

HIGH ALERT MEDICATIONS



PLEASE BE AWARE OF THE SAFETY STRATEGIES IN PLACE FOR THESE MEDICATIONS.

The medications listed below carry a higher risk for abuse, errors, or other adverse outcomes than other medications. Special processes, as listed below, have been put into place for procuring, storing, ordering, transcribing, preparing, dispensing, administering and/or monitoring these medications.

<p>Chemotherapeutic Agents – Parenteral</p>	<ul style="list-style-type: none"> • Stored separately in pharmacy. • Pharmacist reviews literature in order to verify calculations and dose prescribed. • Two pharmacists independently verify preparation. • No telephone orders. Pre-printed order sheet available. • Chemo is administered by specially trained RNs. • Two RNs independently verify pump settings and drug on continuous infusions prior to administration. • IV sites are assessed every 2 hours. • Drugs are transported in plastic bags/designated transport containers labeled with sticker indicating CHEMOTHERAPY DRUG.
<p>Chemotherapeutic Agents - Oral</p>	<ul style="list-style-type: none"> • Stored separately in pharmacy. • Drugs are transported in plastic bags labeled with sticker indicating CHEMOTHERAPY DRUG.
<p>Vincristine, vinblastine, and vinorelbine</p>	<ul style="list-style-type: none"> • Never dispensed or administered in syringes, to prevent intrathecal injection • To be administered in 50 mL mini-bags (25 mL for pediatric patients) • Warnings for IV use only in Cerner drug comments, pharmacist chemo guidelines, and Look-Alike/Sound-alike list • See chemo precautions above
<p>Oral methotrexate</p>	<ul style="list-style-type: none"> • The only frequency option for oral dosing in order entry system is weekly • Verification by pharmacist of appropriate oncologic indication for any daily oral orders • Continuous monitoring of all methotrexate oral orders for appropriateness
<p>Neuromuscular blocking agents (e.g. succinylcholine, rocuronium, vecuronium)</p>	<ul style="list-style-type: none"> • Stored in lidded or locked-lidded containers and labeled with fluorescent orange sticker as WARNING: PARALYTIC AGENTS CAUSES RESPIRATORY ARREST in ICU, CCU, ED, Endo, OR, holding room, cath lab holding room. • Two RNs independently verify dosage prior to administration. • Storage bins labeled with fluorescent orange sticker as WARNING: PARALYTIC AGENT CAUSES RESPIRATORY ARREST in Pharmacy, ICU, CCU, ED, Endo, OR, holding room, cath lab holding room. • Locked drawer in procedural areas and labeled with fluorescent orange sticker as WARNING: PARALYTIC AGENT CAUSES RESPIRATORY ARREST in Anesthesia. • Dispense alert on Automated Dispensing Cabinets.
<p>IV Thrombolytics/ fibrinolytics (e.g. tenecteplase for MI, alteplase for stroke, STEMI)</p>	<ul style="list-style-type: none"> • Electronic order sets available for ordering. • Bleeding Precautions sign hung (in Critical Care). • Physician/Pharmacist independently verify calculation of dose prior to administration. • Two RNs independently verify dosage and pump settings prior to administration.
<p>Glycoprotein IIb/IIIa inhibitors (e.g Aggrastat)</p>	<ul style="list-style-type: none"> • Electronic order sets available for ordering. • Bleeding Precautions sign hung in Critical Care and on Telemetry. • Physician/Pharmacist independently verify calculation of dose prior to administration. • Two RNs independently verify dosage prior to administration.
<p>Insulin (Long-acting)</p>	<ul style="list-style-type: none"> • Two RNs independently verify type & dose prior to administration.
<p>IV Insulin</p>	<ul style="list-style-type: none"> • Two RNs independently verify type & dose prior to administration. • Administered via IV pump; Not to be given by IV push for any indication
<p>U-500 Insulin</p>	<ul style="list-style-type: none"> • Pharmacist confirms home dose with patient. • Electronic order entries are double checked by another pharmacist or RN. • U-500 insulin is stored in the pharmacy. • Scheduled doses are drawn up by pharmacy and double checked by 2 pharmacists or pharmacist and RN prior to dispensing. • Documentation log is completed by pharmacist.

