KATERI MEMORIAL HOSPITAL CENTRE

POLICIES AND PROCEDURES

Prepared by: Policy & Procedure Committee	**Department** NURSING	**Effective Date:** **April 1992** **Nov. 17, 2000** **November 2005**
Policy X **Procedure**	**Subject** **MEDICATIONS** Narcotic and Controlled Drugs	**Review Dates:** **March 17, 2000** **March 2001** **June 14, 2002**

Policy:

Narcotics and controlled drugs must be kept in the Inpatient Department locked cupboard and dispensed and controlled according to procedure.

Procedure

1. Narcotics/controlled drugs can be administered by all KMHC nurses, GPL's, nursing assistants and nursing externes through oral, skin, subcutaneous or intra-muscular route. Intravenous narcotics or controlled drugs cannot be administered by nursing staff.
2. Narcotics/controlled drugs will be delivered to the Inpatient unit by the Anna Laberge pharmacy technician. On arrival, the narcotics must be counted and signed by 1 nurse and the pharmacy technician.
3. Only Inpatient nursing staff can carry the narcotic key. This key must not leave the unit nor be left unattended.
4. Only Inpatient nurses have direct access to the narcotic cupboard. Student nurses, externes, private duty nurses, physicians or nurses from other departments are not given direct access to narcotic cupboard.
5. Home care and out patient nurses can request drugs from the narcotic cupboard. Entries for narcotics/controlled drugs dispensed must indicate the 'department name' in brackets beside the client's name. The inpatient nurse accessing the narcotic cupboard for the HC or OPD nurse must countersign the entry.

6. Entries for narcotics/controlled drugs are completed and signed with the full surname of the nurse. Any wasted, contaminated or discarded drug must be countersigned by another nurse.

7. Entries for narcotics/controlled drugs dispensed for persons on Home Pass must indicate 'Home Pass' in brackets beside the client's name and the total amount of drugs dispensed. Another nurse must countersign this entry.

8. At the change of every shift, two nursing staff (includes nursing assistant or GPL) count narcotics: one from the outgoing and one from the incoming shift. OR

   At each shift, the nurse in charge is responsible to

   a) Ensure narcotic counts are done at the beginning and end of each shift by two nursing staff (includes nursing assistant or GPL: one from the outgoing and one from the incoming shift.

   b) Ensures that any discrepancies are investigated immediately. If unable to correct, an incident/accident report is to be completed and the head nurse advised as soon as possible.

Kahnawake Homecare Team Home & Community Care Program Policies	
Date: Oct. 13, 2005	KAHNAWAKE
Policy: Personal Medication Lockboxes.	Policy Number:

OBJECTIVES:

- To ensure safety of client pertaining to timely and appropriate administration of medications.
- To (streamline) administration of medications by HHAs.

POLICY:

- Certain patients, identified by the Home Care nurses, will have locked wall boxes installed in their rooms. These boxes are for the storage of medications ONLY.

- Ensuring that the medications are in the box for distribution by the HHAs is the responsibility of the client's nurse. All pills should be in a dispill except for PRNs. Others such as nitro patches should also be in the box.

- Medications that should **not** be in the box are nitro sprays and PRN ventolin, which should be with the client, and insulin that is kept in the fridge in the nurses' storage room. Security will open the door for the HHAs.

- TBEL security, HCN manager, HC coordinator, and HCCS manager will keep keys for the boxes. An additional key will be kept at the HC coordinator's desk in case of emergency.

- Medications will be signed off **after** they are given on the medication sheets which are in each client's box.

- Unused or missed meds should not be returned to the box, they should be kept and given to the nurse responsible for the client ASAP.

- If the box needs cleaning, please inform the HHA working with the client. If it is broken, inform security.

- Boxes are the property of HCCS.

