HOSPITAL MEDICATIONS STORAGE AND CONTROL

Purpose:
To define, control, and secure the handling of all medications, including controlled substances, in each patient care area, so as to conform to the policies of the Pharmacy and Therapeutics (P&T) Committee, The Joint Commission, and Federal and State Regulations.

Policy:
All policies and procedures pertaining to medication distribution, administration and control by hospital personnel shall be submitted by the respective departments to the P&T Committee for review before such policies and procedures are initiated. Should such policies and procedures need to be initiated before the next scheduled meeting of the P&T Committee they shall be reviewed by the Committee chairman, secretary and nursing service representatives.

A. Emergency Medications

1. Pharmacy shall be responsible for maintaining medications on crash carts in accordance with Hospital Policy 5.12.1. A list of emergency medications stocked on crash carts are reviewed annually by the Special Care Committee.

2. Pharmacy shall be responsible for maintaining emergency medications in the radiologic procedures areas for treatment of immediate IV contrast reaction.

   Procedure: Pharmacy will provide a sealed bag containing medications as determined by a faculty radiologist and the director of pharmacy to be stored in designated procedure areas. The expiration date of the contents will be listed on the container and inspected daily by department of radiology personnel. Inspection and replacement of used/outdated contents will be accomplished per department of radiology procedures 4.14.1. Pharmacy personnel will also review the expiration date and security of these medications as part of the floor inspection procedure.

3. Pharmacy shall be responsible for maintaining emergency medications in the FWCC and ACC Surgery areas for the use by Anesthesia staff in those OR areas. These medications will be available in a tamper-resistant box, which is securely stored in the automated dispensing machine when not in use.

B. Inspection of Medication Storage Facilities

The proper storage of pharmaceuticals throughout the hospital shall be a responsibility of the Pharmacy Department. Monthly inspections of drug supplies throughout the hospital shall be conducted by pharmacy personnel in cooperation with the appropriate nursing personnel.

C. Medication Storage
Medications shall be stored according to the following guidelines.

1. Medications are stored under conditions to ensure stability.

2. All medications including nonprescription medications are in locked containers in a room or are under constant surveillance by appropriate personnel.

3. All medication storage areas are periodically inspected according to policy to ensure medications are stored properly.

4. Medications and chemicals used to prepare medications are accurately labeled with:
   a. Contents
   b. Expiration dates
   c. Appropriate warnings

D. Departments with Automated Dispensing Machines

1. User Access
   a. Only individuals authorized to administer, dispense or stock medications will be given access to the system.
   b. An authorized unit manager must complete an ADS Account Application, http://myhsc.lsuhscreveport.edu/Uploads/Public/Documents/pharmacy/PopResource%20Forms/Dir_ebold%20User%20Access%20Application.pdf, for each new user. The five (5) digit employee ID badge number that will serve as the user’s identification number must be entered on the application in the appropriate space. The completed application is sent to the Pharmacy Department.
   c. Only licensed Pharmacy Department personnel will assign the new user access to a dispensing machine(s) depending on the user’s primary work area. A password or personal identification number (PIN) is chosen by the user at the time of initial system entry. This PIN along with the employee ID badge number is used to gain system access. No other person, including Pharmacy personnel, shall have knowledge of a user PIN or personal badge number.
   d. Password (PIN) Resets
      Any user that needs their password reset must come to the Pharmacy Department with their employee ID badge. The user password will be reset to the standard new user password (9999) once Pharmacy personnel verify identity of the employee. The system will prompt the employee to change password upon next system access. Employees shall not disclose/share their PIN or badge.
   e. Medications are removed from the ADS by authorized users per order of a licensed prescriber and are administered to registered patients of the medical center. Staff
(exception Residents) shall not routinely procure medications from ADS for personnel with access.

f. User training is the responsibility of unit personnel in the user’s primary work area. Once training is completed, a written competency assessment is required. The manager for the user’s primary work area is responsible for assuring that proper training and competency assessment is performed.

g. Each unit manager will notify pharmacy personnel as soon as possible when an employee with ADS access rights terminates, transfers to another work area, or is demoted and no longer needs access privileges. Pharmacy personnel will remove user access to the ADS immediately once this notice is received.

2. Dispensing

Medications are stored in the ADS in a unit dose module, a drawer module, a supply cabinet or a locked refrigerator. Adequate supplies of designated medications are maintained in each ADS by the Pharmacy Department.

a. Unit Dose Module (UDM):

Most controlled substances are stocked in a UDM

The UDM dispenses a single dose of medication for each dose requested. Each user will assure the correctness of the medication and quantity dispensed by the UDM before logging off of the machine. If a failure by the UDM to dispense correctly is identified, the user should document the problem by using the “too few” or “too many” buttons which are available on the dispense verification screen.

b. Drawer, supply cabinet, or refrigerator:

When a medication stored in one of these areas is requested, the drawer or door of the supply cabinet or refrigerator opens. The user then removes the requested medication and the requested number of doses. If a controlled substance, the user must count and enter into the ADS the number of doses remaining in the position.

