

SECTION III

EMERGENCIES

WHITING FORENSIC HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION III: EMERGENCIES CHAPTER 3.1: POISON CONTROL INFORMATION CENTER

POLICY: The Pharmacy Services Unit will provide a mechanism to access a licensed poison control center for use in emergency situations or as an information resource.

PROCEDURE: The Connecticut Poison Control Information Center is located at The University of Connecticut Medical School Complex in Farmington. The Center provides 24-hour coverage seven days a week. The poison control number is posted in each Nursing Station and in each Nursing Supervisor's Office.

Each posting contains the following information:

POISON CONTROL CENTER

UNIVERSITY OF CONNECTICUT

MEDICAL CENTER

FARMINGTON

24 HOUR COVERAGE

1-800-222-1222

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SECTION III: EMERGENCIES CHAPTER 3.2: ANTIDOTAL CHARTS

POLICY: WFH policy follows the recommendations of the Connecticut Poison Control Center not to Publish Antidotal Charts.

PROCEDURE: Antidote information is given out by the Poison Control Center as described in Section III, chapter 3.1.

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SECTION III: CHAPTER 3.3:

EMERGENCIES DRUG INFORMATION CENTER

POLICY:

The Pharmacy Services Unit provides referral to a drug information center.

PROCEDURE:

The pharmacists and pharmacy consultants are available during regular hours of Pharmacy operations to provide information on drug therapy related issues to the licensed professional staff at WFH. All licensed staff have access to Micromedex which is currently on our LAN. (Click icon Health Care Series for Micromedex and the Lexi-Comp Nursing Drug Database is available on each Pyxis MedStation).

In the event the requested information is unavailable through the usual research mechanisms, the drug information center is utilized. The Connecticut Drug Information Center used by WFH is located at the University Of Connecticut Medical Center in Farmington and provides drug related information to *Licensed Health Care Professionals*.

The Center is open from 8:30 a.m. to 4:00 p.m., Monday through Friday and provides information related to identification, therapeutic use, toxicity and drug interactions. (If staff are not available, a voice message is left).

The telephone number of the Center is 1-860-679-2782.

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SECTION III: EMERGENCIES CHAPTER 3.4: EMERGENCY CARTS

POLICY: The Pharmacy Shall Maintain the Emergency Drug Carts to Assure Continuing Availability and Drug Condition. The Pharmacy Services Unit is Responsible for Locking and Sealing the Emergency Drug Carts.

PROCEDURE:

1. Standard emergency carts are available.
2. The list of the emergency cart contents shall be reviewed by the Emergency Medical Response Review Committee on an annual basis, or more frequently as required, for continuing appropriateness of content.
 - a. This list identifies the contents of a standard emergency cart at WFH
 - b. Changes to the contents of the emergency cart are communicated by the Chair of the Emergency Medical Response Committee to all appropriate leadership including Medical Staff, Pharmacy, and Nursing as well as the WFH contracted Hospitalist (if any).
3. A standard emergency cart is located in patient care areas and other locations as determined by the Emergency Medical Response Committee.
 - Emergency cart locations (Carts are removed should a unit be closed)
 - Whiting building: Units 1, 2, 3, 4, 5, and 6 in treatment rooms
 - Whiting building: basement next to gym doors
 - Whiting building: basement activity center
 - Dutcher building: basement adjacent to dining room
 - Dutcher building: each patient care unit in treatment rooms
 - Dutcher building: 1st floor lobby next to nursing supervisor's office.
4. The emergency cart use and contents shall be part of the hospital orientation procedure
5. The pharmacy staff shall conduct monthly audits of the emergency carts as part of the drug storage area inspection process to assure that drugs are in date and that the cart security seal is intact.
6. Nursing staff checks emergency carts once daily. A log of this activity is maintained.
 - a. If the cart is opened, or there is any other problem(s) identified at this time that relate to the medications contained in the cart or the locking of the cart the pharmacy is notified.
7. When the cart is opened it is restocked with the needed Central Supply and Pharmacy items and re-locked.

