

## **SECTION IV**

### **PRESCRIBING OF MEDICATIONS**

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                      PRESCRIBING OF MEDICATIONS CHAPTER 4.1:                GUIDELINES FOR PRESCRIBING MEDICATION**

**POLICY:** Medications are ordered for the active treatment of patients and are to be done within the framework of accepted professional practice. Only members of the medical staff or others granted clinical privileges to write medication orders may order medications.

### **PROCEDURE:**

1. Orders for medications to be dispensed and administered to inpatients are to be written on a "Physician's Order Form" by the licensed independent prescriber responsible for the patient's care.
2. Orders must be written legibly, must not contain unapproved abbreviations, and be signed by the prescriber.
3. Orders must be clearly dated, including the time the order is written, and must provide complete instructions for administration.
4. The prescriber must confirm medication orders, which are given orally, in writing within twenty-four (24) hours of the verbal order.
5. The patient and/or other responsible people should be informed of the potential side effects of prescribed medications, which are known to involve substantial risks.
6. Suspected adverse drug reactions (ADRs) are documented and reported per ADR reporting policy and procedure.
7. Clinical monitoring of each new or changed drug order is the responsibility of the pharmacists.
  - A. Pharmacist reviews all new/changed medication orders for clinical issues that may arise including:
    - therapeutic duplication
    - appropriateness of drug, dose, frequency, and route of administration
    - medication allergies or sensitivities
    - real or potential significant drug-drug, drug-food, drug-lab, and drug-disease interactions
    - contraindications to use
    - organizational criteria for use
    - other relevant medication-related issues or concerns.

B. The pharmacist notifies the prescriber of any significant issues that arise based on the clinical monitoring of new or changed medication orders or if an order is deemed incomplete or out of compliance with current policy.

C. All clinical activity by the pharmacist regarding medication use is documented in the clinical notes section of the pharmacy computer system.

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# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV: CHAPTER 4.2:

### PRESCRIBING OF MEDICATIONS GENERIC PRESCRIBING OF MEDICATIONS

#### **POLICY:**

All medications with the exception of combination products are to be prescribed using the generic name rather than a brand name.

#### **PROCEDURE:**

1. All medications with the exception of combination products are to be prescribed using the generic name rather than a brand name.
2. Orders for combination products must contain the purpose for use.
3. In the event the prescriber writes a medication order using the brand name, the pharmacist will contact the prescriber to have the order rewritten using the generic name.

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2/1/18

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.3**

## **PRESCRIBING OF MEDICATIONS PRIVILEGES GRANTED TO PHARMACISTS**

**POLICY:** Pharmacists make changes to medication orders in the Medical Record pursuant to a verbal order from a member of the Medical Staff with prescribing privileges. Verbal orders may be taken by the pharmacist when resulting from the pharmacist being directly involved in clinical management of medication related issues.

### **PROCEDURE:**

1. The pharmacist makes a recommendation to change medication therapy based on various clinical issues, automated screening by the pharmacy computer clinical system, or the pharmacist's expertise in medication therapy. These changes may include but are not limited to:
  - Dose change
  - Route of administration change
  - Frequency change
  - Discontinue medication
  - Add medication
2. The authorized prescriber changes the medication therapy based on the pharmacist's recommendation via a new written order, or a verbal order. The pharmacist will report the verbal order back to the prescriber to ensure accuracy.
3. The pharmacist enters the order on the physician's order sheet as a verbal order.
4. Nursing processes the order as other valid verbal orders.
5. The prescriber countersigns the verbal order per current CVH policy, within 24-hours.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.4**

## **PRESCRIBING OF MEDICATION AUTOMATIC THERAPEUTIC INTERCHANGE**

**POLICY:** The CVH Pharmacy will use a system of automatic therapeutic interchange for designated classes of drugs. Automatic therapeutic interchange is defined as the authorized exchange of therapeutic alternatives in accordance with previously established and approved written guidelines or protocols within a formulary system.

### **PROCEDURE:**

1. In comparing drugs within a class for Automatic Therapeutic Interchange, the Pharmacy, Nutrition, and Therapeutics Committee will consider therapeutic indications, efficacy, contraindications, special patient-population considerations, adverse drug reactions, drug interactions, patient compliance, duration of therapy, therapeutically equivalent doses, and time to therapeutic effect. Drugs in a class designated for Automatic Therapeutic Interchange will be reviewed yearly.
2. When possible, the pharmacy computer system will be programmed to automatically substitute the designated therapeutically equivalent drug when any non-formulary medication in the designated class is ordered.
3. The medication cabinets on the nursing units will be stocked with the substituted medication.
4. The specific protocol for each authorized designated drug class will be filed in the pharmacy.
5. The pharmacist will write an order on the CVH Physician Order Sheet (form CVH-8) in the order section of the patient's medical record, indicating that the therapeutically equivalent drug is being interchanged for the non-formulary drug.