KATERI MEMORIAL HOSPITAL CENTRE

POLICIES AND PROCEDURES

Prepared by: Lidia De Simone Wendy Readman	Department NURSING IN-PATIENT SERVICES	**Effective Date:** **May 2005**
Policy X **Procedure X**	Subject **Medication** UNIDOSE SYSTEM	**Review Date:** **May 06, Nov 06, Dec 07, Oct 09, Nov 09**

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GENERAL INFORMATION ON THE UNDOSE SYSTEM

The UNIDOSE system delivers medication in blister packs, each individually labeled with the client's name, location, medications name, dose, color, and shape. The blister pack contains at most 3 different medications for a single patient for a single day and single time. The blister pack roll is produced at Anna Laberge Hospital (ALH) at 1100 and delivered by the pharmacy technician by 1430 on Mondays, Wednesdays and Fridays. On statutory holidays, the number of rolls will increase to cover the number of days needed. All user location changes (discharges, transfers, etc.) are communicated to ALH by the ward clerk every day at 11am using the Ward Clerk Communication form (Annex 2 – not included).

The system is computerized and produces pharmacological profiles for each user. The profiles reflect all medications ordered for the user and serve as a medication administration record (MAR). The MARs are printed by ALH every 14 days and begin at 0001 the day following delivery. In between, the MARs are kept up to date through the use of adhesive labels. Each page of the MAR is identified with location, name, DOB, file number (900 is at the beginning of each KMHC file number, height, weight, allergies.

The first column of the MAR lists the medication prescribed and information such as the dose, form, route, and particularities of administration, side effects. The second column indicates the time of administration and subsequent columns are dated for the next 14 days of administration. Individual cells will be blocked out to indicate which days medication is not to be given.

The MAR is a legal document and the pharmacists and nurses copy must be equal at all times, recognizing that a time lag will exist when the pharmacist service is closed. Therefore all prescriptions, whether it is a stat drug, a discontinuation, or a medication that can be given from Stock MUST be sent to ALH by FAX as soon as processed. In the case of STAT drug prescription, the label and drug will not be returned as all stat medications must be available in KMHC stock, overnight cabinet or emergency medications.

TheMAR permits the pharmacist to analyze the user's medications for potential interactions or incompatibilities. For the nurse, the MAR permits a global view of the client's medications, includes all required information for administration, and is the medication-recording sheet. All administered medications must be documented on the MAR including those medications administered as a 'collective prescriptions', all of which are found in stock.

Medications are ordered using 2 methods. For new prescriptions, a communication sheet accompanied by the prescription is sent by fax. For long-term care, the reorder form 'renouvellement periodique des ordonances' is sent by pharmacy every 3 months and doctors indicate any modification, initial each unchanged medication and sign the form.

The UNIDOSE service is obtained from Anna Laberge (ALH) pharmacy for KMHC and special attention needs to be paid to the time line between ordering and receiving medications and to communicating with and receiving medication with ALH.

VERIFICATION OF MEDICATION ADMINISTRATION RECORDS (MAR)

Policy:
Verification of orders against the original doctor's order or the Medication Administration Record (MAR) must be done alone and not as a team.
The charge nurse on nights verifies that all orders have been transcribed accurately.

Procedure:

1. Client MARs are received every 2 weeks. In the case of a new admission, the MAR is included with the medication delivery. In between times, the MAR is kept up to date by the use of self-adhesive labels.

2. The nurse verifies the MAR delivered against the MAR presently in use and verifies doctor's orders to assure any orders from the last 2 weeks are included in the MAR.

3. The nurse verifies each medication on the MAR to ensure it is
    a. complete and identical to the previous MAR or the doctor's order.
    b. that the hours of administration are included and correspond to the medical order.

4. The nurse verifies each self-adhesive label delivered with a medication against the original prescription and places the label in the next blank space in the client's MAR

5. Nurses verify orders alone versus verifying orders with another nurse as this is related to increased errors.

6. The nurse places their initial in black or blue pen to the left of each verified medication on the MAR or the self-adhesive label.

7. On night shift, the charge nurse verifies that all new doctor's orders have been correctly transcribed by comparing the entry to the original doctor's order and initials the order.

8. Place the MAR in the medication book

TRANSCRIPTION

Policy:
Intravenous medication order transcriptions are verified and countersigned by 2 nurses before administration.

