

SECTION V

AUTOMATIC STOP ORDER POLICY AND MEDICATION ORDERING

WHITING FORENSIC HOSPITAL

Pharmacy Policy and Procedure Manual

SECTION V: AUTOMATIC STOP ORDER POLICY AND MEDICATION ORDERING

CHAPTER 5.1: AUTOMATIC STOP ORDER POLICY FOR MEDICATIONS

POLICY: There shall be an Automatic Stop Order Policy for Medications.

PROCEDURE: Schedule II, drugs shall be ordered for a period of up to seven (7) days, and may be reordered in increments of seven (7) days if needed.

Schedule III, IV, V (controlled drugs) orders will expire after thirty (30) days.

Orders for antibiotic drugs shall follow the Policy and Procedure "Automatic Stop Order for Antibiotics" - Section 5.2

Clozapine may be ordered for 7, 14, or 28 days in accordance with the current edition of the Whiting Forensic Hospital Drug Therapy Guidelines.

Warfarin orders expire after 7 days. (N P&P 23.3.2)

Orders for all other drugs terminate after thirty (30) days and must be reordered after this time.

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CHAPTER 5.2: AUTOMATIC STOP ORDER FOR ANTIBIOTICS

POLICY: In order to promote the safe and efficacious use of antibiotics, an automatic stop order is established.

PROCEDURE:

Therapeutic:

If the causative organism is known, the practitioner may therapeutically prescribe the indicated antibiotic for seven (7) to fourteen (14) days.

Empiric:

If the causative organism is not known, the practitioner may treat the condition empirically for three (3) to five (5) days or until the lab results are received, at which time the medication may be continued for the remainder of the course of therapy. If a different antibiotic is indicated by the lab results, the practitioner may discontinue the medication being used empirically and write an order for the entire course of therapy of the medication indicated.

Prophylactic:

Antibiotics prescribed prophylactically carry a 48-hour maximum expiration. Exceptions to this are prophylactic TB, and chronic UTI antibiotic treatment, where the medication is to be renewed on a monthly basis.

The physician will use the antibiotic order form for prescribing antibiotics.

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CHAPTER 5.2.1 ANTIMICROBIAL STEWARDSHIP GUIDELINES

POLICY: To improve the antimicrobial sensitivity patterns through education of the clinicians, pharmacists and nurses

PROCEDURE:

- Improve utilization of antibiotics
- Decrease usage of Quinolones
- Establish procedure for obtaining authorization for prescription of quinolones and vancomycin

Selection of appropriate antibiotics:

- Levofloxacin - ONLY to be used for lower respiratory infection (pneumonia that can be treated at WFH)
- Ciprofloxacin – only to be used for pathogens documented to be ONLY sensitive to Ciprofloxacin
- Empiric treatment for bronchitis– consider NO antibiotic therapy first, then only if necessary – azithromycin
- Empiric treatment for sinusitis– consider antibiotic therapy for symptoms lasting over 10 days, if necessary – amoxicillin/clavulanate
- Treatment of pharyngitis NOT secondary to Group A Strep is not recommended
- Empiric treatment for cellulitis without purulent wounds - cephalexin
- Empiric treatment for symptomatic UTI – amoxicillin, cephalexin, IM gentamicin, or nitrofurantoin
- Empiric treatment for diverticulitis – amoxicillin-clavulanate, or TMP/SMX and metronidazole
- Empiric treatment of sepsis – transfer to Emergency Department

Restriction of Quinolones:

- Do not prescribe unless authorized by the Physician Chair of the Antimicrobial Stewardship Program or designee within 72 hours
- Document authorization on the antibiotic order form
- If a patient returns from a hospitalization or ED visit, approval IS needed; however, therapy may be continued until authorization can be obtained

Urinary Tract Infections:

- Avoid using antibiotics for treatment of asymptomatic (or minimally symptomatic) bacteriuria, especially for patients with indwelling Foley catheters and/or when UA's show few WBC's. See policy for hydration and collect urinalysis with reflex to culture
- If possible, wait for urinary isolate sensitivities before deciding which antibiotic to use – may give one dose, if necessary, if necessary AFTER collecting urine sample for UA and culture
- Remove indwelling catheters if at all possible
- Ensure that proper cleansing prior to clean catch occurs to avoid specimen contamination
- When empiric therapy is necessary (febrile patient), follow guidelines for empiric therapy noted above
- Consider using nitrofurantoin for uncomplicated UTIs in patients with normal renal function who are allergic to beta-lactams and sulfa.
- Discontinue antibiotics if culture shows less than 100,000 colonies per ml. or if more than two organisms grow

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CHAPTER 5.4: PHYSICIAN ORDER SHEET

POLICY: All orders for medication will be entered in the patient's medical record on the physician order sheet (POS) by authorized personnel.