The order will read:

**Discontinue (name of medication, dose, route of administration, dosing frequency) per the "Automatic Therapeutic Interchange Procedure"**

**Start (name of substituted medication, dose, route of administration, dosing frequency, and number of days the order is effective)**

The pharmacist will sign, date and time the order, which will be considered to be a verbal order by the prescriber.

6.The pharmacist will notify the prescriber or the attending psychiatrist by personal contact or voice mail. The order must be signed within 24 hours.

7.The nurse transcribes the revised order onto the Medication Administration Record, educates the patient, and administers the medication.

**CONNECTICUT VALLEY HOSPITAL  
PHARMACY POLICY AND PROCEDURE MANUAL**

**SECTION IV  
CHAPTER 4.4.1**

**PRESCRIBING OF MEDICATION**  
*Reserved for Future Use*



# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                PRESCRIBING OF MEDICATIONS CHAPTER 4.4.2   PROTOCOL FOR INTERCHANGE FOR HMG-COA                          REDUCTASE INHIBITORS**

1. When possible, the pharmacy computer system will be programmed to automatically interchange simvastatin , or atorvastatin 40 or 80mg in limited situations, when any non-formulary medication in the designated class is ordered, such as atorvastatin (Lipitor®), fluvastatin (Lescol®), lovastatin (Mevacor®, Altocor®), pitavastatin (Livalo), pravastatin (Pravachol®), or rosuvastatin (Crestor®) except as described in number 3.
2. When possible, the nursing computer system for the administration of medications will be programmed to automatically interchange simvastatin, or atorvastatin 80mg in limited situations, when any non-formulary medication in the designated class is ordered, such as atorvastatin (Lipitor®), fluvastatin (Lescol®), lovastatin (Mevacor®, Altocor®), pravastatin (Pravachol®), or rosuvastatin (Crestor®) except as described in number 3.
3. Interchange should not occur in the following instances:
  - a. Atorvastatin 40 and 80-mg qd should not be interchanged.
  - b. Interchange should not occur if the patient is on concomitant therapy with a protease inhibitor (for example, saquinavir, indinavir, ritonavir, nelfinavir), which may increase plasma concentrations of these antilipemic agents resulting in increased side effects and risk of toxicity such as myopathy/rhabdomyolysis.
  - c. 4. When the pharmacist receives an order for a non-formulary HMG-CoA Reductase Inhibitor, he/she will write an order on the CVH Physician Order Sheet (form CVH-8) in the order section of the patient's medical record, indicating that the therapeutically equivalent drug (simvastatin) is being interchanged for the non-formulary drug, as follows:

Atorvastatin (Lipitor®)	10 mg qd<----->simvastatin 40 mg qd 20 mg qd<----->simvastatin 40 mg qd 40 mg qd<----->no interchange 80mg qd <----->no interchange
Lovastatin (Mevacor®, Altocor®)	20 mg qd<----->simvastatin 10 mg qd 40 mg qd<----->simvastatin 10 mg qd 80 mg qd<----->simvastatin 20 mg qd
Fluvastatin (Lescol®)	20mg qd <----->simvastatin 5 mg qd 40 mg qd <----->simvastatin 10 mg qd 40 mg bid <-----> simvastatin 20 mg qd 80 mg XL qd <-----> simvastatin 20 mg qd
Pitavastatin (Livalo)	1mg qd←-----→simvastatin 10mg qd 2mg qd←-----→simvastatin 20mg qd 4mg qd←-----→simvastatin 40mg qd
Pravastatin (Pravachol®)	10 mg qd<----->simvastatin 5 mg qd 20 mg qd<----->simvastatin 10 mg qd 40 mg qd<----->simvastatin 20 mg qd
Rosuvastatin (Crestor®)	5 mg qd<----->atorvastatin 40mg qd
Rosuvastatin (Crestor®)	10mg qd<----->atorvastatin 40mg qd
Rosuvastatin (Crestor®)	20mg qd<-----> <i>atorvastatin 80mg qd</i>
Rosuvastatin (Crestor®)	40mg qd<-----> <i>atorvastatin 80mg qd</i>

The order will read:

**Discontinue (name of medication, dose, route of administration, dosing frequency) per the “Automatic Therapeutic Interchange Procedure” for HMG-CoA Reductase Inhibitors**

**Start simvastatin (dose, route of administration, dosing frequency, and number of days the order is effective)**

The pharmacist will sign, date and time the order, which will be considered to be a verbal order by the prescriber.

The pharmacist will notify the prescriber or the attending psychiatrist by personal contact or voice mail. The order must be signed within 24 hours.

## CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV: CHAPTER 4.4.3

### PRESCRIBING OF MEDICATIONS PROTOCOL FOR INTERCHANGE OF OMEPRAZOLE FOR ALL PROTON PUMP INHIBITORS

1. When the pharmacist receives an order for a non-formulary proton pump inhibitor, he/she will write an order on the CVH Physician Order Sheet (form CVH-8) in the order section of the patient's medical record, indicating that the therapeutically equivalent drug omeprazole is being interchanged for the non-formulary drug, as follows:

Omeprazole 40 mg once daily will be interchanged for all once daily doses of lansoprazole (Prevacid®), pantoprazole (Protonix®), rabeprazole (Aciphex®), esomeprazole (Nexium®), or dexlansoprazole (Dexilant®).

Omeprazole 40 mg twice daily will be interchanged for all twice daily doses of lansoprazole (Prevacid®), pantoprazole (Protonix®), rabeprazole (Aciphex®), esomeprazole (Nexium®), or dexlansoprazole (Dexilant®).

The order will read:

**Discontinue (name of medication, dose, route of administration, dosing frequency) per the “Automatic Therapeutic Interchange Procedure” for Proton Pump Inhibitors**  
**Start omeprazole 40 mg PO (dosing frequency, and number of days the order is effective)**

2. The pharmacist will sign, date and time the order, which will be considered to be a verbal order by the prescriber.

3. The pharmacist will notify the prescriber or the attending psychiatrist by personal contact or voice mail. The order must be signed within 24 hours.

**Please note: If omeprazole is contraindicated or otherwise a concern secondary to potentially clinically significant drug interactions, the therapeutic substitution would not apply. A non-formulary request must be completed for the PPI of choice.**

# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV:                    **PRESCRIBING OF MEDICATIONS** CHAPTER 4.5:                **PATIENTS PERSONAL MEDICATIONS BROUGHT TO THE HOSPITAL**

**POLICY:**                    The Disposition of Patient's Personal Medications brought to the hospital is determined as part of the admission process.

#### **PROCEDURE:**

The admission office staff will ask patients to leave all medication at their place of residence prior to admission. If patients come in with medication, every attempt shall be made at the time of the patient's admission to turn over all of his/her medications to a relative or friend accompanying the patient. The person accepting the medication shall sign a receipt and the transaction shall be noted in the patient's chart.

#### **In General Psychiatry:**

1. If no responsible relative or friend of the patient is available to accept the personal medication, *THE PATIENT SHALL BE INFORMED* by the admitting physician that, for their safety as well as the safety of others, all personal medication brought to the hospital will be sent to the CVH pharmacy. Should the CVH pharmacy be closed at the time of admission, the patient's medication shall be appropriately safeguarded on the nursing unit or nursing supervisors office until the next business day the pharmacy is open.
2. All medications are recorded on the Log of Confiscated Client Medications form (CVH-454), with the names of the medications per the labels on the medication bottles. For controlled substances, a tamper resistant seal should be applied to the prescription bottle. The patient's name is identified and the physician signature is included. A copy of the Log of Confiscated Medications form (CVH-454) is made and placed in the patient chart along with the Patient Property and Clothing record (CVH-23).
3. Clearly labeled and properly prescribed personal medications brought to CVH by newly admitted patients may at times be considered for continued use. These are limited to birth control tablets where the cycle has already begun in addition to non-formulary medication not available in the pharmacy or from any other source. The non-formulary medication must be approved by the Division Medical Director prior to use and it can only be used until the non-formulary medication can be procured by the pharmacy department.
4. Should a CVH physician decide to use a patient's personal medication, an order must be written in accordance with the CVH Medical by-laws. Before administration to the patient, the identity of the medication must be verified by a pharmacist. If the pharmacy is closed then identification of the medication is the responsibility of the prescriber until the pharmacy is open

**B. Admission of Patients to the Addiction Services Division (Merritt Hall):**

1. At Merritt Hall, all medications brought in at admission by clients are placed in a sturdy manila clasp envelope and a Log of Confiscated Medications Form (CVH-454) is attached with the names of the medications per the labels on the medication bottles. The patient name is identified and the physician signature is included. A Copy of the Log of Confiscated Medications form is made and placed in the patient chart along with the Patient Property and Clothing Record (CVH-23).
2. The medications are stored in the Nursing Supervisor's office safe until the pharmacy technician can pick them up. They will be then brought to the Page Hall pharmacy for storage. The patient medications will be stored per unit that the patient is assigned to.
3. On the day prior to discharge, by 9:00am, the unit will notify pharmacy of the discharge so that the medications can be returned to the patient. The CVH-454 form will be reviewed by the psychiatrist/physician, who will then determine which medications will be returned to the patient and which will be destroyed by assigning the proper disposition codes (explanation of codes are below) to the Log of Confiscated Medication form. The form will then be faxed to the pharmacy for all patients needing medications at discharge. The unit nurses will call the pharmacy to ensure receipt of the form. The medications can be delivered to the unit or supervisor's office on the pharmacy technician's regularly scheduled morning rounds to the building.
4. In the event the patient leaves when the pharmacy is closed, the medications will be stored by the pharmacy for seven days. Patients will be informed of this and to call the Nursing Supervisor's office to set up an appointment to retrieve their medications. The Nursing Supervisor's office will arrange for the pharmacy to return what medications are designated for return by the physician, to Merritt Hall where they will be given to the patient.
5. All medications not returned to the patient will be destroyed by the pharmacy, after the allotted seven days.