- a. Nursing restocks all items other than medications.
 - If the cart is the double lock type with a separate lock for non-drug items the nurse locks the non-drug compartment with a yellow security lock.
 - If the pharmacy is not open, nursing will relock the medication portion of the cart with a yellow security lock
- 8. Pharmacy is notified that the cart has been opened.
 - Pharmacy is notified even if no medications or other items have been used.
 - Under no circumstances will any individuals other than pharmacy personnel lock the emergency cart with a red security lock.
- 9. As soon as possible the pharmacy will check the emergency cart, restock it with medication if needed, and it will be locked by the Pharmacy.
 - A pharmacist or technician determines if any medication items require replacement.
 - A pharmacist or technician gathers the needed items from pharmacy stock.
 - A pharmacy technician completes a new WFH emergency cart medication drawer contents sheet (copy attached)
 - A pharmacist checks the medications gathered against the sheet for accuracy and initials adjacent to checked by.
 - A pharmacy technician retrieves a red security lock
 - The security lock number is noted on the contents sheet adjacent to the cart #.
 - A pharmacist or pharmacy technician removes the yellow security lock if necessary and places the items in the medication compartment of the cart and locks the cart with a numbered red security lock.
 - The new contents sheet is left with the cart and the old contents sheet is returned to the pharmacy and filed.

Reviewed 27 March 2018

Whiting Forensic Hospital Emergency Carts

Medication Drawer Contents

Cart_____ Location_____ Date_____ Checked by_____

<u>Item</u>	<u>Strength</u>	<u>Qty</u>	<u>Exp Date</u>
Ammonia Inhalants	0.33ml	3	_____
Dextrose 50% Injection	500mg/ml	2	_____
Diphenhydramine Injection	50ml/ml	3	_____
Epinephrine 1:1000 Inj For Anaphylaxis	1mg/ml	3	_____
Glucose Gel (note: each tube delivers 15gms of glucose)	15gms glucose/ 37.5 gms of gel	2	_____
Sodium Chloride Inj	0.9%	4	_____
Furosemide Inj	10mg/ml	3	_____
Naloxone Inj	0.4mg/ml	6	_____
Naloxone MAD (mucosal atomization) For ASD ONLY	1mg/ml	3	_____
Nitroglycerine Sublingual	0.4mg	25	_____
Aspirin (chewable) 81mg	81mg	4x2	_____
*Lorazepam Inj	2mg/ml	2	In Pyxis

*Lorazepam (Ativan) Injection is available through the Pyxis Medstation Refrigerator

Pharmacy must be notified each time the Emergency Cart is opened.

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SECTION III: EMERGENCIES

CHAPTER 3.5: *Reserved for Future Use*

WHITING FORENSIC HOSPITAL

PHARMACY POLICY AND PROCEDURE MANUAL

SECTION III: EMERGENCIES

CHAPTER 3.6: COMMUNICATING CRITICAL DRUG INFORMATION

POLICY: There is a systematic process to communicate critical drug information to health care providers at WFH. There is a mechanism to identify patients using the involved drugs and make a clinical assessment of the situation and, if appropriate, make therapeutic changes taking into account the critical drug information.

PROCEDURE: Upon receipt of critical drug information (such as a black box warning, pertinent drug shortages or drug outages) the pharmacy supervisor is responsible for communicating the information to Medical, Pharmacy, and Nursing professional staff.

