5.00 Medication Administration Program

Purpose

The goal of the medication management program within the SCCHC organization is to provide medications for patients, as prescribed by their providers, from the medication closet supplies in a safe and consistent manner.

The sources of the medication supplies are from the clinic pharmacy, sample medications received from the pharmaceutical companies, the medications purchased by the organization as stock medications, and the medications and vaccines received from the Department of Public Health or Boston Medical Center for administration to the qualified patients.

The policies that govern the receipt and distribution of the medications were developed to provide the guidelines and procedures for the administration and storage of the medications and vaccines.

The medication management system presents possibilities for both risks and safety issues.
The program must be evaluated by the clinical and administrative staff on an annual basis and will include the nursing staff responsible for the maintenance of the medication closets and the department directors from the appropriate departments.
The mechanism in the organization that is most appropriate to evaluate this program is the Patient Safety Committee and will review this program at their routinely scheduled meeting in August every year.

The medication administration system should be reviewed for possible risks in the areas of:

1) the list of approved medications;
2) the order, purchase, receipt, storage, placement of medications in designated secured closets, refrigerators, or freezers;
3) the available Look-Alike/Sound-Alike (LASA) medications and posted lists;
4) the list of most prescribed medicines for each department;
5) the administration, distribution, and documentation of administered medications;
6) the medication logs maintained by the Adult Medicine, Behavioral Health, and Pediatric Departments at all health center sites;
7) any episodes of FDA recall;
8) disposition of outdated, compromised, or recalled medications;
9) episodes of untoward side effects, adverse or allergic reactions reported by patients;
10) any other area of medication administration warranting safety concerns.

The clinical department representatives will routinely evaluate the literature for new technologies or successful practices that have been demonstrated to enhance safety in other organizations to determine if SCCHC can improve its own medication management system.

5.01 Sample Drugs Management and Distribution

Purpose
The purpose of this policy is to provide a consistent and safe process for the dispensing and management of sample drugs, according to Massachusetts State Law, Department of Public Health 105 CMR 700.000: Implementation of M.G.L. c. 94C, at South Cove Community Health Center.

Policy
The definition of "sample medication for the purpose of 105 CMR 700.000 shall mean a unit of prescription drug distributed by the manufacturer or distributor to practitioners in the original package from the manufacturer, not repackaged and given free of charge to patients. Such medications shall include but not be limited to those medications dispensed as part of an indigent patient drug program."

Procurement
All sample medications are obtained from pharmaceutical representatives who have properly identified themselves at the registration area, signed the visitor log sheet, and have been given a visitor badge. The representatives will then speak to a nurse regarding the purpose of the visit and to help identify the needs of the department. The nurse will then refer the representative to a provider. A provider must sign for the receipt of or the placement of an order for any sample medications.
An order for samples is placed with the representative in person.
A nurse or a provider is authorized to accept medications from pharmaceutical representatives, medical suppliers and DPH.
Upon receipt of the medication, the medication is immediately placed in the locked medication room and the appropriate log sheet must be completed.

Identification and Logging of Sample Drugs
All sample medications are logged in the medication log located in the medication room.
Access to the locked medication closet/cabinet is for designated staff.
The logging of sample medications will be done by a nurse or provider within each department. This log is maintained in a chronological method to maintain an accurate inventory of each sample, lot number and dispensing information. Each medication will have a log sheet that will be identified by the dose and name of each medication and a separate sheet kept according to the different dosages of the medication. (**See attached log sheet**)

Monitoring for Outdates
Monitoring for outdated medication and inventory will occur on a monthly basis. A nurse will inventory each logged medication checking for quantity and outdates monthly. Each outdated medication will be discarded appropriately, in biohazard boxes and witnessed by another provider. Both signatures will be documented on the medication log. Discrepancies in the inventory will be filed as an incident report by the nurse or physician conducting the inventory.

Dispensing, Logging and Labeling of Samples
A licensed provider is the only one authorized to dispense medications. The provider must label the sample medication with a South Cove medication label (available in English and Chinese) or provide patients with written instructions on how to take the medications.
Nurse practitioners and certified nurse midwives may dispense and prescribe medications according to Massachusetts Law and the State Board requirements for physician supervision.
In accordance to 105 CMR 700.010: Dispensing and Labeling of Sample Medications by Practitioners: "A schedule VI sample medication is a single dose or in such quantity as is in the opinion of the practitioner appropriate for the treatment of the patient but not exceeding a 30 day supply per dispensing; provided, however, that this quantity may be increased to a 90 day supply if dispensed as part of an indigent patient drug program and deemed appropriate in the professional judgment of the practitioner."

