

<b>Name of Policy:</b> <u>Automated Dispensing Cabinets</u> <b>Policy Number:</b> 3364-133-75 <b>Department:</b> Pharmacy <b>Approving Officer:</b> Senior Hospital Administrator <b>Responsible Agent:</b> Director of Pharmacy <b>Scope:</b> University of Toledo Medical Center	  <b>Effective Date:</b> 03/06/2024 Initial date 8/1/2009		
<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**

An automated medication cabinet (ADC) delivery system allows dispensing, tracking and charging of medications. UTMC strictly manages access privileges to the ADC to ensure adequate security for medication. It allows for the proper documentation of medication use and assures confidentiality of patient data.

**(B) Purpose of Policy**

To establish medication, use guidelines to assure compliance with state, federal laws and The Joint Commission guidelines for the utilization of ADC systems.

**(C) Definitions**

Override - The process of bypassing the pharmacist’s review of a medication order to obtain a medication from the ADC, when assessment of the patient indicates that a delay in therapy (to allow for a pharmacist’s review of the order) would harm the patient. It is the situation and not the medication that determines the appropriate use of override.

Emergency situations warranting medication overrides:

Life sustaining	Emergent supportive care	Antidotes, rescue, and reversal agents
<ul style="list-style-type: none"> <li>Blood pressure control in medical emergencies (AMI, ACS, stroke, sepsis, intubation, etc.)</li> <li>Blood pressure control for emergent hypertensive pregnant patient</li> <li>Emergent intubation</li> <li>Management of acute/emergent acidosis</li> <li>Post-partum hemorrhage; Severe uterine bleeding</li> <li>Preeclampsia</li> <li>Prevention of labor</li> <li>Symptomatic cardiac arrhythmias (i.e. bradycardia, PSVT, atrial fibrillation)</li> </ul>	<ul style="list-style-type: none"> <li>Acute psychotic disorder; severe agitation</li> <li>Chest pain</li> <li>Emergent procedure</li> <li>Fluid bolus, blood administration, patency of an IV, required concurrent compatible infusion</li> <li>Plasma volume expansion for open heart post-op patient</li> <li>Seizures</li> <li>Flash pulmonary edema</li> <li>Acute brain herniation</li> <li>Trauma code response</li> </ul>	<ul style="list-style-type: none"> <li>Anaphylaxis; respiratory emergencies; allergic reactions</li> <li>Bupivacaine or lidocaine toxicity</li> <li>Hyperkalemia</li> <li>Magnesium sulfate toxicity</li> <li>Emergency reversal of rocuronium (unable to intubate patient following paralytic administration)</li> <li>Reversal of opiates</li> </ul>

<ul style="list-style-type: none"> <li>• Symptomatic critical hypoglycemia</li> </ul>		
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**(D) Procedure**

1. **AUTHORIZED ACCESS** –

- a. Permanent access codes are assigned by pharmacy personnel, as requested by authorized managers including
  - i. Director of Nursing,
  - ii. Director of Pharmacy or designee
  - iii. manager or assistant managers of nursing,
  - iv. Respiratory Department Managers,
  - v. Surgery Department Managers
  - vi. Coordinators from Nursing Services Administration.

The employee’s ID shall be their UTAD ID number for all employees. This can be obtained off the Human Resources (HR) employee database or by calling Human Resources (HR). The employee must sign the form. The completed form goes to the pharmacy informatics team who maintains these records.

- b. Pharmacy will authorize and monitor user access.
  - i. Security access is by job title, based on defined patient care responsibilities.
  - ii. User groups have been determined and the ADC System Administrator maintains the database of user groups as well as the users.
  - iii. All additions, deletions or changes to the permanent access codes must be sent to the pharmacy management team in pharmacy as confidential information.
  - iv. The Pharmacy informatics team is notified electronically or in person of separations. The employee’s supervisor shall notify the pharmacy of terminations, status and position changes, and name changes. Upon receiving notification of a termination or by accessing the termination listing report maintained by HR online, the pharmacy informatics or management team will revoke privileges for terminated users.
  - v. BIO-ID (finger scan) will be the primary method of access to the ADC. Default to username, should occur only if the employee’s scanned fingertips fails repeatedly or the BIO-ID system is not operational.
  - vi. Initial enrollment witnessing the scan will be done by a supervisor during training. Thereafter passwords must be changed per University of Toledo security policy.