Procedure:

1. Transcription of medication orders occurs as quickly as possible. After each order is transcribed, nurses draw a horizontal line after the last order and before signing to avoid orders being added or missed.

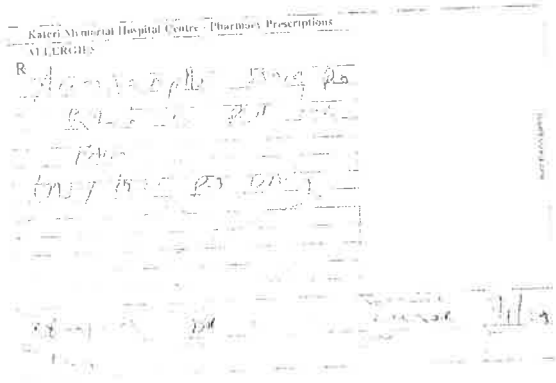
2. The nurse transcribes the medication order in the next blank space on the MAR. Note: do not wait for the self-adhesive label to transcribe an order, as this is associated with error. When the self-adhesive labels that accompanies the medication is delivered, the label can be placed in the next available space, while the hand written order is D/C.

3. After transcription onto the MAR, the nurse initials the MD order and faxes the prescription to ALH pharmacy as soon as possible.

4. Transcription of medication orders includes all the necessary data:
   a) name of medication
   b) dose
   c) frequency
   d) time of administration *See Administration of medication procedure below for times
   e) route of administration

5. Use the red stamp "discontinued" when a medication is completely stopped or re-prescribed with a modification (except for an IV rate). The stamp is to be used in the column beside the last administered dose on the MAR.
6. Intravenous order transcriptions are verified and countersigned by 2 nurses before administration. Most intravenous orders are of an urgent nature and therefore miss the verification by pharmacy. Having 2 nurses verify the transcription decreases the potential error.

7. Stat orders are signed off as given, indicating the time of administration.



TELEPHONE ORDERS BY PHYSICIANS

Procedure:

1. Only a physician on active staff at KMHC can give a telephone medication order.

2. Only a nurse or the pharmacist at ALH can receive a telephone order and transcribes the order onto a prescription sheet.

3. The best practice is for doctors to write their order, and then say it. The nurse writes it on the prescription sheet, then reads what she has written to the MD and awaits for confirmation before accepting the order. A second nurse can listen simultaneously or the doctor may be requested to repeat the process with a second nurse. Two nurses must hear and confirm a verbal order, unless exceptional circumstances exist.

4. ALH pharmacist will indicate changes on an original prescription that are a result of the pharmacist's consultation with the doctor. **Nurses can accept these written changes to a prescription by a ALH pharmacist that resulted from a verbal order by a doctor to the pharmacist.**

5. Physicians must countersign all telephone orders within 24 hours, including those, which have been taken by pharmacists. Orders will be discontinued within 24 hours if not signed.

6. The order is to be entered onto the prescription sheet clearly, indicating
   - the name, dose and route of the prescribed medication,
   - the date and time the order was received
   - the indication that this was a telephone order
   - the signature of the nurse who received the order
   - the name of the doctor who gave the order

7. Document administration of the medication in the client's MAR and on the prescription sheet, indicating the time and date the medication was given.

8. Verbal orders in the presence of a physician can be followed in emergency situations only.

9. The responsibility for telephone orders rests with the prescribing physician. In the event of subsequent disagreement, and there have been two nurses who heard the order, the assumption will be that the two nurses have correctly heard the order.

10. The nurse retains the right to refuse to carry out orders that they consider dangerous or contraindicated. In such situations, the nurse will always consult with the Nurse Manager.

CONDITION FOR ACCEPTING ANNA LABERGE DOCTOR'S MEDICATION ORDERS

Policy:

KMHC nurses can accept discharge prescription orders from the physician at Anna Laberge Medicine unit or Emergency Room who is discharging the client to KMHC. These discharge prescription orders are accepted by KMHC doctors for a period of up to 24 hours and can be followed by nurses in the Inpatient department for that same time period.

Objective:
To increase the continuity of medication administration and decrease cost and effort in providing medications for the transferred client.