INPATIENTS

- A. Upon receipt of critical drug information from the manufacturer or other source a review of the information is conducted to determine if the nature of the information is such that it may have an immediate significant impact on patient care.
 1. The review is conducted by the pharmacy supervisor and may also include but is not limited to the Pharmacy Clinical Consultant, the Chair of the Pharmacy, Nutrition and Therapeutics Committee, Clinical Nurse Specialists, and other members of the Medical Staff.
- B. Once it is determined that the drug information is critical, health care professionals are notified of the information.
 1. The information is distributed to the pharmacists via intradepartmental mail.
 2. The pharmacists are notified via e-mail that critical drug information has been placed in their departmental mailboxes.
 - a. The e-mail instructs the pharmacists to share the information with the physicians in their assigned patient care area.
 3. The following professionals are notified of all critical drug information:
 - a. WFH Medical Director.
 - b. Chief of Patient Care Services.
 - c. Service Medical Directors who will inform personnel under their authority.
- C. The pharmacy supervisor or designee determines which patients are currently using the drug via the *All Orders by Med* Report from the Pyxis Console located in the pharmacy.
- D. The pharmacy supervisor (or designee) notifies pharmacists by email who have patients on the drug and a copy of the Report is placed in the pharmacist's departmental mailbox.

- E. Pharmacists are tasked by the pharmacy supervisor via email to work with physicians who have patients on the involved drug, make an assessment of the situation and, if appropriate, decide on the use of an alternate drug or form of treatment.
 - 1. The assessment and decision are documented by the physician in the chart progress notes and by the pharmacist in the pharmaceutical care notes section of the pharmacy computer.

DISCHARGED PATIENTS

- A. Upon receipt of critical drug information from the manufacturer or other source a review of the information is conducted to determine if the nature of the information is such that it may have an immediate significant impact on patient care.
 - 1. The review is conducted by the pharmacy supervisor and may also include but is not limited to the Pharmacy Clinical Consultant, the Chair of the Pharmacy, Nutrition and Therapeutics Committee, the Medical Director, Clinical Nurse Specialists, and other members of the Medical Staff.
- B. Once it is determined that the drug information is critical, outpatient use is determined and appropriate health care professionals are notified of the information.
 - 1. The pharmacy supervisor (or designee) reviews the most recent 30 days of outpatient prescriptions to determine if any patients have been prescribed the involved medication at the time of discharge.
 - a. The review period of 30 days is utilized since outpatient prescriptions are restricted to a maximum 30 days supply with no refills.
 - 2. The pharmacists are notified via e-mail that critical drug information involving discharged patient has been placed in their mailboxes.
 - a. The email also instructs the pharmacists to share the information with the physician who prescribed the discharge medication and jointly make an assessment of the situation and decide on a course of action.
- C. The assessment, decision, and course of action are documented by the physician in the chart progress notes and by the pharmacist in the pharmaceutical care notes section of the pharmacy computer.
- D. The pharmacy supervisor maintains a file of relevant materials relating to the critical drug information for at least seven years.
 - 1. A copy of the critical drug information is filed.
 - 2. A copy of the Report indicating patients currently using the involved medication is filed.
 - 3. Copies of all emails relating to the critical drug information are filed.

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CHAPTER 3.7: *Reserved for Future Use*

WHITING FORENSIC HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION III: EMERGENCIES CHAPTER 3.8: DRUG RECALL OR DISCONTINUATION PROCEDURE: IN-HOSPITAL MEDICATIONS

POLICY: There is a systematic process to remove any and all recalled medication from the medication use system.

PROCEDURE:

Drug Recall Procedure: In-Hospital Medications

In the event that a medication is recalled for any reason, the recovery of all of the lot(s) involved shall be removed IMMEDIATELY and will be accomplished in the following manner for in-hospital stock.