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

When the ADT interface becomes functional patient accounts can be combined by pharmacy. 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 profile 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. CVL
  7. TRAUMA
  8. ORTHO
- b. Medications that are 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 mean 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 users.
  - 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 or Cactus container.
  - f. Syringes that have not had their integrity compromised may go into the return bin
  - g. 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 pharmacy department with involvement from nursing administration and campus police, as appropriate; 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.
- c. Override medications are approved/reviewed by the Director of Pharmacy and the Chief Nursing Officer at least annually
- d. Current list of override medications included in this policy
- e. 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.
- f. Pharmacy will audit narcotic overrides on inventory stations.
- g. All medications removed from the ADC by override should be reviewed for the following:
  - i. Appropriateness of drug, dose, frequency, and route of administration
  - ii. Therapeutic duplication
  - iii. Real or potential allergies or sensitivities
  - iv. Real or potential interactions between the prescription and other medications, food, and laboratory values
  - v. Other contraindications
  - vi. Variation from organizational criteria for use
  - vii. Other relevant medication-related issues or concerns

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 readiest 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. Respiratory Therapists
  - e. Anesthesia Technicians
  - f. Providers
  - g. Patient Care Assistants (PCAs)
  - h. Nursing directors/Administrators/Educators
  - i. 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.
  - j. 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 personnel to use username 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, per policy 3364-133-101.

<p><b>Approved by:</b></p> <p><i>/s/</i>  _____  Lindsey Eitniew, PharmD, BCPS, AAHIVP  Director of Pharmacy</p> <p><i>/s/</i>  _____  Russell Smith PharmD, FACHE  Senior Hospital Administrator</p> <p><i>Review/Revision Completed By:</i>  <i>Pharmacy</i></p>	<p><b>Review/Revision Date:</b>  12/10  12/13  6/14  4/17  8/17  5/19  3/20  6/20  4/22  6/22  12/23</p>
<p><b>Next Review Date:</b> 4/1/2026</p>	
<p><b>Policies Superseded by This Policy: 3364-133-04B</b></p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*

Medications on Override in Intensive Care Units (floor 3, MICU, SICU)

<b>Drug</b>	<b>Dosage Form</b>	<b>Emergent Category</b>
0.9% Sodium Chloride	Solution	Emergent Supportive Care
Adenosine 6 mg/2ml	Injection	Life sustaining
Albumin 5% 25 gm/500 ml	Solution	Emergent Supportive Care
Albuterol sulfate 2.5 mg/0.5 ml	Inhalation	Antidotes, rescue, and reversal agents
Amiodarone 150 mg/100 ml	Solution	Life sustaining
Amiodarone 150 mg/3 ml	Solution	Life sustaining
Atropine Sulfate 0.1 mg/ml	Injection	Life sustaining
Calcium Chloride 1 gm/10 ml	Injection	Antidotes, rescue, and reversal agents
Dextrose 50%	Injection	Life sustaining
Diltiazem 25 mg/5 ml	Injection	Life Sustaining
Diphenhydramine 50 mg/ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 1 mg/10 ml	Injection	Life Sustaining
Epinephrine 1 mg/1 ml	Injection	Antidotes, rescue, and reversal agents
Fentanyl 100 mg/2 ml	Injection	Emergent supportive care
Flumazenil 0.5 mg/5 ml	Injection	Antidotes, rescue, and reversal agents
Furosemide 40mg/ml	Injection	Emergent Supportive Care
Glucagon 1mg	Injection	Life Sustaining
Haloperidol 5 mg/ml	Injection	Emergent Supportive Care
Hydralazine 20 mg/ ml	Injection	Life Sustaining
Lactated Ringers	Solution	Emergent Supportive Care
Lidocaine 1%	Injection	Emergent Supportive Care
Lidocaine 100 mg/5ml	Solution	Life Sustaining
Lorazepam 2 mg/ml	Injection	Emergent Supportive Care
Mannitol 100 gm/500 ml	Solution	Emergent Supportive Care
Midazolam 2 mg/2 ml	Injection	Life Sustaining
Methylprednisolone 125 mg/2 ml	Injection	Antidotes, rescue, and reversal agents
Metoprolol 5 mg/5 ml	Injection	Life Sustaining
Naloxone 0.4 mg/ml	Injection	Antidotes, rescue, and reversal agents
Nitroglycerin 0.4 mg	Sublingual tablet	Emergent Supportive Care
Norepinephrine 8 mg/250 ml	Solution	Life Sustaining
Phenylephrine 50 mg/ 5 ml	Injection	Life Sustaining
Electrolytes (Plasma-Lyte)	Solution	Life Sustaining
Phenylephrine 1 mg/10 ml	Injection	Life Sustaining
Propofol 1000 mg/100 ml	Solution	Life Sustaining
Sodium Bicarbonate 50 meq/50 ml	Injection	Antidotes, rescue, and reversal agents
Sodium chloride 0.9% 10 ml	Solution	Other - Diluent
Vasopressin 20 units/ml	Solution	Life Sustaining
Water for Injection (sterile) 10 ml	Solution	Other - Diluent

Medications on Override in non-ICU Hospital Units (floors 4, 5, and 6)

