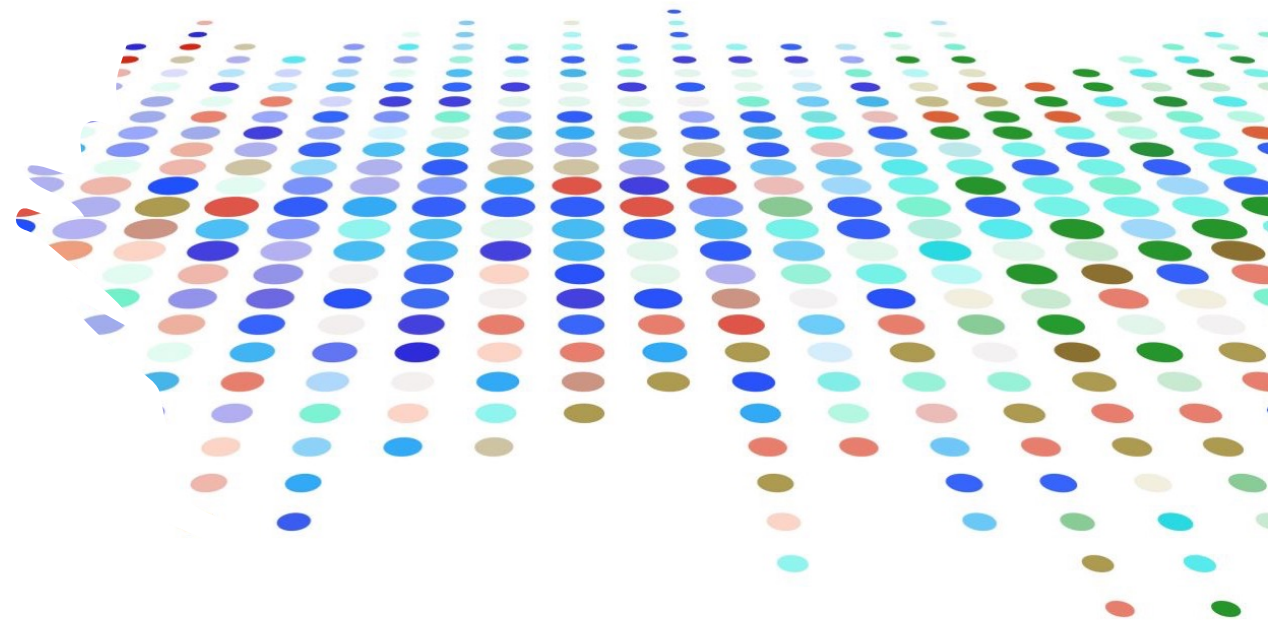
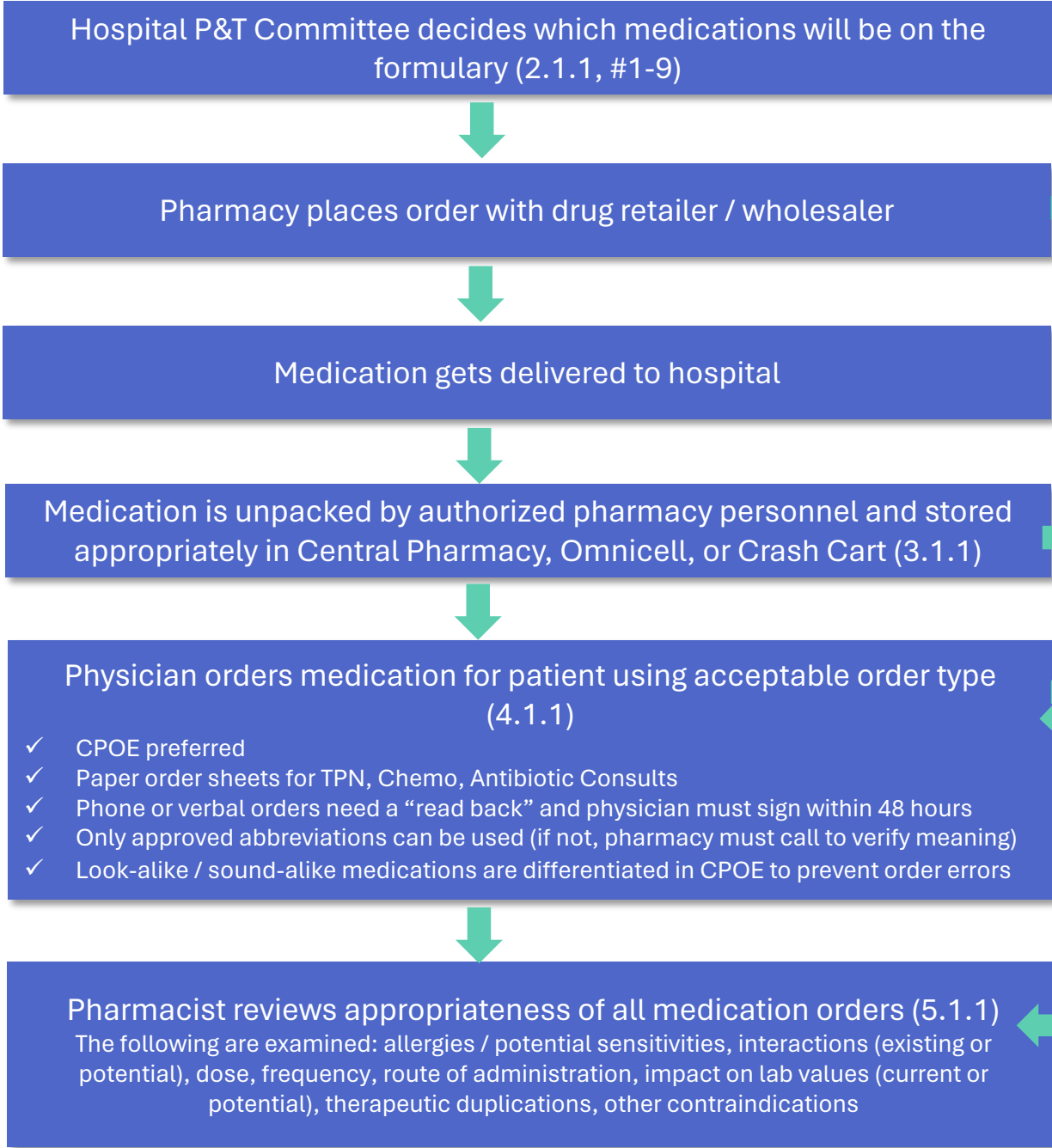