All South Cove dispensed sample medications shall have a label (in Chinese or English) affixed to the outside of the package and it includes the following information as required under 105 CMR 700.010:

- Practitioner's name and clinic site address and telephone number
- Date of dispensing
- Name of the patient
- Name, dosage form and strength
- Clear, simple directions for use
- Cautionary statements
- Expiration date of the medication

The information will be presented in a manner that can be easily understood by the patient in a language (either Chinese or English) appropriate for the patient. A combination of written information, labeling and counseling maybe used to meet this requirement, based upon the individual needs of each patient.

If multiple packages of the same sample medications are dispensed at the same time to the same patient, under 105 CMR 700.010, practitioners are allowed to place the samples in a larger brown or plastic bag to which one label containing applicable information will be affixed.

Medications stored in the medication rooms must be categorized according to Look-Alike/Sound-Alike and/or Drug Alert and the appropriate labels placed on the shelf in front of the medication. (See policy 1.8)

Recall System

In the event of a medication recall and upon notification of the staff from the manufacturer, all patients will be identified from the sample medication log and notified to discontinue the drug. Follow-up appointments will be made for each individual to evaluate for potential side effects as needed.
The drug manufacturer and state and local officials will be notified as indicated by law.

Re-packaging of Samples

Re-packaging of sample medications **should not occur**. Medication will be maintained in their original packaging and labeled according to the above stated guidelines.

5.02 Medication Administration and Storage

Purpose
This policy is written to provide guidelines for the professional staff in the proper and safe administration of medications at South Cove Community Health Center.

Policy
General Statements:

- Each nurse and provider is responsible for understanding the pharmacological aspects of each drug being administered.
- Drugs noted to have abnormal characteristics or that have expired should not be given. This should be reported to the Medical Director immediately.
- All medications to be administered must be ordered by a physician or nurse practitioner and include name of the drug, dose and route of administration.
- Medications will be administered to patients by a licensed provider or nurse or medical assistant.
- Staff must always inquire and document in the medical record any known allergies to medications and verify these allergies prior to administering the medication to patients.
- Tablets and capsules may not be split or opened in order to alter dosage prescribed.
- Staff may not change the route of administration without a written order.
- Label all medicines that are not already labeled. For example: medicine in syringes, cups and basins.
- Medications may not be administered in the same syringe unless specifically written in the medication order. The exception is insulin.
- Medications that are given to the patient by injection must be drawn up by the nurse or medical assistant and label placed on the syringe identifying the specific medicine being given. If multiple injections are to be given to patient such as in the Pediatrics department during the same patient appointment, then the nurse/medical assistant can draw up the medication for preparation but must be sure that a label is placed on each of the syringes placed on the tray prior to administering the injections to the patient.
- Medication errors should be reported immediately to the provider both verbally and in writing using an “Incident Reporting Form.” Incident forms will be forwarded to the Medical Director.
- Adverse Drug Reactions shall be immediately reported to the provider and documented in the progress notes and on the ADR check sheet (see attached). If needed, the “**Emergency Policy**” for South Cove should be initiated. An Incident Report shall also be completed and forwarded to the Medical Director within 24 hours of the occurrence.
- South Cove uses both computer printout and paper prescription pads. Prescription pads will be kept in the possession of the provider or locked in the medication room. Only providers shall have access to such prescription pads. Pads are ordered centrally at each site and kept track through a log sheet by the designated staff.

Storage and Security:

- The clinic pharmacy inventory is only available for SCCHC patients and pharmacists are in control of the inventory.
- Medication syringe labels will be kept in either the medication room or nursing stations.
- Medications and syringes needles will be maintained in the designated medication rooms or nursing stations and kept secured at all times.
- Refrigerators containing medications, including vaccines, will be kept in either the medication room or nursing stations or laboratory refrigerator. Only authorized licensed providers and/or only designated clinical department staff will have access to these refrigerators.
- All medication rooms must be locked at all times and the doors closed. The code to the door lock will only be given to those authorized access to the medication rooms. The key to the medication room in Behavioral Health will be available to those authorized access to the medication room.