**C. Admission of Patients to Blue Hill Substance Abuse Services:**

1. At Blue Hills, the medications are placed in a bag and stored in the locked medication box until the pharmacist picks them up and brings them to the pharmacy. The Log of Confiscated Medication form (CVH-454) is attached to the bag of medications. A copy is made of the completed Log of Confiscated Medications form and filed with the Client Property and Clothing Record (CVH-23) in the client's medical record.
2. The pharmacist stores the medications in the medication cart on the units and controlled drugs in the safe in the pharmacy.
3. After the physician determines which medications will be returned and which ones will be destroyed, nursing staff on the units arrange for the return of medications to the patient upon discharge. All medications left behind are sent to the pharmacy and stored for seven days. After seven days, the medications being stored in pharmacy are destroyed.

**Explanation of Disposition Codes on the Log of Confiscated Medication Form:**

1. The code “R” (returned to patient) is entered for each medication on the Log and the name of the person picking up the medication is noted in the column “Name of person destroying/returning meds.” The person then initials for each medication being returned to the patient in the last column of the form.
2. The code “D” (meds to be destroyed) is entered for each medication on the Log to be destroyed and the pharmacist/pharmacy technician destroying the medication is noted in the column “Name of person destroying/returning meds.” The person then initials the last column of the form for each medication to be destroyed. The medications are then destroyed.
3. All Log of Confiscated Medications forms are filed in the appropriate binder and stored in the pharmacy.
4. Any controlled drugs to be destroyed are logged out to the controlled drug destruction log and destroyed as are other controlled substances. The controlled medications are destroyed according to Pharmacy Policy and Procedure, Section VI, Chapter 6.12, 6.13.

NOTE: Illicit drugs and medication or remedies not positively identified are not permitted in the hospital, and are collected and disposed of in accordance with hospital policy governing unauthorized substances. (see Section IV, Chapter 4.8 also)

## LOG OF CONFISCATED PATIENT MEDICATION(S)

PATIENT NAME:	MPI #	LOCATION:
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Verify contents of confiscated patient medication(s) and list each medication in the log as appears on the medication bottle. If meds are to be retained for patient discharge (as indicated by physician's signature on this form), staple this confiscated form to bag containing meds and store in pharmacy. Document disposition - via date, code, name and initial. All controlled drugs to be destroyed must be logged in the Controlled Drug Destruction Log.

Disposition Codes:    R = Returned to patient (requires name and initial of person picking up meds)  
                                   D =Destroyed (requires name and initial of pharmacist destroying meds)

DATE IN	INIT.	NAME OF MEDICATIONS (STRENGTH, DOSAGE FORM, QUANTITY)	R. PH. IDENT. INITIALS	DATE & CODE		NAME OF PERSON DESTROYING/RETURN ING MEDS5	INIT.

Medication(s) to be retained by pharmacy until patient's discharge, unless coded for destroying.

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Physician Signature

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.6:**

## **PRESCRIBING OF MEDICATIONS DISTRIBUTION OF MEDICATION**

### **POLICY: PROCEDURE:**

Method by which medication is transported.

All medications will be transported to and from pharmacy in a closed container. No container used to transport medication shall be overfilled. It is the responsibility of the pharmacy technician to secure such containers.

Types of containers include:

- Plastic tool box type of container with two clasp locks
- Large plastic tote box with closing flaps
- Cubies that are closed
- Suitcase type container with wheels in which the bags containing the units meds can be placed in and used for transport

In the event that more than one large plastic tote box is required and must be transported by a hand cart, the boxes are stacked and the flaps of the uppermost box are closed and the stack of boxes are lashed tight by an elastic cord (bungee cord) to the hand cart so as to prevent accidental opening of the tote box during transportation. Pharmacy technicians may also use hand drawn luggage carts for the transport of medication to the units.



# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.7:**

### **PRESCRIBING OF MEDICATIONS HANDLING OF ALCOHOL, UNAUTHORIZED AND ILLICIT DRUGS AND PARAPHERNALIA**

#### **POLICY:**

There is a Mechanism for the Safe Handling of Alcohol, Unauthorized, and Illicit Drugs and Paraphernalia as Part of the Admission Process.

