with your ID and password MCONEW.
- 2.) The AcuDose System will tell you your password is expired and will prompt you to enter a new one. It must be 6 characters long (alpha or numeric or a combination thereof) **PLEASE RECORD AND KEEP YOUR PASSWORD IN A SAFE PLACE FOR FUTURE REFERENCE IF NEEDED**
- 3.) You will now need to establish your bioID with your supervisor.
- 4.) You will be prompted through the procedure of scanning your bioID and this must be performed before you will gain future access to the system.
- 5.) Then sign in by scanning one of your fingers and then entering your password.