1. Upon receipt of the recall notice, The WFH Pharmacy medication stock shall be checked to verify that the hospital has any of the affected lot(s). In addition, WFH or the Contracted Packing Vendor's control numbers assigned to prepackaged containers of the lot in question are determined. Containers bearing those hospital control numbers are removed from Pharmacy stock and quarantined
2. If it is determined that WFH has any of the affected lot(s), the Pharmacists assigned to the individual nursing units shall contact all assigned Nursing Units, including the Nursing Supervisor's office in each patient building, informing them of the recall. Exact information shall be given to the in charge nursing employee of the lot number(s) involved, with instructions not to administer the medication. Pharmacy technicians will pick up the medications as they make rounds on the Nursing units.
3. If the recall/discontinuation involves a medication which is being used on any number of patients, the physician(s) responsible for the patient(s) shall be notified immediately if such a situation occurs during normal working hours. The on-call physician shall be notified immediately if the situation occurs during other than normal working hours. The physician will then inform the patient of the recall.
4. The WFH Medical Director, Chief of Patient Care Services and Director of General Medical Services (or their designees) shall be notified as to the situation and the cause of the recall/discontinuation, if known. In addition, all those capable of ordering, dispensing, or administering the recalled/discontinued medication are notified (all physicians, pharmacists, nurses).

5. A written notice via the email to the WFH distribution list shall be sent. The Pharmacy shall maintain a record of all recalls and the action taken.
6. If a recall is urgent, notification will be made via telephone and public address system.
7. Inventories of the drug affected by the recall are disposed of in accordance with the instructions of the manufacturer.

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SECTION III: EMERGENCIES CHAPTER 3.9: DRUG RECALL PROCEDURE: DISCHARGED PATIENTS MEDICATIONS

POLICY: There is a systematic process for recalling medications dispensed by WFH Pharmacy for discharged patients use.

PROCEDURE: In the event that a medication is recalled for any reason and WFH records determine that the medication involved has been dispensed to discharged patients the recovery of as much of the medication involved as possible shall be accomplished in the following manner:

1. The WFH Pharmacy Unit Supervisor, or designee, reviews all discharge and temporary visit prescription activity for the past 30 days. All prescriptions for the recalled medication are reviewed. If this review determines that the lot# is part of the recall, every attempt is made to ensure that the physician has successfully contacted the patient.
2. All recovered medication shall be returned as soon as possible to the WFH Pharmacy and shall be held for final disposition as determined by the recall notice.
3. The Pharmacy shall maintain a record of all recalls and the action taken.

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SECTION III: EMERGENCIES CHAPTER 3.10: AFTER HOUR COVERAGE

POLICY: The pharmacy Services Unit has a procedure for the delivery of medication to patient care units when the pharmacy is closed or the medication is unavailable to the WFH pharmacy.

PROCEDURE:

1. WFH is staffed with an evening pharmacist Monday through Friday until 11:00pm and weekends and holidays, 8:00am to 4:00pm. Medications needed for the patient care units will be delivered either by: the pharmacy technician on duty, by visiting the patient to another unit which has the medication, or can be picked up from the pharmacy during those hours.
2. After hours, medications can be accessed by going to the Pyxis Medstation in each building that has been designated as the Medstation that will maintain the frequently used medications or contingency of medications in each division. These medications can only be accessed once the patient has been “visited” to this unit medstation. It is then that the correct medication can be removed. Using the Pyxis medstation in this way verifies that once the medication is removed under the patient’s name, it is then verified via the patient Medication Administration Record (Kardex). This provides the mechanism of quality control.
3. Medications not available via this process can be found on other units by using the “global find” feature which can be found on the Pyxis medstation screen. If the medication is located on another unit, then nursing will have to “visit” the patient to that unit to be able to access the medication.
4. If the medication cannot be located on another medstation or on the designated medstation with the extra contingency of medications when our pharmacy is closed, then Hancock Pharmacy, who we contract with after hours should be called.
 - a. WFH Staff nurse will call Hancock Pharmacy in Meriden at 203-235-6323 and request the required medication. They are open from 8:00 A.M to 9:00 P.M. Sunday through Saturday, 7 days a week. They will also deliver the medication to WFH up to 9:00 pm
 - b. The staff nurse should arrange the delivery of medication to WFH nursing supervisor’s office.
 - c. If a controlled substance is needed the nurse will request a Controlled Substance Disposition Sheet (Proof of Use Sheet) with the medication.
 - d. If a written prescription is needed (in the case of a CII medication), it will be handed to the driver at this time.
 - e. A receipt is provided to the WFH staff and is sent to the WFH Pharmacy via interdepartmental mail on the next business day.
 - f. Medication received from the outside pharmacy shall be kept in the patient’s specific

drawer until the next business day when the pharmacy technician can load it to the appropriate drawer.