#### **PROCEDURE:**

Alcohol, unauthorized and illicit medications accompanying a patient on admission shall be surrendered to the Office of Public Safety for destruction by state Drug Control Agents.

# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV:                    PRESCRIBING OF MEDICATIONS CHAPTER 4.8:                PRESCRIPTIONS FOR PATIENTS LEAVING THE                                       HOSPITAL

**POLICY:**                    The Pharmacy Services Unit provides discharge prescriptions for patients leaving the hospital and a limited supply of medications for patients going on a temporary visit/ leave.

### **PROCEDURE:**

- A. All prescriptions shall be written by a member of the Medical Staff. Prescriptions may be refilled for those patients who have regular temporary visits/leave. All prescriptions shall contain the following information:
  - 1. Full name and address of the patient;
  - 2. Name and strength of the medication;
  - 3. Directions for use;
  - 4. Total number of doses required and dates;
  - 5. The handwritten signature of the physician;
  - 6. The DEA registration number of the physician, if required
  - 7. The number of refills (outlined below) if applicable.
  
- B. A CVH prescription blank shall be used for all prescriptions. All such prescriptions intended to be filled at CVH must be in the Pharmacy two full working days before the patient is leaving. All weekend temporary visit prescriptions must be in the Pharmacy before Thursday noon or earlier. Refill requests must be communicated to the pharmacist/pharmacy at least five weekdays in advance of the leave.
  
- C. Medications shall be limited as follows:
  - 1. TEMPORARY VISIT/LEAVE OF ABSENCE - Medication may be given to sustain the patient as indicated by the attending physician for and up to a 30 day supply. If a patient is regularly on leave the attending physician or designee may order refills within the following parameters:
    - a. Routinely used prn or scheduled prescription medications not to exceed 11 refills.
    - b. Controlled III-V 6months or 5 refills.
    - c. Narcotics 7 days-no refills.

- d. Coumadin 7 days and clozapine according to lab work/results.
  - e. OTC (acetaminophen (except in special circumstances in Dutcher 30 day TL's), vitamins, lotions (non-medicated), lip protectants)- no refills.
  - f. Therapeutic vitamins (iron, vitamin c w/iron) and creams/ointments medicated will qualify for 11 refills based on continued need.
  - g. Multidose medications such as birth control or steroid packs, EENT and oral inhalers previously issued to the unit for the patient will accompany the patient for the LOA (leave of absence) and returned to the unit upon the patients return. Each medication will be properly labeled for outpatient use.
2. DISCHARGE -A supply sufficient to sustain the patient not more than two weeks may be provided to the patient or responsible others. Exceptions to this two week supply of medication can be made with permission of the Chief of Professional Services or designee.
- Birth Control Medications and other multi day medications like those listed above which have been prescribed by the physician and issued by the Pharmacy, will accompany the patient to ensure continuity of care. Each medication will be properly labeled for outpatient use.
- a. All discharge/medication leaving the hospital shall have a label placed on the medication bag with the following information (from DCP /Drug Control Division Sec.20-635b ;)
- “If you have a concern that an error may have occurred in the dispensing of your prescription you may call the Department of Consumer Protection, Drug Control Division, by calling 1-800-842-2649”. And:
- “Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088”.
- A. Upon delivery of the medications to the unit, a member of the nursing staff shall receive the medications from a pharmacy staff member and initial the tag if correct. This receipt is kept in the pharmacy in a notebook to verify delivery of the medication to the nursing unit and acceptance by a member of the nursing staff. A member of the Nursing Staff credentialed to administer medications and familiar with the patient may give the medication to the patient prior to his or her leaving the hospital. A nurse should verify all prescriptions before giving to the patient. Until the patient leaves, the medications are to be stored in a locked cabinet. A progress note shall be written in the patient's chart indicating the time of patient departure, the name of the medication, days supplied, as it appears on the label and any instructions or teaching provided to the patient and/or family.

# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV: CHAPTER 4.9:

### PRESCRIBING OF MEDICATIONS DRUG SAMPLES

#### **POLICY:** **PROCEDURE:**

The use or storage of professional drug samples is **PROHIBITED**.

1. Each drug storage area is checked for samples as part of the routine monthly drug storage area inspection.
  - a. Samples discovered are documented on the inspection form and returned to the pharmacy for disposition.
  - b. The head nurse is notified of the problem and informed of the sample restriction policy.
  - c. The Pharmacy Unit Supervisor contacts the manufacturer representative who supplied the sample (if sample was not from an outside physician/consultant that patient saw) and informs him/her of the sample restriction policy and that further violations may result in the representative being banned from hospital grounds.

# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV:                    **PRESCRIBING OF MEDICATIONS** CHAPTER 4.10:                **SELF-ADMINISTRATION OF MEDICATION BY**    **IN-PATIENTS**

**POLICY:**                                The self-administration medication program provides education on the need for medication therapy, its proper administration, and information on how to self assess for side effects. This process provides an opportunity for patients to develop a positive attitude toward compliance with their drug regimen and to prepare patients for the maintenance of their medication treatment after discharge.

#### **PROCEDURE:**

1. The self-administration of medication by patients under direct supervision may be permitted on a specific written order by the attending physician which has to be renewed every thirty days.
2. Medication to be self-administered shall be dispensed, stored, monitored and documented in accordance with established procedures of CVH.
3. Self-medication may only commence after completion of the nursing form “assessment of self-administration” (see attached form). This form will be reviewed by the attending physician.
4. Prescribers will indicate on the Physician Order sheet when writing an order, if the medication is to be dispensed as a self-administration. A separate prescription is not required. The words “*Self Meds*” must appear at the beginning of the med order or set of orders to be given as self-medication and “Self Med” is noted in the comments field in the pharmacy computer system.
5. The nurse supervises the patient who has an order for self-medication.  
Supervision shall include:
  - a. patients appear at the medication door at the proper time without prompting;
  - b. patients correctly identify the name of the medication;
  - c. patients correctly identify the dosage of the medication;
  - d. patients pour the medication using proper pouring technique;
  - e. patients self-administer the medication and check off the medication checklist, which would then be co-signed by the medication nurse on the MAR.
6. The supervising person would note compliance with the above steps and observe for any difficulties.

7. Documentation should address the patient's ability or inability to follow the compliance protocol and is to be noted on the "Compliance Protocol Grid".

**CONNECTICUT VALLEY HOSPITAL**  
**ASSESSMENT FOR SELF-ADMINISTRATION OF MEDICATION**

☐ General Psychiatry Division                      Name

☐ Addiction Services Division                      MPI#

List medications to be self-administered:

Medication	Dosage	Route	Frequency
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The following abilities must be assessed by the Registered Nurse. The attending physician must approve self-administration of medication.

**COGNITION:**

	<b>Yes</b>	<b>No</b>
Alert	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to time	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to person	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to place	<input type="checkbox"/>	<input type="checkbox"/>
Ability to name medications	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of reason for medication	<input type="checkbox"/>	<input type="checkbox"/>
Ability to remember medication dose	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify side effects of drug(s)	<input type="checkbox"/>	<input type="checkbox"/>
Ability to describe effectiveness of drugs(s)	<input type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL ABILITY:****Yes****No**

Ability to open medication as packaged/stored

[     ]

[     ]

Ability to ingest, inject, or apply medication independently

[     ]

[     ]

**VISUAL ABILITY:****Yes****No**

Eyesight acceptable for self-administration process

[     ]

[     ]

**RECOMMENDED FOR SELF-ADMINISTRATION :****Yes****No**

PO

[     ]

[     ]

Topical

[     ]

[     ]

Parenteral

[     ]

[     ]

RN Signature: \_\_\_\_\_ Date \_\_\_\_\_

Unit \_\_\_\_\_ Shift \_\_\_\_\_

Comments:

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Approved by: \_\_\_\_\_ MD



# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                    PRESCRIBING OF MEDICATIONS CHAPTER 4.11:            PRESCRIPTION BLANKS**

### **POLICY:**

There is a process for the distribution and security of prescription blanks issued to the patient care areas.

Prescription blanks are kept in the locked medication rooms or in the possession of the prescriber.

No one other than authorized prescribers shall have access to or possession of any prescription blanks or pads.

Prescription pads will be furnished at the request of authorized personnel only (R.N., M.D., D.D.S.).

Two types of pads are stored in the pharmacy – yellow scripts for in hospital use (TL's and discharge prescriptions filled at CVH pharmacy) and blue scripts for medications to be filled in an outside retail pharmacy.

### **PROCEDURE:**

1. Storage of the blank prescription pads
  - a. Blank blue prescription pads are stored in the controlled drug CII Safe in the main pharmacy. A log is maintained of the number of full packets of 100 pads including the sequence number of each pack. Any physician requesting their own pad will have it removed from the CII Safe and will sign for the pad in the appropriate notebook located in the pharmacy. A delivery sheet is also printed from the CII safe in which the number sequence is written on and stored appropriately. The prescription pad is handed to the requesting physician who keeps it on their person for immediate use or in an otherwise secure location.
  - b. Blank yellow prescription pads are stored in a file cabinet in the pharmacy.
2. Blue Prescription Pads: A separate log is maintained for each 10 pack that is broken open (i.e. not give to an individual physician and sent to the unit) and used as “working stock” indicating where each pad is distributed to and the sequence numbers of each pad.
3. Upon the verbal or written request of an authorized person, a prescription pad is processed and delivered to the patient care area by the pharmacy technician or pharmacist.