<b>Drug</b>	<b>Dosage Form</b>	<b>Emergent Category</b>
0.45% Sodium Chloride	Solution	Emergent Supportive Care
0.9% Sodium Chloride	Solution	Emergent Supportive Care
Adenosine 6 mg/2ml	Injection	Life sustaining
Albumin 5% 25 gm/500 ml	Solution	Emergent Supportive Care
Albuterol sulfate 2.5 mg/0.5 ml	Inhalation	Antidotes, rescue, and reversal agents
Amiodarone 150 mg/100 ml	Solution	Life sustaining
Atropine Sulfate 0.1 mg/ml	Injection	Life sustaining
Dextrose 50%	Injection	Life sustaining
Diphenhydramine 50 mg/ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 1 mg/10 ml	Injection	Life Sustaining
Epinephrine 1 mg/1 ml	Injection	Antidotes, rescue, and reversal agents
Fentanyl 100 mg/2 ml	Injection	Emergent supportive care
Flumazenil 0.5 mg/5 ml	Injection	Antidotes, rescue, and reversal agents
Glucagon 1mg	Injection	Antidotes, rescue, and reversal agents
Haloperidol 5 mg/ml	Injection	Emergent Supportive Care
Hydralazine 20 mg/ ml	Injection	Life Sustaining
Lactated Ringers	Solution	Emergent Supportive Care
Lidocaine 1%	Injection	Emergent Supportive Care
Lorazepam 2 mg/ml	Injection	Emergent Supportive Care
Midazolam 2 mg/2 ml	Injection	Life Sustaining
Methylprednisolone 125 mg/2 ml	Injection	Antidotes, rescue, and reversal agents
Metoprolol 5 mg/5 ml	Injection	Life Sustaining
Naloxone 0.4 mg/ml	Injection	Antidotes, rescue, and reversal agents
Nitroglycerin 0.4 mg	Sublingual tablet	Emergent Supportive Care
Sodium Bicarbonate 50 meq/50 ml	Injection	Antidotes, rescue, and reversal agents
Sodium chloride 0.9% 10 ml	Solution	Other - Diluent
Water for Injection (sterile) 10 ml	Solution	Other - Diluent

Medications on Override in Hemodialysis and Outpatient Infusions (2A/BOP/Dana)

<b>Drug</b>	<b>Dosage Form</b>	<b>Emergent Category</b>
0.45% Sodium Chloride	Solution	Emergent Supportive Care
0.9% Sodium Chloride	Solution	Emergent Supportive Care
Albuterol sulfate 2.5 mg/0.5 ml	Inhalation	Antidotes, rescue, and reversal agents
Aspirin 81mg	Chewable Tablet	Emergent Supportive Care
Dextrose 50%	Injection	Life sustaining
Dextrose 5%	Solution	Life sustaining
Diphenhydramine 50 mg/ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 1 mg/10 ml	Injection	Life Sustaining
Epinephrine 1 mg/1 ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 0.3 mg/0.3 ml	Autoinjector	Antidotes, rescue, and reversal agents
Fentanyl 100 mg/2 ml	Injection	Emergent supportive care
Flumazenil 0.5 mg/5 ml	Injection	Antidotes, rescue, and reversal agents
Glucagon 1mg	Injection	Antidotes, rescue, and reversal agents
Hydralazine 20 mg/ ml	Injection	Life Sustaining
Lidocaine 1%	Injection	Emergent Supportive Care
Lorazepam 2 mg/ml	Injection	Emergent Supportive Care
Midazolam 2 mg/2 ml	Injection	Life Sustaining
Metoprolol 5 mg/5 ml	Injection	Life Sustaining
Naloxone 0.4 mg/ml	Injection	Antidotes, rescue, and reversal agents
Nitroglycerin 0.4 mg	Sublingual tablet	Emergent Supportive Care
Sodium chloride 0.9% 10 ml	Solution	Other - Diluent
Water for Injection (sterile) 10 ml	Solution	Other - Diluent

Medications on Override in Behavioral Health (CAPH, SBH)

<b>Drug</b>	<b>Dosage Form</b>	<b>Emergent Category</b>
Adenosine 6 mg/2ml	Injection	Life sustaining
Albuterol sulfate 2.5 mg/0.5 ml	Inhalation	Antidotes, rescue, and reversal agents
Dextrose 50%	Injection	Life sustaining
Diphenhydramine 50 mg/ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 1 mg/1 ml	Injection	Antidotes, rescue, and reversal agents
Flumazenil 0.5 mg/5 ml	Injection	Antidotes, rescue, and reversal agents
Glucagon 1mg	Injection	Antidotes, rescue, and reversal agents
Haloperidol 5 mg/ml	Injection	Emergent Supportive Care
Lorazepam 2 mg/ml	Injection	Emergent Supportive Care
Midazolam 2 mg/2 ml	Injection	Life Sustaining
Naloxone 0.4 mg/ml	Injection	Antidotes, rescue, and reversal agents
Nitroglycerin 0.4 mg	Sublingual tablet	Emergent Supportive Care
Olanzapine 10mg	Powder for injection	Emergent Supportive Care
Sodium chloride 0.9% 10 ml	Solution	Other - Diluent
Water for Injection (sterile) 10 ml	Solution	Other - Diluent
Ziprasidone mesylate 20 mg	Powder for injection	Emergent Supportive Care

