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Medication Order, Verification, Administration, Documentation and Access Safe Practices, 607.01.00

PURPOSE:

Define scope of safe practice standards regarding medication ordering, verification, administration, documentation, and access standards for all Kadlec locations (medical center, clinics, ASCs, HODs). Pertinent application is based on site level resource or service support, e.g., pharmacy does not support ASC with pharmacy review of orders.

To assure patient safety, any written medication orders are to be legible, precise, and clear. To meet these goals, all drug orders must conform to the following standards.

All medications, except patient own medications, are property of Kadlec. Employees are expected to abide by code of conduct standards of performance, including following all policies and also health-care practice laws in Washington State. Employees who violate medication laws or policy are subject to appropriate corrective action and / or legal action.

Definitions:

KRMC - Kadlec Regional Medical Center

KC – Kadlec Clinic

ASC – Ambulatory Surgery Center

HODs – Hospital Outpatient Departments

Nurse Technician: "Nursing technician" means a nursing student preparing for RN licensure who meets the qualifications for nurse technician licensure under RCW [18.79.340](#) who is employed in a hospital licensed under chapter [70.41](#) RCW or a nursing home licensed under chapter [18.51](#) RCW, or clinic. The nursing student must be in a nursing educational program in the United States or its territories that is approved by the National Council Licensure Examination-RN. Approved nursing education programs do not include nontraditional schools as defined in Washington law. These licensed individuals must meet requirements outlined in WAC 246-840.

Technologist - Licensed provider in Washington whose credentials are "technologist". For this policy this pertains to radiology technologists

Intern - A student of a health care educational institution licensed in Washington as such.

Extern - A student of a health care educational institution licensed in Washington as such.

LIP - Licensed Independent Practitioner

P&T - Pharmacy and Therapeutics

PIC – Pharmacist In Charge – WA State requirement for a single responsible pharmacist for a pharmacy license. For KRMC and KC, the PIC is the Director of Pharmacy. For KCHO and KCR, the PIC is the Infusion Services Manager.

EHR - Electronic Healthcare Record

PSJH - Providence St. Joseph Health

ED - Emergency Department

FSED - Free Standing Emergency Department

Medication Orders:

1. Legibility and Clarity

All medication orders must be legible, complete, and clear. All orders must be entered into EPIC as the primary EHR. Handwritten orders will only be accepted in limited areas where EPIC is not available for order entry. If necessary to handwrite, all handwritten drug orders must be printed instead of scripted per Washington Department of Health Administrative Code. If a medication order fails to meet these criteria, a nurse or a pharmacist (or other professionally licensed staff) is to contact the prescriber for follow-up clarification. When the interpretation issue is resolved, an order clarification is entered in the patient's medical record.

2. Medication Order Required Information Content

All new medication orders must include the following information elements

- a. Order Date and Time
- b. Medication Name (either the generic name or current trade name).
 - a. In the event a specific brand name product is necessary per the prescriber for the patient's care, such must be clearly identified in the order, e.g., "no substitutions" or "brand medically necessary"
 - i. Such requests may not be met in a timely fashion and may require a patient to use their own home supply.
 - b. Non-formulary drugs create risks of access for patient care. If a non-formulary drug is requested to be purchased by the pharmacy, it will require approved use by a member of the pharmacy management team and must be ordered via the EPIC non-formulary process. If this medication is requested more than once by the same or similar specialty providers (hospitalists, internists, Intensivists, nephrologists etc...) and if routine use of a non-formulary product is expected, such must be requested for review by P&T for reasons to allow its use within the facility. If PSJH P&T has denied formulary status, the prescriber may request to appeal the decision, and such will be approved locally and then at the regional P&T, prior to going to PSJH system P&T for review and reconsideration. KRMC will not keep quantities of non-formulary drug "on-hand" to meet urgent/occasional use products.

- c. Dosage form and strength (if applicable)
- d. Dose to be administered
- e. Route of Administration
- f. Administration frequency directions
- g. Identity of the prescriber (and the order transcriber for verbal orders) as required per house wide procedure

3. Herbal Product Required Information Content

- a. Unless on KRMC formulary, herbal supplements may be discontinued by pharmacist per Pharmacy and Therapeutics guidance.