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# CONNECTICUT VALLEY HOSPITAL

## PHARMACY POLICY AND PROCEDURE MANUAL

### SECTION IV:                    PRESCRIBING OF MEDICATIONS

#### CHAPTER 4.12:              DRUG PREPARATION AND DISPENSING

**POLICY:** Pharmacists ensure the safe and accurate dispensing of medications for all patients prescribed medication therapy.

**PROCEDURE:**

1. During normal business hours, pharmacists are decentralized and assigned to nursing units for order entry and participation as requested for pharmaceutical consultation for the treatment teams.
2. Written medication orders are documented on the physician order sheet and a copy of these orders are pulled from the medical records and placed in a clip board on each unit for the assigned pharmacist.
3. Pharmacists then collect these orders, enter them into performance system via the unit computer, their assigned office computer or a computer located in the pharmacy office. Upon entering each order, they review each new order against the patients current medication profile and check for the following:
  - a. therapeutic duplication in the patient's medication regimen
  - b. appropriateness of the drug, dose, frequency and route of administration
  - c. medication allergies or sensitivities
  - d. real or potential significant drug-drug, drug-food, drug-lab and drug-disease interactions
  - e. contraindications to use
  - f. any organizational criteria for use
  - g. other relevant medication-related issues or concerns
4. On second shift, Monday through Friday, a contracted pharmacist provides the same safety checks for all orders written after hours. This is also provided on weekends, from 8:00 a.m. to 4:00 p.m. All new orders are faxed to the pharmacy from each nursing unit. Upon completion of the safety check, nursing can then administer the medication to the patient.
5. When the pharmacy is closed the physician ordering any medications will do the safety check for the criteria listed above on the Lexi-Comp Nursing Drug Database or Micromedex located on any network computer. This is only for medications that must be given if the pharmacy is closed.

6. As soon as the pharmacy opens the next day a pharmacist will provide the safety check for administration of medication using the criteria in #3. Nursing staff will know that the safety checks have occurred by a pharmacist, as they will not show up on the profile on pyxis until they are entered into performance. If a physician is doing the safety check, a note will be documented in the progress note section that it was completed.

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# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                    PRESCRIBING OF MEDICATIONS CHAPTER 4.13:            PHYSICIAN'S ORDERS -Privileges**

**POLICY:**                    Drugs are dispensed and administered only on the order of a member of the Medical Staff or others who have been granted clinical privileges to write such orders.

### **PROCEDURE:**

The pharmacy department will maintain a list of authorized prescribers which will be entered into the pharmacy computer system and Pyxis System by the pharmacy supervisor with all their pertinent criteria of identification, including full name, DEA number and other pertinent license information.

# CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

**SECTION IV:                    PRESCRIBING OF MEDICATIONS**  
**CHAPTER 4.14:            PHARMACY DEPARTMENT REGULARLY**  
**SCHEDULED ROUNDS**

**POLICY:**

Rounds are made as needed to the patient care areas (units) serviced by the Pharmacy Staff. The purpose of rounds is to pick up medication orders and/or deliver needed medications to the Pyxis MedStations.

## RATIONALE:

This service benefits our patients by decreasing the amount of time nurses and other health care workers spend away from the patient care area. Additional benefits include: improving medication order turn-around time, decreasing the number of phone calls to pharmacy, decreasing the number of medication orders processed after the pharmacy is closed, decreasing the number of “missing” medications and improving communications.

## PROCEDURE:

1. The pharmacy makes rounds consistent with patient care needs. Rounds are made by pharmacy technicians or pharmacists as assigned by the pharmacy supervisor. Rounds may be scheduled by the pharmacy supervisor based on patient care needs and pharmacy staffing.
2. Each ward has identified a standard location that pharmacy copies of medication orders are placed for pick-up.
3. Medications ordered when the pharmacy is closed that are not in the unit Pyxis MedStations and are needed for doses scheduled while the pharmacy is closed (including 8am doses) can be removed by visiting the patient to the medstation in that building that has the med loaded to its medstation. This can only be done for new or changed medications if the safety check has been completed by a pharmacist or physician.
4. Pharmacy personnel will respond to legitimate *STAT* and *NOW* orders within 15 minutes.
  - a. To be considered legitimate the medication must be ordered stat or now in writing or verbally to a pharmacist by the prescriber:

-OR-

A medication may be requested stat or now by other than the prescriber and will be processed as such if, in the professional opinion of the pharmacist, the stat or now request is legitimate
  - b. The preferred method of communicating stat or now medication orders to the pharmacy is via a phone call followed by a faxed copy of the physician's order.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.15:**

## **PRESCRIBING OF MEDICATIONS DRUG ADMINISTRATION**

### **POLICY:**

All medications are administered by or under the supervision of appropriate licensed personnel in accordance with State Law and in accordance with Medical Staff rules and regulations.