- Any controlled substances, Schedule 2-5, will be kept at the SCCHC clinic pharmacy ONLY, and in double-lock cabinets.
- Access to medications in the clinic pharmacy is only accessible when the clinic is open.

Monitoring for Outdates:

Monitoring for outdated medication and inventory will occur on a monthly basis. A nurse or pharmacist will inventory each logged medication checking for quantity and outdates monthly. Each outdated medication will be discarded appropriately, in biohazard boxes and witnessed by another provider. Both signatures will be documented on the medication log. Discrepancies in the inventory will be filed as an incident report by the nurse or physician or pharmacist conducting the inventory.

Recall System:
In the event of a medication recall and upon notification of the staff from the manufacturer, all patients will be identified from the sample medication log and notified to discontinue the drug. Follow-up appointments will be made for each individual to evaluate for potential side effects as needed.
The drug manufacturer and state and local officials will be notified as indicated by law.

Poison Prevention and Control:
The regional center for poison control and prevention serving Massachusetts can be reached at 1-800-222-1222.
See attached guidelines and alerts from HHS.

Patient Medication Lists and Medication Reconciliation:

- It is the responsibility of the provider to give a list to the patient.
- A patient's medication list should initially be given to the patient from their provider/PCP during an appointment to provide the patient with a list to keep for their own information and to have available use in case of visit to an emergency room, another provider outside of SCCHC, etcetera.
- A provider can give the patient their medication list by different options as long as the patient receives the list and the provider documents in the progress notes that the patient was given their list of medications (documentation can be handwritten or by use of the pre-printed stamp available to providers: "Medication list given to patients, or be noted in the patient's progress sheet in eCW.)
- Different options available to the providers include: writing the list on a piece of paper or in a notebook, printing it out from the eCW, or using the form developed for SCCHC providers to use. (Sample of form attached to this policy.)
- The medication list form may be copied by the staff and placed on the inside front cover of the patient's hard copy medical record on top of the chart's Problem/Medication List for future reference to the providers in case the patient does not bring their copy of the list with them to the appointments. If this list is revised at the appointment then a new copy will be given to the patient and a new copy placed in the chart or in patients' eCW chart.
- The medication list should be reviewed by the patient's provider with each appointment and revised whenever the list of medications is changed.
- The complete list of the patient's medications will be communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within our outside the organization.
- The complete list of medications is also provided to the patient on discharge from the facility.
- The patient and/or family members should be encouraged to read the list and asked to keep this list in their wallet and to bring this list with them to every SCCHC appointment and whenever they see a provider outside of SCCHC.

The Joint Commission Requirement for Multi-dose Vials:

- The Joint Commission requires organizations to re-label multi-dose vials with a revised expiration date (beyond-use date) once a multi-dose vial is opened or punctured because the expiration date is no longer valid.
- The Joint Commission defines “expiration date” as the last date that the product is to be used. (The manufacturer bases the expiration date on the fact that the product has not been opened.)
- The Joint Commission requires a 28-day expiration date for multi-dose vials from the date of opening or puncture, unless the manufacturer specifies otherwise. The Joint Commission bases this 28-day time frame on the fact that manufacturers are required by law to test the effectiveness of the bacteriostatic agent used in the multi-dose for a period of 28 days.
- The FDA allows manufacturers to provide extended dating in the package insert if they have conducted testing beyond the minimum 28 days. However, if the manufacturer identifies an original expiration date earlier than the revised expiration date, then the earliest date must be used.
- If sterility is questioned or compromised, the multi-dose vial should be immediately discarded.
- This dating expectation does not apply to vaccines in the Center for Disease Control and Prevention and state immunization programs which have separate requirements for when multi-dose vials must be discarded.

Administration of Medication

Subcutaneous:

Procedure	Points
Prepare injection using aseptic technique and a 25 gauge needle	Medication may be prepackaged in its own syringe.
Select injection site and position patient accordingly.	1. Anterior and lateral thigh 2. Middle third of upper arm
Cleanse site with alcohol wipe	
Compress and lift subcutaneous tissue	To avoid injecting into muscle.
Insert needle at an angle a) 45 to 60 degree b) 90 degrees for heparin and insulin injections and other medications as indicated	Angle should depend on amount of subcutaneous tissue.
Release pinched skin.	Prevents leakage from needle track.
Aspirate	To avoid giving medication intravenously.
Inject medication into tissue.	
Remove needle in the same direction as inserted.	
Massage area with alcohol wipe	Except when contraindicated.