- g. A Controlled Substance delivered will temporarily be put in the Controlled Substance Double Door- Double Lock Box on the unit until the next business day when the pharmacy technician can add the drug to the Pyxis medstation.
- h. Any medications not accessible on other MedStations, and/or obtained through Hancock Pharmacy, will be evaluated for necessity of use. These medications will either be made available through a designated medstation for formulary medications, or processed via the hospital non-formulary procedure if the medication is a non-formulary item.

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SECTION III: EMERGENCIES CHAPTER 3.11: DRUG INTERACTION NOTIFICATION

POLICY: There shall be a mechanism for the Immediate Notification of the Prescriber and Nursing Staff when a Clinically Significant Drug-Drug Interaction Is Detected.

PROCEDURE:

1. Copies of all new or changed medication orders are reviewed by a pharmacist (see Section I, Chapter 4.12). As part of the review process the pharmacist processes each order through the pharmacy system. This system includes several automated screening tools including drug-drug interactions.
2. If a clinically significant drug interaction is detected by the pharmacist based either on the pharmacist's clinical knowledge or the computer screening process, the prescriber is notified by the pharmacist before medication order is processed.
3. The prescriber, pharmacist and unit nurse collaborate and decide the risk- benefits associated with the proposed therapy and take actions accordingly.
4. The pharmacist documents this activity in the pharmaceutical care notes section of the pharmacy system.

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SECTION III: CHAPTER 3.12:

EMERGENCIES USP DRUG PRODUCT REPORTING

POLICY:

Problems Encountered with Medications Used at WFH will be reported to the U.S.P. by the Drug Problem Reporting System.

PROCEDURE:

Any apparent product defect such as; packaging or labeling defects, product integrity (i.e. numerous broken dosage forms), poor dosage form identification, product name confusion etc. discovered in the course of practice will be reported to the supervising pharmacist. At the discretion of the supervising pharmacist the Chair of the Pharmacy, Nutrition and Therapeutics Committee is notified as well as the Medical Director. After weighing the nature of the problem discovered and the degree of risk the problem may pose to the patients, the identified product(s) may be isolated in a designated area within the pharmacy to prevent use.

The supervising pharmacist will complete the USP drug product reporting form noting whether or not the product in question was isolated or not. The completed form will be faxed to the USP at 1-800-487-7776. After faxing, the report form will be put in a file labeled "Drug Product Problems" for retrieval as needed.

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Section III Chapter 3.13

EMERGENCIES ACQUISITION OF MEDICATIONS DURING AN EMERGENCY SITUATION/DISASTER

POLICY: The hospital shall have a policy and procedure for acquisition of medication during an emergency or disaster.

PROCEDURE:

1. If the pharmacy is open, the following procedure is followed:
 - a. A call is placed to Cardinal Health Customer Service at 1-866-641-1199 to explain the need for medication.
 - b. After 8pm and on weekends call Cardinal Health emergency # 1-877-772-0346.
 - d. Leave the information and Pharmacy # and someone will call back.
 - e. Arrangements with Cardinal Health will be made to ship by courier ASAP.
2. If a control substance is needed requiring a Schedule II DEA Form 222 the following procedure is followed:
 - a. The DEA in Hartford, CT. is called to explain the situation and the need for a Schedule II Medication.
 - b. The DEA will authorize release of the Schedule II drug without the DEA Form 222.
 - c. The Form 222 is faxed to Cardinal Health.
 - d. The medication is delivered to WFH within hours by courier.
 - e. The Original form 222 is handed to the courier in exchange for the medication.
 - f. The medication is received into stock in the CII Safe according to established policy and procedure (See Section VI.)
3. If the Schedule II medication is not available through Cardinal Health:
 - a. The DEA is notified as in 1a. above to explain the situation.
 - b. Authorization for release of Schedule II drug without the Form 222 is given.
 - c. DEA Form 222 is faxed to the manufacturer. Manufacturer has its own policy on shipping usually within 12 hours.
 - d. The Form 222 is mailed by FedEx later to the manufacturer.
 - e. The policy on this procedure is determined by the DEA and the manufacturer.
4. Middlesex Hospital Pharmacy will be contacted to see if immediate needs can be filled through them.
5. If the Pharmacy is closed, WFH communications will notify the Pharmacy Supervisor of the situation. The Pharmacy supervisor will take appropriate action based on the nature of the emergency/disaster.