# Medication Management Chain At [Hospital X]

*Procurement, Physician Ordering,  
Dispensing, and Administration*

**Amber Schilling, PharmD**





If drug shortage, Central Pharmacy notifies all pharmacists and physicians about the shortage (2.1.1, #10-15)

Pharmacy makes automatic substitution if necessary, according to protocols

Nurse can dispense medication immediately IF (5.1.1, #1 Note)

- ✓ Urgent situation where a delay would cause patient harm
- ✓ LIP has given the order and is available to react immediately should an ADR occur

If pharmacy is closed, methods are in place for safe dispensing (nurses not allowed free reign of pharmacy when closed) (5.1.13)

Pharmacist retrospectively reviews medications while pharmacy was closed

Pharmacist, Pharmacy Tech or Robot pulls the medication  
OR prepares the IV admixture in ISO Class 5 (5.1.7)

- ✓ Look-alike, sound-alike drugs are differentiated on shelves (1.2.1)
- ✓ Expiration dates checked (5.1.19)

Hospital pharmacy labels are affixed to the medication (5.1.9)

- ✓ Medication name
- ✓ Strength
- ✓ Amount (if not apparent)
- ✓ Expiration date and time
- ✓ Date prepared if compounded
- ✓ Diluent used if IV admixture
- ✓ Patient name
- ✓ Location where it needs to be delivered
- ✓ Directions / accessory info (as needed)
- ✓ Tamper-resistant stickers applied (if necessary)
- ✓ High-alert / Hazardous medications labeled as such (1.1.3)  
(Insulin, Heparin, Chemotherapy, TPN, Neonatal, Controlled Substances)

**Barcode**

**Yellow Labels**

Hospital pharmacy label is NOT required if there is no “break in chain”  
(5.1.9, #1)  
Pulled (or prepared), then taken directly to patient, then administered by the same person,  
and never set down on a counter

Pharmacist verifies correct medication if pulled by a tech or if compounded

- ✓ Tech verifies if pulled by Robot (pharmacist check not required)
- ✓ Triple Checks are required for neonatal medications

If medication is no longer needed when it reaches the floor, it is returned  
to the pharmacy (5.1.19)

Pharmacy dispenses the medication to the floor via Tug Robot, Tube, or  
hand-delivery (5.1.11)

Once medication is received in patient care area, it is stored in a secure area until administered to the patient

Once nurse takes medication out of secure storage area to administer it to the patient, it should not be left unattended

Nurse scans the barcode on the patient bracelet and the medication label to verify:

- ✓ Right patient
- ✓ Right medication
- ✓ Right time
- ✓ Expiration date on the medication is checked again (5.1.19)

Medication is administered to the patient (6.1.1)

- ✓ If patient self-administers, it is done so under the supervision of hospital staff (6.1.3)

If an ADR or medication error occurs, the hospital responds by doing root cause analysis, reporting, and / or education (7.1.3)

Pharmacy must account for unused medications (credits) and either dispose of it or return it to stock (5.1.19)  
No medication should be placed directly into the trash; dispose according to protocol if expired or tampered with as shown from tamper-resistant packaging.

If the medication is expired, the medication is returned to the pharmacy

Returning to manufacturer:

- ✓ Store in appropriate bins inside the narcotic room until it is sent back or until reverse distributor system is utilized

For controlled substances:

- ✓ Call [State] Dept of Controlled Substances to come and destroy (3xs/year)
- ✓ Drug list with quantities must be generated prior to their arrival
- ✓ List must match quantities in the box to be destroyed when rep comes
- ✓ Records must be kept on file for 2 years

**NOTE: \*\*The following should occur at all stages of Medication Management\*\***

- ✓ Medications that are recalled or discontinued are retrieved (5.1.17)
- ✓ Medication errors and near-misses are reported and trouble-shooted (7.1.3)

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