4. Blanket Reinstatement Orders Not Permitted

Previously prescribed drug regimens may not be renewed, reinstated, or continued with non-specific blanket orders (e.g., continue home medications, Resume previous preoperative drug therapy, etc.) This rule applies to patient home medications and also to drug therapy regimens prescribed during a Medical Center stay. Each reinstated prescription order must include all required information elements.

5. Sound-Alike and Look-Alike Medications

See policy High Alert Medications and Spelled-Alike, Sound-Alike Drug Products -- Safety Enhancement Measures, 699.38.00 <http://kadlec.policystat.com/policy/7546082/latest/>

6. PRN Medication Orders

All orders for "as needed" or "PRN" medications must specify a dose, frequency, and treatment indications. See policy Administration of Duplicate PRN and Range Medication Orders, 607.07.07.

7. Usage Indications

The hospital medical center requires medication orders to incorporate treatment indications for PRN medication orders and Anti-microbial medications. Though a treatment indication is not incorporated into every medication order, prescribers are required to document a clinical need for each prescribed drug within the patient's medical record.

8. For standing orders/protocols, see policy 699.55.00 "Use of Standing Orders"

9. Medication Orders Incorporating Dose Titration

Orders for medications that require dose titration must include:

- a. Medication name.
- b. Medication route.
- c. Initial rate of infusion.
- d. Incremental units by which the rate or dose may be increased or decreased.
- e. How often the rate or dose may be adjusted. *Note that in emergent situations, more rapid titration may be clinically indicated.
- f. The maximum rate or dose of infusion.
- g. The objective clinical measure to be used to guide changes. Examples may include blood pressure, Richmond Agitation-Sedation Scale (RASS), Mean Arterial Pressure (MAP), etc.
Example: Initiate IV norepinephrine infusion at 1 mcg/minute. Titrate the infusion rate by 1 mcg/minute every 10 minutes to maintain mean arterial pressure above 80 mm Hg. Do not exceed infusion rate of 30 mcg/min.

10. **Medication Taper Orders**

A taper order directs the progressive reduction in dose or dosing frequency of a drug regimen to avoid adverse effects and achieve a desired treatment outcome. To prevent adverse treatment effects and drug administration errors, all taper orders must include specific dose reduction instructions along with a time frame for executing the taper procedure.

11. **Variable Dose and Time Range Orders**

The medical center allows medication orders in which the medication dose or dosing interval varies over a prescribed range, depending on the patient's clinical status. See policy 607.07.07 Administration of Duplicate PRN and Range Medication Orders.

12. **"STAT" and "NOW" and routine Medication Orders**

When used in medication orders, the word "STAT" means complete the requested action within 15 minutes and the word "NOW" means to complete the requested action within 1 hour. Routine orders are completed within 2 hours and assigned appropriate drug availability timeliness to match appropriate patient care needs. The pharmacist may make safety centered clinical time adjustments based on routine daily orders, incorporating usual drug administration times, particularly if last dose time taken is known. The pharmacist or nurse is to communicate with the prescriber if there are any noted concerns around medication timing that may merit adjustments beyond what is requested.

13. **Metric System Utilization Requirement**

When expressing medication dosages, fluid volumes, and/or drug product concentrations, the metric system is utilized. Apothecary system weight and volume terms are discouraged for KRMC medication orders.

14. **Weight Based Dosing for Pediatric Patients**

When drugs are prescribed for patients under the age of 13, the prescription order should incorporate the quantitative basis (expressed in mg/kg, mg/M2, etc) employed for the dose calculation. This rule applies to systemically administered medications only and those for whose dosing the quantitative basis of ordering is estimable, appropriate, and usual for such medications. Additionally, weight based dosing is justified for pediatric patients whose weight would not exceed a normal adult dose, saving specialized dosing exceptions (i.e. amoxicillin orally for otitis media, 90mg/kg).

Pharmacist Verification:

Medications orders are reviewed and released (verified) by a pharmacist in two ways: Prospective or Retrospective review.