IM Injections:

Procedure	Points
Prepare injection using aseptic technique using 21 to 23 needle	Medication may be prepackaged.
Select injection site and position patient accordingly.	Sites may include: a. Ventrogluteal b. Deltoid c. Dorso gluteal d. Vastuslateralis
Cleanse site with alcohol wipe	

Make skin taut by stretching skin between forefinger and thumb.	To avoid injecting into muscle.
Insert needle at 90 degrees	
Release pinched skin.	Prevents leakage from needle track.
Aspirate	To avoid giving medication intravenously.
Inject medication slowly	
Remove needle in the same direction as inserted.	
Apply pressure to site. If bleeding occurs, maintain pressure for one to two minutes.	Except when contraindicated.

Oral:

Procedure	Points
Ensure that patient can swallow medication	Swallowing should be assessed as some patients may have difficulty. This is especially true for children, elderly or the dehydrated individual.
Identify the patient by name and administer the medication.	
Stay with the patient until medication is taken.	

Recording Medications Given:

Procedure	Points
Any medication administered to the patient must be charted in the progress notes to include: a. Date b. Type of medication c. Dosage d. Route e. Site f. Signature of the provider	Signature must include provider's full name and credential.
Immunizations should be recorded on the immunization record in the patient's chart and also on the bubble sheet located in the medication room. The immunization documentation should include all the above information and the lot number.	

5.03 Adverse Drug Reaction Reporting and Documentation

Purpose
The purpose of this policy is to provide guidelines for reporting and monitoring of Adverse Drug Reaction at South Cove Community Health Center.

Policy
Definition:
An Adverse Drug Reaction (ADR) is defined as an undesirable or unexpected event that requires discontinuation of a drug, modifying the dose or providing supportive treatment in response to the reaction.

The following steps should be initiated after report of an ADR:

- Upon report from the patient of a reaction to a medication, the patient's primary care provider should be notified immediately.
- An assessment of the symptoms the patient is experiencing is conducted and action taken as indicated based on the findings.
- Appointment for follow-up is made for the patient if indicated.
- "Allergy" label is placed on the outside of the patient's medical record and information noted on the problem list and record.
- Any sentinel events identified are evaluated and reported to the appropriate agencies according to federal and state regulations (FDA, Board of Registration in Medicine, etc.)

5.04 Medication Administration – Vaccine

Purpose
The purpose of this policy is to provide information to all licensed nurses and providers responsible for the handling, administration, documentation and reporting in order to be in compliance with established state and federal programs.

Policy
The attached guidelines describe in detail all requirements for participation in the vaccine program. All providers will be aware of such requirements and be responsible for all documentation in the patient record as well as to the individual as required by statute.

All vaccine records will be maintained as part of the permanent patient record for 20 years as required by law.

All vaccine will be stored appropriately according to the federal requirements and temperature recorded twice daily within each clinical department in which vaccine is stored.

The MDPHIP (Massachusetts Department Public Health Immunization Program) has established Patient Eligibility Criteria and schedules for pediatric and adult immunization programs and all providers should assess and administer vaccine according to the guidelines.

The current guidelines are kept in the appropriate clinical departments

All providers are responsible for reporting of all vaccine related injury events according to the November 10, 2008 National Vaccine Injury Table (see attached resource). Adverse events should be reported to the Vaccine Adverse Events Reporting System (VAERS) and forward this information to:

VAERS
c/o ERC BioServices Corporation
A Division of Ogden Biomedical Service Group
First Street
Rockville, MD 20850

VAERS forms and instructions are available on the VAERS website at http://vaers.hhs.gov/index or by calling 1-800-822-7967.

5.05 Temperature controls for medicine storage rooms/refrigerators/freezers

Purpose
Provide specific guidelines and instructions to maintain quality controlled standards of temperatures for both the medicine storage rooms and the refrigerators and freezers used to store medicines and vaccines in the clinics. This is necessary to maintain equipment and shelf life of medicines and vaccines.

