

<p>Name of Policy: <u>Preparation and Administration of Medications Used in Respiratory Care</u></p> <p>Policy Number: 3364-136-03-01</p> <p>Department: Respiratory Care</p> <p>Approving Officer: Associate VP Patient Care Services / CNO</p> <p>Responsible Agent: Director, Respiratory Care</p> <p>Scope: The University of Toledo Medical Center Respiratory Care Department</p>	 <p>Effective Date: 6/1/2020 Initial Effective Date: 5/7/1989</p>
<p> <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy </p>	

(A) Policy Statement

Medications administered by persons in the Respiratory Care Department will be in accordance with the physician's order as described in Hospital Policy # 3364-100-70-10 “Medication Management”, Pharmacy policies #3364-133-28 “Use of single and multi-dose Vials”, and # 3364-133-70 “Standard Medication Administration Times”.

Medications for Respiratory Care administration must be approved by the Medical Director of Respiratory Care. Approved drugs are listed in attached **Appendix A for 3364-136-03-01**.

(B) Purpose of Policy

To insure safe preparation and administration of medications used by the practitioners of the Respiratory Care Department.

(C) Procedure

I. Procedure for Preparing Medications for Patient Use:

➤ Unit dose:

- Unit dose medications will be used when available in ordered doses.
- Medications removed from the AcuDose Medication System and not administered must be returned to the AcuDose using the return medication procedure.
- Persons administering medications for respiratory care purposes will be knowledgeable about the drug being administered, regarding its purpose, indication, contraindication, and side affects.

II. Medication Errors:

The on-line SafetyNet system must be used for occurrences if:

- A medication is missed. Therapists must use their best judgment when the decision is made to miss a treatment. Sources of information regarding the patient must be utilized, including the patient assessment (score and data input), and nursing input.
- The wrong medication has been administered.
- The medication was given to the wrong patient.
- SafetyNet is not used when a patient is unavailable for therapy.

III. Medication Safety:

- All Respiratory Care orders must be verified before delivery of therapy.
- Practitioners must pursue questionable medication orders until there is absolute satisfaction that the order is appropriate. If the practitioner is unable to obtain an order that is appropriate, he/she will contact the Supervisor, Director of Respiratory Care or the Medical Director to obtain help with the situation.
- Specific Pulmonary Function Lab outpatient procedures:
 - ✓ As with all Respiratory Care orders, a complete order must be verified before the beginning of the test
 - ✓ Allergies must be assessed before the test is begun
 - ✓ Medication Reconciliation must be completed before a test that involves a medication delivery. Medication Reconciliation will be completed on the appropriate Medication Reconciliation form, as well as in the computerized PF system (meds specific to the Pulmonary Function test) so it is integrated into the test results.

IV. Appendix A for policy 3364-136-03-01:

Appendix A for policy 3364-136-03-01, constitutes the list of medications available from Pharmacy that have been approved by the Medical Director of Respiratory Care, for Respiratory Care administration.

<p>Approved by:</p> <p><u> /s/ </u> <u>6/1/2020</u> Michael Taylor Date Director, Respiratory Care</p> <p><u> /s/ </u> <u>6/10/2020</u> Monecca Smith Date Associate VP Patient Care Services / CNO</p>	<p>Review/Revision Date: 08/26/1999 10/21/1999 11/3/1999 08/21/2001 04/16/2002 02/17/2004 08/23/2006 09/03/2009 12/03/2012 08/01/2014 05/01/2017 06/01/2020</p> <hr/> <p>Next Review Date: June 2023</p>
<p>Policies Superseded by This Policy:</p>	

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

Appendix A for Policy 3364-136-03-01

Respiratory Care Approved Drug Administration List

➤ Available for nebulization:

Diluent:

Sterile Normal Saline (0.9% NaCl)
Sterile Half Normal Saline (0.45% NaCl)
Sterile three percent Saline (3% NaCl)
Sterile Water (H₂O)

Mucolytic:

Sterile 10%/20% Acetylcysteine AHFS 48:24

Bronchodilator: (Sympathomimetic AHFS 12:12)

Sterile Isoproterenol Sulfate 12:12
Sterile Racemic Epinephrine 12:12
Sterile Albuterol Sulfate 12:12
Salmeterol 12:12

Other:

Robinul (Glycopyrrolate) 12:08 Anti-muscarinic
Sterile Ipratropium bromide 12:08 Anti-muscarinic
Sterile Atropine Sulfate 12:08 Anti-muscarinic/antispasmodic
Sterile Lidocaine 1% solution 72:00 Local Anesthetic
Sterile Cromolyn Sodium 92:00 Mast Cell Stabilizer
Pentamidine AHFS 8:40 Anti-infective
Tobramycin AHFS 52:04.04 Antibiotic
Amikacin AHFS 8:12.02 Antibiotic
Vancomycin Antibiotic
Pulmicort (Budesonide)
Bupivacaine
Ventavis (Iloprost) for Pulmonary Arterial Hypertension via Respironics I-neb

➤ Available as metered dose inhaler:

Bronchodilator:

Ventolin HFA (Albuterol Sulfate) 12:12
Atrovent HFA (Ipratropium Bromide) 12:08
Anoro Ellipta (umeclidinium-vilanterol)
Atrovent HFA (Ipratropium Bromide) 12:08
Incruse Ellipta (Umeclidinium)

Available as a gas:

Oxygen (FiO₂ .21-1.0)
Helium (FiO₂ no less than .21)
Compressed Air (FiO₂ .21)
Nitric Oxide

Steroids:

Flovent HFA (Fluticasone propionate) 52:08
Advair HFA (fluticasone/salmeterol)

➤ Available as oral inhalation inhaler:

Steroids:

Serevent Diskus (Salmeterol xinafoate)