TPN	<ul style="list-style-type: none"> • Electronic order sets available for ordering. • Orange TPN sticker placed on <u>central access bags</u>. • <u>Dark Blue PPN sticker placed on peripheral access bags</u>. • If additives are ordered, pharmacist double checks prior to final preparation. • Two RNs independently verify, prior to administration, if insulin has been added.
IV heparin	<ul style="list-style-type: none"> • Two RNs independently verify dose, pump settings, and that patient is not on another anticoagulant prior to administration. • Weight-based dosing and monitoring protocol and policy • Located in separate compartment in dispensing cabinet from Lovenox.
<u>Epinephrine IM vs IV</u>	<ul style="list-style-type: none"> • <u>Nursing to double check appropriate route prior to administration</u>
Magnesium Sulfate 50% 2 mL	<ul style="list-style-type: none"> • Located in separate lidded container in dispensing cabinet. • Labeled MAGNESIUM SULFATE 50% (CONCENTRATED) in large red lettering.
IV Narcotics/opiates used in PCA's	<ul style="list-style-type: none"> • Standardized concentrations. • Electronic order set. • Special monitoring required - flow sheet. • Two RNs independently verify pump settings and drug prior to administration.
IV inotropic medications (e.g. digoxin)	<ul style="list-style-type: none"> • Special instructions on MAR to check HR prior to administration. • Two RNs independently verify dose prior to administration.
Low molecular weight heparin (Lovenox), Factor Xa inhibitors (Arixtra, Xarelto, Eliquis, etc.), direct thrombin inhibitors (Pradaxa), etc.	<ul style="list-style-type: none"> • Nurses and pharmacists verify dose and that patient is not on another anticoagulant prior to administration. • Two RNs independently verify dose prior to administration if the dosing requires manipulation (i.e. drawing up a portion of a vial, or giving a portion of a syringe). • Pharmacists/nurses provide patient education for oral anticoagulants. • Pharmacists monitor for appropriate dosing, labs, and prevention of adverse events. • Reversal agents and order sets for oral anticoagulants • Lovenox located in separate drawer from heparin in dispensing cabinet
Warfarin (Coumadin)	<ul style="list-style-type: none"> • Policy, protocol, and order sets for dosing and monitoring • Pharmacists follow patients daily for dosing, monitoring, prevention of adverse events • Pharmacists/nurses provide patient education. • Reversal agents and guidelines
IV potassium chloride (concentrate)	<ul style="list-style-type: none"> • Dosing guidelines. • Stocked in pharmacy only.
IV potassium phosphate (concentrate)	<ul style="list-style-type: none"> • Stocked only in pharmacy.
IV Promethazine (Phenergan)	<ul style="list-style-type: none"> • Dosing/administration guidelines. • Not to be given by IV push. • To be infused over at least 10 minutes. Maximum dose of 12.5 mg. • No infusion in hand or wrist veins. • Auto-substitution to prochlorperazine unless ordered as "do not substitute." • Stored in dispensing cabinet with warning alert "not for IV push" and reference to policy.
Hypertonic sodium chloride	<ul style="list-style-type: none"> • Stocked only in pharmacy. Dosing guidelines with limit of one bag dispensed per order.
Epidural	<ul style="list-style-type: none"> • Alert sticker placed on both sides of all bags of epidural infusions at the time of dispensing and on epidural lines • Special monitoring - flow sheet, EMR documentation, order sets • Guidelines for timing of anticoagulation
Pediatric Drugs (All medications administered to pediatric patients < 18 y.o.)	<ul style="list-style-type: none"> • Two pharmacists independently verify dosage and preparation of all medication orders for pediatric patients. • Two licensed personnel independently verify dose prior to administration of all IV infusion medication and all controlled substance medications.
Pitocin (oxytocin) for induction/augmentation of labor	<ul style="list-style-type: none"> • Recommend using standardized concentration; pre-mixed IV solution. • Hung as second infusion, connected to port closest to hub of needle. • Pitocin stickers added to tubing for identification. • Nursing care 1:1 during infusion.