Policy
Medicine room temperature
The medicine room temperature will be maintained between 68 and 77 degrees Fahrenheit (68º-77ºF) or 20 and 25 degrees Centigrade (20º-25ºC) at all times. If requirements for the temperature range change then the clinical department's designated representative will revise the acceptable ranges.

Monitoring temperature:
Department staff will check the temperature noted on the digital thermometers or thermometers posted in each medicine room twice daily (once in the morning no later than 10AM and once in the afternoon no later than 3PM) and document this information on the temperature log sheets (see blank attached) posted in each room. The log is posted for the current month, removed at the end of the month, and placed in the central temperature log book in the department at the clinic sites.

The acceptable range for the room temperature is set on the digital thermometer according to manufacturer's guidelines for the items that need to be placed in temperature control environments. An alarm mechanism on the thermometer will alert staff to any variances in the temperature above or beyond the set ranges.

Action for alarm activation:
The appropriate department staff will note alarm and check to see if caused by malfunction of thermometer due to low battery or from environmental changes. If the environmental temperature has changed due to variances in the building heating/air conditioning systems then staff must notify the appropriate clinical department nurse that utilizes the refrigerator, clinic/site manager and /or administrative personnel to alert them of problem.

Use of Digital Thermometer:
A copy of operations manual (see attached) is available in the department's temperature control log book and posted in the room near thermometer.
The temperature control range is set in either Centigrade or Fahrenheit values.
The power source is provided by one AAA (triple A) battery.
System alarm: an alarm will sound when battery is low or the temperature falls above or below the set ranges.

Refrigerator temperature:
The temperature of the refrigerator in the medicine room will be monitored using a digital thermometer and/or a manual thermometer. The temperature will be maintained between 35-46 degrees F (or 2-8 degrees C) at all times. If requirements for the temperature range change based on the items stored in the refrigerator then the department representative will revise the acceptable standard ranges.

Monitoring temperature:
Designated department staff will check the temperature noted on the thermometer posted at or in the refrigerator twice daily (once in the morning no later than 10AM and once in the afternoon no later than 3PM) and document this information on the temperature log sheets (see blank attached) posted near/on the refrigerator. The log is posted for the current month, removed at the end of the month, and placed in the central temperature log book in the department.

The acceptable range for the refrigerator temperature is set on the digital thermometer according to manufacturer's guidelines for the medicines/medical supplies that need to be placed in the refrigerator in

a temperature control environment. An alarm mechanism on the digital thermo meter, if used, will alert staff to any variances in the temperature above or beyond the set ranges.

Action for alarm activation:
The appropriate department staff will note alarm and check first to see if it may have been caused by low battery. If the temperature is out of range for any reason then the department nurse, clinic/site manager and/or administrative personnel must be notified to alert them of problem.

If the temperature is unable to be maintained to protect the stored items at the manufacturer's guidelines then the items will be moved to another refrigerator/freezer in the clinic or discarded based on acceptable manufacturer guidelines.

Use of Digital Thermometer:
A copy of operations manual for digital thermometer is available in the temperature control log book and posted in the room near thermometer. Temperature control range is set in either F or C values. Power source is provided by battery. System alarm will sound when battery is low or the temperature goes above or falls below the set ranges.

Freezer temperature:
The temperature of the freezer in the laboratory will be monitored using both a digital thermometer and a manual thermometer as a secondary check system. The temperature will be maintained at -15°C to -50°C. If requirements for the temperature range change based on the items stored in the freezer than the laboratory supervisor will revise the standard ranges.

Monitoring temperature:
The appropriate department staff will check the temperature noted on the digital thermometer posted on the side of the freezer twice daily (once in the morning no later than 10 AM and once in the afternoon no later than 3 PM) and document this information on the temperature log sheets (see blank attached) posted on the freezer door. The log is posted for the current month, removed at the end of the month, and placed in the monthly log book in the main laboratory at the clinic sites.

The acceptable range for the freezer temperature is set by the laboratory supervisor on the digital thermometer according to manufacturer's guidelines for the items that need to be placed in the freezer in a temperature control environment. An alarm mechanism on the thermometer will alert laboratory staff to any variances in the temperature above or beyond the set ranges.