Procedure:

1. KMHC nurses accepting a transfer from an Anna Laberge Medical unit or Emergency Room must proceed as follows to have the discharge medications follow the patient to KMHC:

    - Call ALH pharmacy and ask them to get the discharge prescription from the ALH clinical area and prepare the pharmacological profile and the medications to accompany the client to KMHC and to deliver these to the unit prior to the client leaving (*note: inform ALH pharmacy of the client's name, KMHC room and bed number the client will be admitted to)
    - Inform the discharging nurse that the medications, the MAR and discharge prescription will be sent by their pharmacy and need to accompany the client at discharge.

2. The nurse must assure that the medications are re-ordered by the KMHC doctor ASAP or within 24 hours in order to continue to give medications.

3. The discharge prescription is to be filed in the client's chart.

KMHC CDPD resolution to accept discharge prescription from doctors at ALH medicine units till revision for a maximum of 24 hours passed on October 20, 2005 by the Executive committee and the physicians were informed by Memo.

ORDERING MEDICATIONS

Procedure:

1. Nurses use the RN **Communication Form** (Annex 1) to communicate all medication needs to ALH pharmacy. These forms must be labeled with the user's addressograph and room number. Categories include requests for:

   - Multidose Medication: indicate name of medication
   - Temporary Leave Medication: indicate the start and return date
   - New medication: include the prescription that is identified with the client's addressograph
   - Missing Medication: indicate name of medication
   - Urgent request: indicate if the medication is needed urgently

2. Fax the RN Communication Form to ALH pharmacy, stamp it faxed and place it in the FAX basket or before the MAR in the medication binder to flag that the medications are awaited. Fax all prescriptions as soon as they are processed. If a prescription was not faxed, communicate with ALH pharmacist to let them know that you are faxing a prescription which is dated, so they can recognize at which point in time it fits into.

3. Medications in multi-dose formats are dispensed automatically on the first prescription only, as the pharmacist will not know when the medication runs out e.g. 30 gm of cream can be used up in a week for one client and a month for another, multi-dose format medication must be reordered by the nurse. The amount of time required to deliver the medication must be kept in mind, e.g. order on Friday if it is noted that there is only enough medication till Monday. To communicate that the multi-format dose medication has been ordered, a yellow sticker with the date of re-order is to be placed on the old container.

4. Temporary leave medications are dispensed by ALH pharmacy in blister packs inside regular prescription containers and will be delivered at the next medication delivery date. If the client is going home prior to this, the clients can be given the blister packs that have already been dispensed but will need to return for the rest of the medication.

5. If a new order results in a needed change in the blister packs already delivered, this need to change the medication in the blister pack is flagged by placing a red adhesive dot on the blister packs that require a change.

6. Long-term care residents' prescriptions are valid for 3 months and are reordered using the reorder form *'renouvellement periodique des ordonances'*. This form is sent by pharmacy for MDs to review, change and sign. To facilitate re-ordering, medications prescribed during the 3-month interval are given the same stop date as the rest of the medications. Reorder forms are delivered 2 weeks prior to medication prescriptions expiring and are given to the doctor for reorder. For short-term care users, prescriptions are valid till discharge. If a short-term client is in hospital for longer than 3 months, the doctor has to reorder all medications.

PREPARATION OF MEDICATIONS

Policy:
Unwrap blister packs only prior to administration.

Procedure:

1. In the nursing station, verify the MAR and obtain medications that may not be in the blister packs (e.g. refrigerated medications, narcotics).

1. In the patient's room (except for isolation rooms), tear off blister packs for the specific time. If a patient is on isolation, prepare their medications at the patient's door.

2. Place the MAR beside you and put a dot beside the time box of each medication you are to give after you have identified that it is in blister pack and that you have verified the name and dosage of the medication in the blister pack with the MAR.
   ***Be alert for any blister pack that may have contents requiring a change. These are identified by a red dot, which is placed on the blister pack.**

3. If a medication that is due is not in the blister pack **and you have not brought it with you**, put an X beside the time box, so that you are cued to get them afterward (e.g. medication is in the fridge, medication in a separate package)

4. Use the order of the MAR and go through the MAR, 1 sheet at a time till the end

5. DO NOT UNPACKAGE MEDICATION TILL ADMINISTRATION. The blister pack is labeled and provides the opportunity to check the 6 rights prior to administration.