Pharmacy Prospective and Retrospective Verification of Medication Orders

Medications prescribed where medication control is managed by pharmacy (including hospital, outpatient pharmacy, infusion pharmacy) requires review by a pharmacist unless certain criteria are met, allowed by law, and approved by pharmacy. Some circumstances allow medication selection and administration without pharmacy review. Circumstances may include:

1. Medication is ordered, controlled, and/or administered under the direct supervision of the responsible Licensed Independent Practitioner (LIP).
2. Specialized "Standing Orders" approved by P&T for approved interventions (e.g., APAP for fever in ED)
3. Medications deemed mechanical devices by the FDA (e.g. saline syringe for catheter maintenance)

4. **Prospective Review**

- a. As orders are entered into the Epic EHR system, they are received into the pharmacy work queue for

verification by a pharmacist. Priority is given according to urgency (e.g. STAT orders will be given first priority). All orders will be reviewed as required by law by a pharmacist and checked against the patient and drug's safety profile, allergies, kinetic parameters and needed adjustments, etc...

- b. The pharmacist will approve and release the order once he/she is content the medication is appropriate for the patient. If there are concerns with the order, the pharmacist contacts the LIP or RN for clarification or consultation.
- c. Pediatric orders will obtain prospective review
- d. Specified high risk medications will require prospective review

5. Retrospective Review

- 1. ED retrospective verification occurs when the care of the patient is overseen by the ED prescriber as allowable by WA State law. For instance, such as the ED or FSED, clinical discretion allows the LIP to order and release the medication for administration prior to pharmacist review, and will require pharmacist retrospective verification. This is allowable only when the following conditions are met:
 - a. The patient profile is complete with allergies - If allergies are not entered, the order will not verify and will drop to the pharmacist queue.
 - b. All components necessary to complete the order are entered in the Epic EHR (e.g., weight based orders, if a weight is missing, the order will not verify and will drop to the pharmacist queue.
 - c. The order is not for a pediatric patient, or on a list requiring prospective review
 - d. The medication is for an emergent need

Medication Administration and Documentation Authorization

Medications will be safely administered by, or under the supervision of, appropriately licensed personnel in compliance with applicable laws and regulations and in accordance with approved policies and procedures of Kadlec.

Persons authorized to administer medications at Kadlec include:

- A. All medical practitioners granted privileges at Kadlec including but not limited to MD, DO, DDS, PA, and Advanced Registered Nurse Practitioners (all considered LIP for this policy).
- B. Registered Nurses may administer medications according to house-wide P&P guidelines.
- C. Certified Registered Nurse Anesthetists (CRNA's) working under the supervision of a medical center anesthesiologist may administer anesthesia medications as specified under Department of Anesthesia protocols and as allowable by Washington Law.
- D. Licensed Practical Nurses, LPNs, may administer oral medications, intramuscular, and/or subcutaneous injections, IV piggyback and IV maintenance solutions as allowable by Washington Law.
- E. Nursing Technician: The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:
 - 1. May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.

2. May gather information about patients and administer care to patients.
 3. May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.
 4. May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
 5. May not administer chemotherapy, blood or blood products, intravenous medications, scheduled (e.g., controlled substances) drugs, nor carry out procedures on central lines.
 6. May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task. (Taken from WAC 246-840-070)
- F. Students / Interns / Externs (i.e., Respiratory Therapy, nursing, pharmacy, and medicine) may administer medications pertaining to their training when under the direct supervision of an approved and credentialed instructor from an educational contracted/education agreement with Kadlec educational institution, or an approved Kadlec staff member licensed, trained, or credentialed to be a preceptor. (For nursing students see policy #607.60.00 Nursing Student Medication Administration)
- G. Licensed respiratory therapists may administer inhalation medications according to departmental policy and procedure guidelines.
- H. Certified radiology technologists with appropriate training may administer those oral and IV medications pertaining to Diagnostic Imaging when working under the direct supervision of a physician. However, all medications for conscious sedation must be administered by a LIP, pharmacist or a registered nurse certified in conscious sedation.
- I. Certified Cardiovascular Invasive Specialist (aka, Perfusionist)
- J. Certified physical therapists and/or other technically trained licensed individuals may be allowed to administer topical medications according to written procedural guidelines. Physical Therapists may administer and order medications according to their allowable practices defined by state and federal law.
- K. Pharmacists employed by KRMC and Kadlec Clinics may administer medications within KRMC or Kadlec Clinics.

Medication Administration Procedures

- A. Once a medication has been verified or dispensed by pharmacy, or is under the direct supervision of a LIP, the medication may be administered by authorized personnel (see Attachment A).
- B. Evaluate patient allergies, adverse drug event history, and clinical status for therapy contraindications. Follow-up with the prescriber if a patient safety concern is identified.
- C. Review active medication orders within the patient's EHR, then procure the drug from the approved storage location.
- D. Medications are dispensed immediately prior to administration and may not be carried in clothing pockets or left unattended in non-secure locations.