Action for alarm activation:
The appropriate department staff will note alarm and check first to see if it may have been caused by low battery. If the temperature is out of range for any reason then the department nurse, clinic/site manager and/or administrative personnel must be notified to alert them of problem.

If the temperature is unable to be maintained to protect the stored items at the manufacturer's guidelines then the items will be moved to another refrigerator/freezer in the clinic or discarded based on acceptable manufacturer guidelines.

Use of Digital Thermometer:
A copy of operations manual for thermometer is available in the laboratory temperature control log book and posted on the side of the refrigerator/freezer. Temperature control range is set in Centigrade values. Power source is provided by battery. System alarm will sound when battery is low or the temperature falls above or below the set ranges.

5.06 Medication Administration Documentation – Unacceptable Abbreviations

Purpose
Standardizing terminology, definitions, vocabulary, and nomenclature facilitates communication of data and information within and among the organization and other organizations. Abbreviations, acronyms and symbols must also be standardized.

The use of a list of approved standardized abbreviations, acronyms, and symbols is to protect patients from the effects of miscommunication.

Policy
This policy provides a list of abbreviations that **are not to be used** by any of the professional staff that participates in any clinical documentation at SCCHC.

The National Patient Safety Goals by the Joint Commission and the Institute for Safe Medication Practices contain a list of the **unacceptable abbreviations, acronyms and symbols** that are prohibited from use in any phase of medication administration and clinical documentation due to their being identified as dangerous to patient care.

An abbreviation on the “do not use” list should not be used in any of its forms – upper or lower case; with or without periods.

In addition to the **abbreviations listed on the attached page**, any ambiguous and otherwise dangerous forms of notation should be eliminated from all health care documentation.

5.07 Medication Administration – Use of Telephone or Verbal Orders

Purpose
The purpose of this policy is to clarify the procedures for the use of all telephone and verbal orders in the organization in the administration of patient care.

Policy
General Statements:

- Procedures for receiving, transcribing, and authenticating all verbal orders are established to protect the quality of patient care, treatment, and services.
- Only qualified personnel defined and designated by organization policy, with the approval of the Executive Director and the Medical Director, and, as appropriate, in accordance with the Massachusetts state and federal law, are authorized to receive and record verbal orders from authorized individuals.
- Each verbal order is dated and identified the names of the individuals who gave and received it, and the medical record indicates who implemented the order.
- The authorized person receiving the order from the authorized person should write down the complete order, or enter into a computer, then read it back to receive confirmation from the individual who gave the order.
- The authorized person receiving the telephone/verbal order will write the words “read back” into the medical record with the documentation of the order received.
- Orders given orally and entered into the patients’ medical record must be signed by the person writing the order in the chart and then signed by the person who gave the verbal order (for example: prescribed the medication).
- The “read back” requirement applies to all caregivers, including physicians and residents and nurses.
- The departmental medical record chart reviews will include a review of the medical orders section to identify the correct use of telephone or verbal orders and to ensure that the procedure is being done consistently.
- In certain situation, such as a Code Blue, it may not be feasible to do a formal “read back” of the verbal order. In such cases, “repeat-back” is acceptable and then when time allows, the order must be written into the medical record by the person who received the order and appropriate signatures applied per standard procedure.

5.08 Medication Administration – Patients' Own Medications (POM)

Purpose

Patients requiring periodic injectable medications such as Immunotherapy and hormone injections may need to bring their own medication to the clinic for assistance from clinical staff to administer their medications.

Policy

1. The nurse will check a patient's own mediation (POM) brought to the office to ensure it is prescribed by a health care provider and labeled with the patient's name, medication name/strength/expiration date and directions for use.
2. The nurse or licensed provider will administer the medication as per the treating physician's order and document the administration in the medical record.
3. After administration of the medication, the patient's own medication will be returned to the patient or stored in the medication closet or medication refrigerator as appropriate.
4. The nurse will notify patient when medication is running low or close to expiration so that the patient can obtain more medication. For immunotherapy, the nurse may contact the allergist office to obtain allergen refills and directions for use.
5. Nurse will dispose of the POM properly when it becomes expired and inform patient. For pediatric allergy shots, nurse will dispose of the POM and contact Allergy Department at Children's Hospital for re-fill.
6. The allergy shots order come on a flow sheet on which we notate dates and dosage of medications. Once the vial is completed, a copy is faxed to the allergist and the flow sheet scanned into the chart.
7. The other injectables (hormones) have the order in the consult note which is scanned into the eCW.
8. Renew order every 3 month.

