Name of Policy:	Use and Storage of Drugs	~
Policy Number:	3364-137-SH-09	THE UNIVERSITY OF TOLEDO
Department:	Rehabilitation Services	*
Approving Officer:	Chief Executive Officer - UTMC	
Responsible Agent:	Director, Therapy Services	Effective Date: 12/1/2019
Scope:	Rehabilitation Services	Initial Effective Date: 5/1993
New policy proposal X Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy		

(A) Policy Statement

Drugs in the Rehabilitation Services Department will be used and stored in accordance with the policies established by the Director of Pharmacy at the University Medical Center under his/her license as a terminal distributor.

(B) Purpose of Policy

To comply with all laws and regulations concerning use and storage of drugs.

(C) Procedure

- 1. Outpatients requiring iontophoresis or phonophoresis treatment, or treatment that requires the use of topical anesthetic spray, will be required to obtain a written prescription from their physician for the medication or topical spray to be utilized in their treatment.
- 2. Outpatients will be responsible for having the prescription filled at their pharmacy of choice.
- 3. Outpatients receiving treatment that requires medication or topical anesthetic spray will be responsible for transporting the prescribed medicine or topical anesthetic spray to and from each appointment. Medications and topical anesthetic spray will not be stored in the outpatient rehabilitation department.
- 4. Inpatients with prescriptions for medications for iontophoresis or the use of topical anesthetic spray will have their medication stored in the Accudose (automated medication dispensing machine) located on their patient care unit.
- 5. Inpatient therapists requiring access to the medication will follow the procedure outlined in 3364-133-17 Medication Control and Distribution policy.

Approved by:	Review/Revision Date:	
		5/1996 8/2006
		2/1998 1/10/2010
/s/		9/1998 7/2013
Marci Cancic Frey PT, DPT, MBA	Date	8/1999 7/2014
Director of Therapy Services		10/2000 11/1/2016
1.2		3/2002 12/2019
		9/2003
/s/		7/2005
Daniel Barbee RN, BSN, MBA, FACHE	Date	
CEO		
Review/Revision Completed By:		
Marci Cancic Frey		Next Review Date: 12/1/2022
Policies Superseded by This Policy: 23-SH-09		

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