PROCEDURE:

1. All medication orders must contain the following, in order to be processed by Pharmacy or transcribed by nursing.
 - a. Patients full name and MPI number. Use addressograph on each new order sheet if available.
 - b. Location of patient and unit.
 - c. Drug allergies, hypersensitivities, intolerances and change in drug allergy status.
 - d. Drug name- the entire **GENERIC** name of the drug without abbreviations must be written not abbreviated; the generic name is required except for combination drugs.
 - e. Dose and dosage form
 - f. Route of administration and frequency of administration.
2. Physicians are encouraged to specify the duration of therapy by writing for a specific number of days or doses. The duration of therapy starts when the order is written by the physician even if the order does not start at that time and date.
 - 2.1 If duration of therapy is not noted, medication orders will be discontinued in accordance with the hospital's automatic stop order policies.
3. Renewal orders must be written in the same manner as the original orders. ("Renew Lithium" is unacceptable).
4. Patients being transferred from one unit to another unit, or one division to another division would continue on present orders until the physician on the new unit or division sees the patient. The new physician must rewrite the orders within 24 hours.
 - 4.1 All medication orders must be written by the prescriber responsible for the patient.
5. Written orders shall not be altered.
 - 5.1 Any change or correction necessary after an order is written requires that a new order be rewritten
 - 5.2 To discontinue an order, a physician must write

“discontinue” and then write the order. No line drawn through the order will be considered a discontinued order.

5.3 Once an order is signed by a physician, another order cannot be added to that order. If a change is needed to that order, then another order shall be written, discontinuing the first order.

6. Range Orders – Physician orders must be specific and not have a range in respect to dosage, frequency, or duration of therapy.
7. Taper and Titration Orders – Physician orders must be specific with defined parameters. Each must have the name of medication, dosage, frequency and duration of therapy.
8. Resume – Use of “resume”, as in resume previous orders is not permitted. Previous orders must be fully re-written.
9. Hold Orders- A hold order will not be accepted. Hold orders will be discontinued and must be re-written. This does not apply to original orders written with medical parameters.
10. Prescription compounding – the extemporaneous mixing of two or more ingredients as into an ointment or cream—is not permitted. The mixing of more than one injectable in a syringe is not permitted
11. Herbal medication –may be defined as phytonutrients derived from plants. The National Center for Complementary and Alternative medicine defines herbal supplements as a type of dietary supplement that contain herbs, either singly or in mixtures. An herb (also called botanical) is a plant or plant part used for its scent, flavor, and/or therapeutic proper. Herbal medication is not formulary and must be approved for use prior to the written order.

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POLICY: In order to promote the safe and efficacious use of antibiotics all orders are written on the Antibiotic Order Form.

PROCEDURE:

1. Physician is to complete all sections of form WFH-8b.
2. Concurrent treatment with 2 antibiotics may be indicated for a single infection, and can be ordered on one antibiotic order form if the use is properly documented and if the orders are written at the same time. If a second antibiotic is added to a treatment regimen at a later date, a new antibiotic order form is required. When an antibiotic order is written on WFH-8b, an order on the physician order sheet should state to see Antibiotic Order Sheet.
3. Treatment with 2 antibiotics for 2 different infections requires 2 separate antibiotic order forms, regardless of when the orders are written.
4. An antibiotic that is ordered initially empirically and later therapeutically requires a separate antibiotic order form for each order.
5. Any renewal of any antibiotic order also requires a separate antibiotic order form.
6. Antibiotic order forms are for systemic (PO or IM) antibiotics. Orders for topical, otic preparations and ophthalmic preparations may be written on regular POS.
7. A copy of the Antibiotic Order Form will be given to the Infection Control Practitioner

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