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5.09 Look-Alike/Sound-Alike, Drug Alert and Most Prescribed Medications

Purpose
The policy provides guidelines on handling medications to improve the safety of using medications. Look-Alike / Sound-Alike (LASA) medication refers to names of different drugs that have orthographic similarities and/or similar phonetics (i.e. similar when written or spoken). These similarities increase the risk of an error occurring in the medication administration process to include such areas as ordering, transcribing, dispensing, and/or administering medication.

The Joint Commission (TJC) Medication Management (MM) standards require institutions to address the safe use of LASA medication by developing a list of such medications and taking proactive steps to prevent errors involving the interchange of these agents.

Policy
Look-Alike/Sound-Alike
QA/QI committee will identify, review, and update annually a list of the most commonly prescribed medications used by each clinical department. The medication list will utilize the Institute for Safe Medication Practices (ISMP) recommended Tall Man Letter (mixed case) and List of Confused Drug Names for reference. The lists will be used in the clinic to ensure that safeguards are in place to prevent medication errors and protect our patients.

Scope
This policy applies to all SCCHC members responsible for handling medications; not limited to employees, business associates, medical staff, volunteers, students, physical office staff, and other persons performing work for or at SCCHC.

1. Review the list of look-alike/sound-alike drugs and most prescribed medications used by each clinical department at least annually.
2. Whenever possible, determine the purpose of the medication before dispensing or administering it. Most products with look or sound-alike names are used for different purposes.
3. Change the appearance of look-alike/sound-alike product names in the med closet, shelf labels, and bins by highlighting through boldface, color, and/or tall man letters, the parts of the names that are different.
4. Affix “drug alert” stickers to areas where look or sound-alike products are stored.
5. When applicable, use a LASA sticker to help identify potential look-alike/sound-alike medications.
6. Report errors and potentially hazardous conditions with look and sound-alike product names and use the information to establish priorities for error reduction.
7. The following resources are recommended for additional information: ISMP (www.ismp.org):
    - High-Alert Medications in Community/Ambulatory Care Setting
    - List of Confused Drug Names
    - List of Error-Prone Abbreviations
    - Look-Alike Drug Names with Recommended Tall Man (Mixed Case) Letters

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 Prescriptions	
Medication	**Confused with**
atorvastatin	atomoxetine
omeprazole	fomepizole
artificial tears	
vitamin D3	
acetaminophen	acetaZOLAMIDE
loratadine	loratadine-D
amLODIPine	aMILoride
metoprolol succinate ER	metoprolol succinate, metoprolol tartrate
metFORMIN	metroNIDAZOLE
losartan	

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed pediatric medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 Pediatric Prescriptions	
Medication	**Confused with**
acetaminophen	acetaZOLAMIDE
ibuprofen	
hydrocortisone topical	
vitamin d3	
diphenhydrAMINE	dimenhyDRINATE
loratadine	loratadine-D
amoxicillin	
Claritin	Clarispray, Claritin-D, Claritin-D 24, Claritin Eye
Alaway	
Tylenol Childrens	Tylenol PM

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed adult medicine medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 Adult Medicine Prescriptions	
Medication	**Confused with**
atorvastatin	atomoxetine
omeprazole	fomepizole
amLODIPine	aMILoride
vitamin D3	
metoprolol succinate ER	metoprolol succinate, metoprolol tartrate
loratadine	loratadine-D
losartan	
metFORMIN	metroNIDAZOLE
lisinopril	
calcium + vitamin D	

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed behavioral health medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 Behavioral Health Prescriptions	
Medication	**Confused with**
mirtazepine	
sertraline	cetirizine, Soriatane
FLUoxetine	PARoxetine, DULoxetine, Loxitane
FLUoxetine hydrochloride	PARoxetine, DULoxetine, Loxitane
Adderall XR	Adderall, Inderal
LORazepam	ALPRAZolam
traZODone	traMADol
Abilify	
risperiDONE	rOPINIRole
OLANZapine	QUEtiapine