6. Then administer medications according to procedure below and signing at the dots only after administration.

For medications that are not included in the blister pack
* Check further down a blister pack roll **(usually the next one)** if you do not have a complete dose
* Check the cassette for individual blister packs – they are usually clipped together

*GOOD IDEA – count the number of dots and the number of medications you have to double check you have them all

ADMINISTRATION OF MEDICAITONS

Policy:
Medications must be administered by the nurse or nursing assistant who prepared the medication after verifying the 6 rights.

Procedure:

1. Only administer those medications you have obtained from your client's blister packages, multidose or stock medications, and the overnight or narcotic cabinet. NOTE: there is an automatic substitution of drugs that are not on the Anna Laberge Pharmacy formulary. This will be indicated on the patient's MAR with the words ' auto substitution" and can be administered by the nurse, e.g. Pantoloc for Losec.

2. Use 2 identifiers to ensure you have the right patient - the client's identaban and their picture in the medication kardex (if no picture is available the client's room number or an affirmative response to their name (if competent) can be used as the 2nd identifier).

3. Verify the 6 rights just prior to administration:
   Right client
   Right medication
   Right dose
   Right route
   Right time
   Right REASON by verifying the fit between the patient's condition and the medication ordered

4. Have client take the medication in front of you and only then sign off on the dots of the meds you have administered.

5. Administration not only includes putting on a patch but also removing a patch

6. The following chart guides administration times:

ABBREVIATION	TIME	EXCEPTIONS
QD	0800	Administer Coumadin and Lipitor at 1800
BID	0800 2000	Lasix is given at 0800 – 1600
TID	0800 – 1400 – 2000	
QID	0800 – 1200- 1600 – 2000	
With meals	0730 – 1130 – 1630	
HS	2000	Except insulin is 2100
AC	7 – 11 – 16	
Q6hr	0600-1200-1800-2400	
Q4hr	0400-0800-1200-1600-2000-2400	
Q8hr	0600-1400-2200	

INDEPENDENT DOUBLE CHECKS OF HIGH RISK MEDICATIONS

Policy:
High-alert medications and complex calculations of intravenous fluids or medications require an independent double check and countersignature by another nurse or nursing assistant. High risk medications include:

a. S/Q insulin, S/Q heparin
b. Opiates by oral, S/Q, I/M or transdermal route
c. All medication given Intravenously

Procedure:

1. After verifying the order, the nurse responsible for the patient calculates and prepares the dose of medication.

2. The 'independent' part of the check means that the second nurse conducts the verification of the order and calculates the dose in an individual manner and matches the results for verification. This prevents receiving biasing information from the first nurse that could lead to making the same mistake and will make it easier to identify a mistake made by another. (ISMP 2004).

3. The 'double' check occurs when the nurse administering the medication does the initial check of the right patient, medication, dose, time and route. The second nurse verifies the following: the patient, transcription, correct medication, dosage, calculation, route and time.

4. Nurses doing the independent double check counter initial the medication administration record or MAR.

5. Note the use of insulin pens is required for the administration of subcutaneous insulin and the amount is to be verified by a second nurse

6. All Heparin flush syringes including those prepared by ALH (this includes those used to flush PICC lines) are verified by a second nurse.

Note: High-risk medications are double-checked because should an error occur, they are more likely to cause significant patient harm. Manual redundancies such as independent double-checks are important as they can detect about 95% of errors. Independent double checks serve two purposes: to hopefully, though not dependably, detect a serious error before it reaches a patient; and just as important, to bring attention to the systems that allow the introduction of human error. Independent double checks should be done on error prone processes such as the use of high alert medications (ISMP, 2005).

DOCUMENTATION OF MEDICATIONS ON THE MEDICATION ADMINISTRATION RECORD

Policy:
All medications administered to a client must appear on the client's MAR.

Procedure:
A 14-day MAR is used for each client.