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CHAPTER 3.14 MEDICATION SHORTAGES /OUT OF STOCK

POLICY: A policy and procedure is in place for a medication shortage or when an out of stock medication exists.

PROCEDURE:

- 1) Any shortage or out of stock item will be placed on the medication Pharmacy Daily Medication Want List or scanned by the Cardinal Health i scan PPC handheld device so the order can be sent later in the day.
- 2) Items are to have medication name, item number and quantity to be ordered.
- 3) Orders are placed at about 3 PM daily Monday through Friday.
- 4) Order confirmations are printed out listing items that will arrive the next business day.
- 5) For those items not being confirmed as shipped an alternate manufacturer is sought and the medication is reordered. A confirmation of that item is printed.
- 6) In the event that the medication is not available from any manufacturer due to manufacturers resource problem, a pharmacist will contact the prescriber explaining the situation requesting that the prescriber choose a suitable alternative medication.
- 7) Alternately, in the event that the medication is not available, a hospital wide medication report will be run to see, if based on non-usage, medication can be returned to the pharmacy and redistributed to the needed area.

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SECTION III CHAPTER 3.15

EMERGENCIES OPERATION OF MEDICATION CARTS DURING A POWER FAILURE.

POLICY: The Hospital will have a policy and procedure to make medications available for administration to patients in the event of a power loss to medication carts.

PROCEDURE:

In the event of a power failure where power from generators cannot be established, the Director of General Medical Services or designee will authorize Nursing Supervisors to open each of the medication carts in order to administer medication from the cart. Control substance medication will be moved to the double lock-double door steel cabinet according to back-up procedure.

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PHARMACY POLICY AND PROCEDURES MANUAL

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CHAPTER 3.16 ACCESSING MEDICATION USING THE CRITICAL OVERRIDE FUNCTION

POLICY:

Medication will be accessible from the MedStation by use of an override function allowing access to a stipulated group of medication. When the pharmacy is closed, the entire Pyxis System will be placed on “Critical Override” by the Pharmacy

PROCEDURE:

As part of the closedown procedure for the pharmacy, the Pharmacist or technician will initiate the Critical Override Procedure.

The Override Button on the MedStation will be used for the following situations:

- a. to remove patient specific medication
- b. to remove items from the medication refrigerator
- c. to remove approved medication without the pharmacy being opened
- d. review of Emergency “Stat” or “Now” orders.

Upon return to Pharmacy operations, the Pyxis System will be taken off Critical Override to return medication monitoring to the Pharmacy department.