Medications on Override in the Emergency Department

<b>Drug</b>	<b>Dosage Form</b>	<b>Emergent Category</b>
0.45% Sodium Chloride	Solution	Emergent Supportive Care
0.9% Sodium Chloride	Solution	Emergent Supportive Care
Adenosine 6 mg/2ml	Injection	Life sustaining
Albumin 5% 25 gm/500 ml	Solution	Emergent Supportive Care
Albuterol sulfate 2.5 mg/0.5 ml	Inhalation	Antidotes, rescue, and reversal agents
Amiodarone 150 mg/100 ml	Solution	Life sustaining
Aspirin 81mg	Chewable Tablet	Emergent Supportive Care
Aspirin 300mg	Rectal Suppository	Emergent Supportive Care
Atropine Sulfate 0.1 mg/ml	Injection	Life sustaining
Calcium Gluconate 1 gm/10 ml	Injection	Antidotes, rescue, and reversal agents
Cefazolin	Injection	Emergent supportive care
Clindamycin 900 mg/50 ml	Injection	Emergent supportive care
Dextrose 50%	Injection	Life sustaining
Diltiazem 25 mg/5 ml	Injection	Life Sustaining
Diphenhydramine 50 mg/ml	Injection	Antidotes, rescue, and reversal agents
Dopamine 400 mg/250 ml	Solution	Life Sustaining
Epinephrine 1 mg/10 ml	Injection	Life Sustaining
Epinephrine 1 mg/1 ml	Injection	Antidotes, rescue, and reversal agents
Epinephrine 4 mg/250 ml	Solution	Life Sustaining
Famotidine 20 mg	Injection	Antidotes, rescue, and reversal agents
Fentanyl 100 mg/2 ml	Injection	Emergent supportive care
Flumazenil 0.5 mg/5 ml	Injection	Antidotes, rescue, and reversal agents
Glucagon 1mg	Injection	Antidotes, rescue, and reversal agents
Haloperidol 5 mg/ml	Injection	Emergent Supportive Care
Hydralazine 20 mg/ ml	Injection	Life Sustaining
Insulin regular 10 units/0.1 ml	Injection	Antidotes, rescue, and reversal agents
Iohexol 300 mg/ ml	Injection/Oral Solution	Emergent Supportive Care
Lactated Ringers	Solution	Emergent Supportive Care
Lidocaine 1%	Injection	Emergent Supportive Care
Levetiracetam 1000 mg/10 0ml	Solution	Emergent Supportive Care
Lorazepam 2 mg/ml	Injection	Emergent Supportive Care
Mannitol 100 gm/500 ml	Solution	Emergent Supportive Care
Methylprednisolone 125 mg/2 ml	Injection	Antidotes, rescue, and reversal agents
Metoprolol 5 mg/5 ml	Injection	Life Sustaining
Midazolam 2 mg/2 ml	Injection	Life Sustaining
Midazolam 10 mg/2 ml	Injection	Emergent Supportive Care
Naloxone 0.4 mg/ml	Injection	Antidotes, rescue, and reversal agents
Naloxone 2 mg/ 2ml	Injection	Antidotes, rescue, and reversal agents
Nitroglycerin 0.4 mg	Sublingual tablet	Emergent Supportive Care
Nitroglycerin 50 mg/250 ml	Solution	Emergent Supportive Care
Norepinephrine 8 mg/250 ml	Solution	Life Sustaining
Olanzapine 10mg	Powder for injection	Emergent Supportive Care
Phenylephrine 50 mg/ 5 ml 5 ml	Injection	Life Sustaining
Positive Exposure HIV pack	Kit	Other
Propofol 1000 mg/100 ml	Solution	Life Sustaining
RSI Kits	Kit	Life Sustaining
Sodium Bicarbonate 50 meq/50 ml	Injection	Antidotes, rescue, and reversal agents

Sodium chloride 0.9% 10 ml	Solution	Other - Diluent
Tetanus-Diphtheria vaccine	Injection	Emergent Supportive Care
Thrombin 5000 units	Topical Solution	Emergent Supportive Care
Tranexamic acid 1000 mg/10 ml	Injection	Emergent Supportive Care
Water for Injection (sterile) 10 ml	Solution	Other - Diluent
Ziprasidone 20mg	Powder for injection	Emergent Supportive Care