1. Document immediately after (NOT BEFORE) administration of a medication by placing your initials in the box, which corresponds to the time and date of the dose.

2. If the hour of administration is different than the hour on the profile, indicate the exact time of administration.

3. For PRN medications, indicate the hour of administration, as well as your initials.

4. Use the following abbreviations if indicated.
   - R (refused)
   - C (contaminated)
   - NPO (nothing per os)
   - NG (not given)
   - OOP (out on pass)
   - SITE OF IM INJECTION: left or right deltoid, buttock or thigh

5. For documentation of patches or insulin subcutaneous injections, consult the rotation of sites for patches.

6. For documentation of medications given under a 'collective prescription' (formerly known as DMA), the medication, the dose, and route are written in the MAR with the abbreviation CP to indicate the medication was given according to a ' Collective Prescription'.

7. When using a self adhesive label, ensure that the dates indicated on the MAR coincide with the present 14-day cycle and indicate the start date by putting an arrowed line to the start date.

8. The nurse signs and initials each MAR in the space provided on the last page of the MAR.

DOCUMENTING MEDICATION ERRORS ON THE PATIENT'S MEDICATION ADMINISTRATION RECORD

Policy:
Medication errors must be reported in an incident report and recorded on the patient's MAR..

Procedure:

1. When a medication error is discovered, the nurse in-charge and depending on the severity, the doctor on duty are notified.
2. The nurse, nursing assistant, GPL or Nursing Externe who discovers the error complete an incident report.
3. The nurse, nursing assistant, GPL, or Nursing Externe who discovers the error documents details of the error in the client's chart noting the client reaction and treatment.
4. If the nurse who made the error, discovers it, the error is to documented on the MAR as follows:

    - ***MEDICATION ERROR***
    Inscribe the name, route and dose of the incorrect medication given in a blank space on the MAR and label as 'error' and initial.

    - ***DOSAGE ERROR-***
    Inscribe the dosage given and label as 'error' and initial.

    - ***TIME ERROR-***
    Inscribe the actual time given and label as 'error' and initial.

    - ***ROUTE ERROR-***
    Inscribe the actual route used and label as 'error' and initial.

    - ***WRONG CLIENT-***
    Inscribe in the MAR of the wrong client the name of the medication received, the dose, the hour and the route, and indicate it as an 'error' and initial.

USE OF THE OVERNIGHT CABINET

Objective: To provide a source of medications to Inpatient department which may be missing because the medication is part of a new prescription, because a dose was wasted, or other reason. This cabinet is located in room 187.

Procedure:

The nurse verifies the signed prescription or the client's MAR.

The nurse dispenses the medication from the Overnight Drug Cabinet

The nurse completes the **Overnight Drug Cabinet User Sheet Annex 3.**

The nurse indicates on the prescription that will be sent to ALH that the first dose was taken from the overnight cabinet and the time of that dose.

The **Overnight Drug Cabinet User Sheet** is forwarded to the pharmacy by the ward clerk on Monday, Wednesday and Friday by noon.

During ALH pharmacy hours, but after the hospital drivers last pick up, a necessary medication which is not in the Overnight Cabinet, can be ordered and delivered by Taxi, **if this important extra cost is deemed necessary**.

Annex 1
Attention: Pharmacist
Centre Hospitalier Anna Laberge
Fax: (450) 699-2426

☐ **Multidose Medication**

Name of Medication: _____

☐ **Temporary Leave Medication**

Start Date and Time: _____
Return Date and Time: _____

☐ **Admission**

Prescription Attached: _____

☐ **Missing Medication**

Name of Medication: _____

☐ **Urgent – To Be Picked Up** _____
Have you checked the Overnight cabinet?

Comments:
_____

Signature: _____ **Date:** _____

Kateri Memorial Hospital Centre
Inpatient Department
Fax: (450) 638-2872

OVERNIGHT CABINET – USER'S SHEET (ANNEX 3)

Date	Patient Name	Medication and concentration	Quantity taken	Drawer #	Nurse's Signature
		e.g Coumadin 1 mg.	*3 tabs*		