Reviewed 29 March 2018

2. Benztropine Mesylate 1 mg/ml INJECTION
3. Benztropine Mesylate 1mg tablet (WU1 only)
4. Chlorpromazine 50mg tablet (WU1 only)
5. Chlorpromazine HCl 25 mg /ml INJECTION
6. Chlorpromazine HCl 100 mg tablet (Whiting Unit 5 only).
7. Clonazepam 1 mg tablet
8. Diazepam 5 mg tablet
9. Dicyclomine HCl 10 mg capsule
10. Dicyclomine HCl 20 mg capsule
11. Diphenhydramine 25mg capsule (WU1 only)
12. Diphenhydramine 50 mg/ml INJECTION
13. Epinephrine HCl 1 mg INJECTION
14. Fluphenazine HCl 2.5mg/ml INJECTION
15. Glucagon 1 mg INJECTION Kit
16. Haloperidol 2 mg tablet
17. Haloperidol Lactate 2mg/ml CONCENTRATE
18. Haloperidol Lactate 5 mg /ml INJECTION
19. Hydroxyzine HCl 50 mg/ml INJECTION
20. Hydroxyzine Pamoate 25mg capsule (WU1 only)
21. Insulin Reg & Isophane 70/30 100 units/ml
22. Insulin glargine 100 units/ml
23. Insulin Isophane (Human) 100 units/ml
24. Insulin Reg & Isophane 100 units/ml
25. Insulin Regular (Human) 100 units/ml
26. Insulin Zinc (Human) 100 units/ml
27. Insulin Lispro (Human) 100 units/ml
28. Lidocaine HCl 1 % INJECTION
29. Lorazepam 1 mg tablet
30. Lorazepam 2 mg tablet
31. Lorazepam 2 mg/ml INJECTION
32. Naloxone HCl 0.4mg/ml INJECTION
33. Nitroglycerin 0.4 mg SL tablet
34. Olanzapine wafertab 10mg
35. Olanzapine wafertab 5mg
36. Oxazepam 30 mg capsule
37. Risperidone M-tab 1mg
38. Risperidone M-tab 2mg
39. Trimethobenzamide HCl 100mg/ml INJECTION
40. Zolpidem 10mg tablet (WU1 only)

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CHAPTER 3.16a REMOVING MEDICATIONS FROM ALTERNATE PYXIS UNIT

POLICY: When medication is not available on a unit Pyxis MedStation and medication is available on an alternate MedStation in WFH, there shall be a procedure for obtaining needed medication by using the Global Find feature and then visiting the patient to the other Pyxis unit using that unit's MedStation to extract the dose for the patient.

PROCEDURE:

Using the Global Find/Remove Feature:

- a. Select "Global Find" from the main menu
- b. Select the appropriate medication
- c. Select find to display the list of stations that currently have that medication loaded in a quantity greater than 0.
- d. The generated list indicates the station name, station area, drawer status, and user access.
- e. The stations are displayed in black, gray or red type
Black type – you have access to that medication in that station
Gray type – you do not have access to that medication in that station
Red type – the medication is located in a failed drawer/pocket in that station
- f. select the desired station
- g. select "send patient order" (a confirmation message appears indication that the order has been sent to that station)
- h. go to that station to access the desired medication (the order will remain at that station for 1 hour)

Visiting Patients to another unit:

Visiting a patient to another station is another way to dose a medication that is not available through the unit's medstation that has the patient. You must go to the other unit first and visit the patient there before you can dose the medication.

The "visiting patient" can be removed from the unassigned unit by calling the pharmacy and asking them to remove this patient off the visiting unit.

The pharmacist/pharmacy technician will remove them at the Pyxis Console by:

- a. selecting system set-up
- b. select patient
- c. selecting the location tab

- d. Then, in the box that says, “Visiting, discharge date and time”, type in the date and 5 minutes from the current time.
- e. select close and sign out.

PRIOR TO THIS METHOD, WE USED TO BE ABLE TO DISCHARGE OFF THE VISITING UNIT. THIS FEATURE IS NO LONGER AVAILABLE TO US. IF NURSES DISCHARGE THE PATIENT FROM THE MEDSTATION OFF THE VISITING UNIT, THE PATIENT NOW ENDS UP DISCHARGED OFF BOTH UNITS. THEREFORE, LEAVE THE PATIENT ON THE UNIT VISITING FOR UP TO 99 HOURS OR HAVE PHARMACY DO IT WHEN THEY ARE OPEN.