1. It is always best to remove medications for only one patient per administration cycle.
 2. **When time constraints make it necessary to remove medications from the automated drug cabinet for more than one patient at a time, each medication (in unit dose packaging) is placed in a sealed plastic bag that is labeled with the patient's name and date of birth.**
- E. When a medication is drawn into a syringe and the dose is not given immediately after the syringe is prepared, a label with appropriate information must be attached. (See policy 699.54 for procedural labeling). For non-procedural areas, label must include:
1. medication name, strength, and amount if not apparent on the container
 2. prepared date and time (waste if not administered within 2 hours)
 3. applicable diluent if utilized
- F. Follow aseptic procedures during injectable syringe preparation. Wash hands prior to handling the dosage form or the syringe. After removing the vial cap, use a 70% isopropyl alcohol wipe to clean the rubber stopper. Draw the prescribed dose into the syringe without contaminating the sterile tip.
- G. Take the prescribed drug products to the patient's room. Do not remove doses from unit dose packaging, unless necessary for wasting, until patient identity and drug identification checks are completed.
- H. Advise the patient (or a responsible family member) of noteworthy adverse reaction risks and/or explain other clinically significant concerns regarding the drug.
- I. Follow appropriate patient identification procedures, including scanning the identification armband barcode. When arm band scanning is not feasible, use at least two patient identifiers (patient name, patient birth date or patient barcode) before administering medications. Policy # 699.07.00
- J. Scan the medication package bar code to verify that the pharmaceutical product, dose quantity, administration route, and scheduled administration time reconcile with the prescriber's order and the EHR.
- K. Verify drug stability by checking the labeled expiration date and looking for signs of degradation and/or visual particulate contamination.
- L. Administer the dose and then electronically chart the drug administration.
- M. If a non-controlled dosage form is not administered, but will be given within the next 2 hours, it may be temporarily stored in the patient's medication room cassette drawer (if available). If the dose is not administered within 2 hours, it is returned to pharmacy control (provided the package seal is intact). If the package security seal is broken, the non-returnable dosage form is safely discarded. see Policy 655.10.12 Medication Waste Management in Clinical Service Departments
- N. When a controlled medication is withdrawn but not given, it must be immediately returned (within one hour) to a locked pharmacy return bin (provided the tamper evident packaging remains sealed). Unsealed controlled dosage forms are wasted within one hour per Kadlec witnessed destruction procedure. (Refer to Policy 607.63.00 KRMC and KC Pyxis Policy).
- O. If an adverse drug reaction or a medication error occurs, notify the prescriber and initiate a quality review report.

Medication Self-Administration

Patients may not self-administer medications unless there is compliance with the criteria presented in the Bedside Medication Policy and Procedure (607.01.02).

Medication Access –

Access to medication storage and dispensing areas outside of pharmacy is assigned by the Pharmacy Director in accordance to state license allowances and the caregivers role.

- A. Non-licensed employees/vendors/contractors whose work requires temporary access to areas of medication storage or distribution are not to handle or move medications or alter storage devices/ locations that maintain medication.
 - 1. Any time there is a planned business need that requires medication or storage device movement, pharmacy is to be contacted in adequate time to plan necessary security and storage of medications until the work is completed.
- B. Personnel not approved to handle medications by the Pharmacy Director must be directly supervised when their work requires access to an area of medication storage/security for the duration of their work in that area.
 - 1. Exceptions are to be approved by the Pharmacy Director prior to any activity.
 - 2. Access and work within licensed pharmacies is addressed in Policy "Pharmacy Authorized Access, 44.01.01".
- C. At no time may an individual not approved by Pharmacy Director and licensed to handle medications be permitted unfettered access to medication at any Kadlec location.

Attachments

[Attachment A. Washington DOH Medication Use Matrix](#)

Approval Signatures

Approver	Date
Kirk Harper: CNO	07/2020
Heather Shipman: Executive Assistant	07/2020
Clifton Cahoon: Dir Pharmacy	06/2020
Natalie Eubanks: Sr Mgr Pharmacy	06/2020

Applicability

WA - Kadlec Regional Medical Center