### **PROCEDURE:**

All medications administered to patients are administered by competent RN's or LPN's. See nursing Policy and Procedure Chapter 23, Section F, #23.4.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV: CHAPTER 4.16:**

## **PRESCRIBING OF MEDICATIONS PHARMACY MEDICATION PROFILES**

### **POLICY:**

Pharmacists review patient medication profiles when entering patient orders, when orders are modified or changed, upon request of physicians or clinical teams and when assisting colleagues with medication reconciliation.

### **PROCEDURE:**

Connecticut Valley Hospital utilizes a computerized pharmacy order entry system which maintains a patient profile. All medication orders are entered into the profile by a pharmacist from a copy of the physician order sheet.

1. Patient profiles are maintained by two systems – pharmacy computer system and the Pyxis Medstation. Nursing staff can print the profiles from the medstation on the units as needed. Pharmacy staff can print them from the Pyxis Console, two located in the pharmacy department and one located in the Pharmacy Supervisor's office.

A. This computerized medication order entry system documents the pharmacist's profiling of the ordered medications as well as provides an automated clinical monitoring tool for screening each order for drug/drug interactions, patient allergies, duplicate drug therapy, and appropriate dose. If any of these interactions are identified when entering an order, the pharmacist will evaluate it and report to the prescriber as required. All interactions, recommendations, changes, etc that are discussed with the physician are entered into the clinical notes section available in the pharmacy computer system by the designated pharmacist. Physicians will document pharmacists' recommendations, responses and actions taken or not taken with adequate clinical justification in the progress notes or medical notes of the patient's chart.

B. Dispensing of patient specific medications to the units by the pharmacy is based on this profile.

2. The process of medication administration is assisted by the Pyxis MedStations. The nursing Kardex is used as the official Medication Administration Record.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                    PRESCRIBING OF MEDICATIONS CHAPTER 4.17:           MEDICAL DISCHARGE TO ACUTE CARE                                  HOSPITAL (MD/AC)**

**POLICY:**                    There is a mechanism to insure that medications critical to a patient's care are available upon the return of a patient on MD/AC Status to CVH.

**PROCEDURE:**           Upon being notified by nursing that a patient has been discharged to another service with an expected return to the unit within five days, the pharmacy will maintain the patient's medication drawer as follows:

1. Patients will be flagged in the dispensing profile as "MD/AC" and the date noted. Orders active upon the start of the MD/AC will continue to have medications supplied by the pharmacy.
2. Upon the patient's return to the unit, nursing will obtain new orders from the physician and forward a copy of same to the pharmacy as customary.
3. The pharmacist will process the new medication orders, provide the safety check and compare them to the current patient profile. Changes will be entered into the pharmacy computer system accordingly and show up on the Pyxis MedStation via the interface.
4. Before administering any medications to the returned patient, nursing will process the new medication orders and compare them with the current medication administration record. Changes will be processed accordingly.



# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION IV:                   PRESCRIBING OF MEDICATIONS CHAPTER 4.18:            PATIENT INFORMATION**

### **POLICY:**

All members of the medical staff, licensed independent practitioners, professional registered nurses, licensed practical nurses, pharmacists and other health care professionals shall have access as deemed necessary to patients medication including their profile 24 hours a day via the patient's individual medical record, MAR, Pyxis MedStation and the pharmacy computer system during regular pharmacy working hours.

All patients admitted to CVH have assessment completed by nursing, physicians and other disciplines. These are stored in the patient's medical records and are available on each nursing unit and available for all staff to review for monitoring of patient's medication. Included in these assessments are patient name, age, sex, current medication, patient diagnoses, co-morbidities or concurrently occurring conditions, all laboratory results ordered, patients allergies and sensitivities, patient height and weight, pregnancy and lactation status if applicable.

### **PROCEDURE:**

1. Selected information obtained from the patient's assessment and from the physician order sheets is entered into the pharmacy computer system by pharmacists during pharmacy hours. Information entered shall include:
  - a. Patient Name
  - b. Date of birth
  - c. Medical record number
  - d. Allergies and sensitivities which are added into the note section
  - e. Patient sex
  - f. Patient diagnosis
  - g. Patient height and weight when applicable
  - h. Pregnancy and lactation status which are added into the diagnosis section when applicable
  - i. Lab values can be added into the clinical notes as applicable
2. All information entered into the pharmacy computer system will cross over via the interface into the Pyxis MedStation except for the clinical notes. This can then be accessed off the Pyxis MedStation for each patient on the unit they are assigned, 24 hours a day.
3. As patient's clinical conditions change, updated information can be added into the pharmacy computer system as deemed necessary as pharmacists are decentralized to the nursing units during normal business hours. Off shift this information is either faxed to the pharmacy or called directly to the off shift pharmacist.

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