

Name of Policy: Use and Storage of Drugs Policy Number: 3364-137-SH-09 Approving Officer: Chief Executive Officer Chief Administrative Officer Responsible Agent: Director, Therapy Services Scope: Rehabilitation Services		 Effective date: 1/2026 Effective date: May 1993	
Key words: Drugs, Drug Use and Storage, Pharmacy, Treatment, Prescription			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	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 of Toledo 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.

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p><u>1/20/2026</u> Date</p> <p><u>/s/</u> Marci Cancic-Frey Chief Administrative Officer</p> <p><u>12/23/2025</u> Date</p> <p><u>/s/</u> Alison Matson PT, DPT, NCS Director, Therapy Services</p> <p><u>12/23/2025</u> Date</p> <p><i>Review/Revision Completed by: Alison Matson, PT, DPT, NCS Director, Therapy Services</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none">• 23-SH-07 <p>Initial effective date: May 1993</p> <p>Review/Revision Date:</p> <p>May 1996 February 1998 September 1998 August 1999 October 2000 March 2002 September 2003 July 2005 August 2006 January 10, 2010 July 2013 July 2014 November 1, 2016 November 2019 December 2022 December 2025 1/2026</p> <p>Next review date: 1/2029</p>
---	---