3. Waste:

a. If necessary to administer a partial dose of a controlled substance, an authorized witness must observe the entire waste. The disposal must render the product unrecoverable. User and witness must document waste in the ADS at the time the medication is physically wasted.

b. Fentanyl patches should be folded in half with the stick sides together and disposed in the sharps container. The nurse removing the patch should be careful not to touch the sticky side of the patch. Document the waste on the patient’s ADS with a second nurse verification.

c. IV tubing containing a controlled substance shall be evacuated thoroughly and discarded.
4. Returns:

All unused medications are to be returned to the ADS. When a return is entered into the ADS, the return drawer or the original supply position will open to allow placement of the medication. No partial or opened container contents should be wasted as described above.

5. Discrepancies

The ADS maintains a perpetual inventory for each stocked and returned controlled substance. A count discrepancy occurs when a user enters a count, either on a supply position or return drawer that does not agree with the count maintained by the ADS.

a. All ADS users are responsible for the maintenance of accurate supply counts and accurate controlled substance records.

b. Dispensing and count discrepancies are noted through the use of the ADS discrepancies buttons: “too few” or “too many”.

c. If a user fails or cannot note a discrepancy through the use of the ADS discrepancy button, then the user will submit a written explanation of the discrepancy to the Pharmacy Department through the use of a Problem Reporting Form. Problem Reporting Forms can be found on each unit where an ADS is located.

6. All controlled substance discrepancies must be resolved through the entry of an acceptable explanation into the ADS. Pharmacy personnel will attempt to resolve each discrepancy on the day that it is first noted through the use of available reports or contact with involved users or unit managers.

7. A variance report will be completed and submitted by Pharmacy to the Hospital Quality Management Department for each discrepancy involving a controlled substance that cannot be resolved or explained in a timely manner.

8. Pharmacy management will monitor and track discrepancies and discrepancy resolution. Discrepancy reports will be submitted to Hospital and Nursing Administration, and the P&T Committee when required.

E. ADS Problems
All problems with the ADS should be immediately reported to Pharmacy Department personnel.

F. Management of Automated Dispensing Machine Data

1. The ADS maintains electronic records of all transactions involving the medications stocked within. These records are not a substitute for proper charting of the administered medications.

2. Nursing Managers will analyze and respond to management reports that are generated from automated medication and documentation systems. Response to reports will be kept on file for one year.
G. Downtime Procedures – Electricity is available to ADS

1. The nurse or pharmacist identifies some or all computer system communications are disrupted and informs the opposite department (Nursing/Pharmacy).

2. The pharmacist calls computer services help desk to verify extent of system affected.

3. If diagnosis and repair can’t be completed quickly, pharmacy will contact the nursing house manager and request the switchboard to announce outage through the overhead paging system.

4. If the senior pharmacist determines that medication procurement for patients will be seriously affected by operating with partial computer information systems, the pharmacy will take the MedSelect server off-line. This will allow all stocked medications to be obtained through override. MedSelect will display a red header indicating network communications are interrupted. Med Order will not be available.

5. The RN, RN applicant, or LPN will create a manual MAR(Medication Administration Report) using the previous day’s MAR and by reviewing physician orders.

6. The nurse shall not reboot the automated dispensing machine, as this will cause the machine to become inoperable.

7. The patient care unit will write the floor/unit on all copies of physician orders sent to the Pharmacy.

8. In the event that the pneumatic tube system is down and a stat dose is needed, the unit shall send a runner to obtain the medication. Routine medications can be picked up by anyone on the floor; a licensed nurse will pick up narcotics.

9. For more detailed information, refer to the MedSelect User Manual on your unit.

H. Downtime Procedures – No electricity

1. Notify Pharmacy immediately

2. The Pharmacy will provide keys to the units if needed. The decision to issue keys will be determined after consultation with the unit manager/designee, considering the clinical need for medications in that area and the anticipated length of the downtime.

3. Keys will be issued to the unit manager/designee on the unit.

4. Upon receipt of the keys, the Pharmacy will be responsible for conducting a physical inventory of all controlled substances on the machine to verify the counts are accurate.
5. The Charge Nurse will put the form “MedSelect – Backup Manual Transactions” on the ADS. All manual medication transactions shall be documented on this form. The Pharmacy will pick up these forms after the electricity has been restored.