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed OB/GYN medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 OB/GYN Prescriptions	
Medication	**Confused with**
triamcinolone acetonide topical	
ferrous sulfate	
Xulane	
metroNIDAZOLE	metFORMIN
Fluconazole	
Diflucan	Diprivan
Apri	
Ibuprofen	
Aviane	
Provera	Proscar, PROzac

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed optometry medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center top 10 Ophthalmology Prescriptions	
Medication	**Confused with**
Artificial Tears	
erythromycin ophthalmic	
Alaway	
Refresh Optive	
Restasis	
Tobradex	Tobrex
Refresh Plus	
Zaditor	
lubricant eye ointment	
Zaditor OTC	

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

Look-Alike / Sound-Alike (LASA), confused with medication in relation to the most commonly prescribed dental medications at South Cove Community Health Center

Please see below a ranked list of South Cove Community Health Center's highest prescribed drugs from our providers. This tool is to raise awareness of our most commonly prescribed medications and to flag medications identified by Institute for Safe Medication Practices (ISMP) as Look Alike, Sound Alike, or confused with medications. This is a clinic-specific list that does not include all drugs listed on the ISMP list. Our clinic-specific list will be reviewed yearly to reflect changes from year to year.

South Cove Community Health Center Top 10 Dental Prescriptions	
Medication	**Confused with**
amoxicillin	
chlorhexidine gluconate	
Sodium Fluoride 5000 Plus	
chlorhexidine topical	
clindamycin	
ibuprofen	
Denta 5000 Plus	
Motrin Dual Action With Tylenol	
PreviDent 5000 Booster	
PreviDent 5000 Plus	

Note: Brand names start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names.

5.10 Anticoagulant Therapy Protocol

Purpose

This policy establishes all protocols and guidelines concerning the anticoagulant (Coumadin) therapy for SCCHC patients.

Policy

Coumadin initiation therapy for SCCHC patients

1. Only SCCHC patients who have a primary care provider (PCP) at SCCHC are treated and maintained for Coumadin therapy by SCCHC providers.
2. SCCHC patients with multiple providers from various healthcare facilities will not be followed for Coumadin therapy at SCCHC unless the SCCHC PCP is in charge of the Coumadin therapy.
3. Provider orders the Coumadin therapy dose for the patient.
4. Provider informs the Adult Medicine Department nurse (LPN or RN) of the order.
5. The patient's paper chart is labeled with a Coumadin alert label as a safety alert.
6. The nurse initiates the patient's individual "Coumadin Therapy Record" in the Coumadin therapy binder for the patient (see sample of log attached) and maintains a record for each following month/day that the patient is supposed to return for the scheduled appointment to return to clinic for follow up INR.
7. The logs are maintained for at least 2 years.
8. The nurse provides counseling to the patient and education materials (see attached samples of documents) regarding the medication and instructions on: when to call the nurse/provider to report any problems, when to return for follow up laboratory tests (next INR) and appointments with the provider, how to take the medicine, teach patient how pills are color coded by doses, and the dietary precautions and drug interactions.
9. The patient is instructed to return per provider's orders for nurse visit for the INR pending the INR result. (The INR is not scheduled for a day before a Holiday when the clinic would be closed.)
10. The nurse will tell the patient the result of the INR and the provider's orders to continue the same/change the dose by telephone the day after the lab test is completed. A telephone encounter is documented in the EMR and/or the chart to document the current/changes therapy.
11. If a patient is a "No Show" for a scheduled lab test then the nursing staff will call the patient per protocol for No Show patients and remind them of the need for the lab test and inquire as to why patient missed the appointment.
12. If a patient is going to be on vacation (whether in USA or outside USA) the nurse will keep this list on file with the patient data in the record and follow up with the patient upon return from vacation.
13. The nurse will contact the patient's provider or provider 'on call' for any results or problems encountered with the patient's lab test results, therapy, urgent patient problems.
14. The medical Director of Adult Medicine or a designated provider is responsible to conduct a quarterly review with one of the department's nurses of each clinic's entire Coumadin therapy records of all patients and assess the records for at least the following 2 items: that the anticoagulation therapy of all patients is within a reasonable range and that the Coumadin doses of all patients have been adjusted appropriately to the INR results. The physician and nurse will sign the review form upon completion of the record review.
15. Additional information regarding the initiation of anticoagulation, management of INRs for patients with different illnesses, and drug-drug interactions is attached to this policy for further guidance.