

## IREDELL HEALTH SYSTEM

<b>Automated Medication Dispensing Cabinet (Omnicell) Procedure</b>	
Approved by: Laura Rollings, PharmD, BCPS, BCGP Randi Raynor, PharmD, MBA, BCPS	Last Revised/Reviewed Date: 04/2024
P&T Committee	Date: 04/2024
Summary of Revisions: Updated override list	

**Purpose:** To provide guidelines and guardrails regarding the utilization of Automated Medication Dispensing Cabinets.

### Policy

- I. Medications will be adequately stored and controlled and medication use will be properly documented utilizing the Automated Dispensing Cabinet (ADC) and electronic health record.
- II. Access to the automated dispensing cabinets will be strictly maintained to provide security for medications.
- III. All cabinets are designated as either “Profile Dispense” or “Non-Profile (Inventory) Dispense” cabinets.
  - a. Profile Dispense Cabinets are cabinets that medications to be dispensed are selected from a patient’s profile.
  - b. Non-Profile (Inventory) Dispense Cabinets are cabinets that medications to be dispensed are selected from the list of medications stocked in the cabinet and can be removed irrespective of a patient’s profile.

### Procedure

- I. Security Privileges
  - a. Access to the automated dispensing cabinets will be granted to each licensed employee authorized to administer medications. Access will be granted based on the role in which the employee is assigned to. An “Omnicell Security” statement will be completed at orientation. Each employee will sign the statement before access is granted (see **Appendix A**). Pharmacy personnel who have administrator rights will enter security privileges into the Omnicell support software. The first time a user logs on to Omnicell, their initial password will be “*pass1\**”. Upon first log on, all users will be required to change their password.
  - b. Nursing Student Instructors are assigned temporary privileges by Department of Education and the Pharmacy Department. The temporary privileges are valid through the expiration date set by the Department of Education. The expiration date for Nursing Student Instructors will be consistent with the school semester. Department of Education will notify pharmacy of the names of the Nursing Student Instructors and the length of the school semester. The employee’s last name, first name, Cerner login, and license classification (e.g., RN, LPN, etc.) are needed to add a temporary user. A temporary ID and initial password of “*pass1\**” will be assigned. Upon first log on, the temporary user will be required to change their password.
  - c. Employees who have forgotten their password may use their fingerprint, if registered, to fill in their old password on the pass-word reset screen. They may also call the Nurse Manager or designee to have a new temporary password assigned, which they will be required to change upon initial log on to the system. A temporary user ID and privileges may be assigned from the cabinet as outlined above until another temporary password

can be issued by the pharmacy. The temporary password of “*pass1\**” will be assigned and changed on initial log on.

- d. The Pharmacy will be notified in writing via hospital information system when an employee is terminated. The Nurse Manager will notify Pharmacy in writing when an employee’s security privileges need to be changed. The Pharmacy will immediately revoke or change user privileges as documented.
- e. Defined User Groups include:
  - i. Nurse B-staff, including OR
  - ii. Head Nurse – Charge Nurse, manager, director, house supervisor, nurse educators, clinical coordinators
  - iii. Pharmacy Tech A
  - iv. Pharmacist A
  - v. Respiratory
  - vi. Anesthesia – Anesthesiologist, CRNA

## II. Manual Admission

- a. If the patient is admitted through the Hospital Information System, the patient’s name should appear on the ADC patient list.
- b. If the patient is not listed on the ADC patient list. The patient can be added manually by entering the Required Patient Information. Select the “Add New Patient” button. The patient’s account number should be entered for the Patient ID. If the name or account number of the patient is not known, a descriptive term such as “asthma” can be used to describe the patient. NOTE: Notify Pharmacy of the correct name of the patient when known and the descriptive term used to describe the patient.
- c. If a patient is manually admitted to the ADC, then is admitted through the hospital information system, the patient will be listed twice on the cabinet until the patients are reconciled by pharmacy.
- d. Pharmacy will review and reconcile patients on a daily basis.

## III. Medication Retrieval

- a. To remove medications from the ADC, Select the Patient Care tab from the main screen. A list of current patients on the unit will appear.
- b. Select the appropriate patient’s name from either the local or global patient list. Type the first three letters of the last name to find a name quickly or use the directional arrows. Refer to the above section “Manual Admission,” if the patient is not listed.
- c. Tap on the “ Remove Meds” button.
- d. For inventory dispense cabinets, select the medication(s) to be administered. Enter the first three letters of the medication name (generic or brand) to find the medication quickly or use the directional arrows.
- e. For profile dispense cabinets, pick from the scheduled meds, active med orders or stocked med tabs. Select the medication(s) to be administered. If the medication you need is not listed on the screen, see IV- Override Function.
- f. Enter the quantity needed for the dose to be administered, touch the OK button, and remove the medication. The inventory count must be verified. For controlled substances, enter the beginning quantity in the cabinet in the designated box on the Omnicell screen. For non-controlled substances, verify the quantity remaining in the cabinet with the quantity shown on the screen. Close the drawer/door after following all of the screen prompts. If the count is inaccurate, a discrepancy will be recorded. Discrepancies will be resolved as described in Section VIII - Discrepancy section.
- g. If multiple medications are needed at the same time, you may select all medications to be dispensed, and then touch the “Remove Now” button. The appropriate drawer will flash for each medication. Verify the count, remove the medication, and close the drawer when prompted.

- h. When a multi-dose/bulk item (i.e. Chloraseptic or Robitussin) is removed from a Profile Dispense cabinet, place the unused portion in the patient's drawer in the designated area for future use. This process is not applicable to insulin.

When a multi-dose/bulk item (i.e. insulin) is removed from an ADC, remove the quantity via syringe to be administered to the patient and return the unused portion to the appropriate location (same bin) prior to closing the drawer. The patient will be charged for the quantity removed from ADC.

- i. Log off the system after all transactions are completed.
- IV. Override Function (For Profile Dispense Cabinets)
- a. A pharmacist shall review all prescription or medication orders prior to removal of medications from the ADC. Exceptions are when a licensed independent practitioner (LIP) controls the ordering, preparation, and administration of the medication or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status (for example, new onset of nausea).
  - b. Pharmacy and Nursing leadership should collaborate to develop a list of medications that are available on override in each area. These lists should be reviewed periodically and all changes should be authorized by pharmacy and nursing with final approval taking place at the P&T Committee. See the **Omnicell Override List** at the end of this policy.
  - c. All medications obtained on override should be reviewed for appropriateness on a daily basis by the pharmacy staff. Follow up should be completed as necessary.
  - d. To obtain medications not shown on the Active Meds tab,
    - a. Touch the button "Remove meds"
    - b. Selected the "Stocked meds" tab
    - c. Select the needed medication.
- V. Returning Medications
- a. Any medication that is removed from an ADC, in its original package (not opened) and will not be administered to the patient, should be returned to an ADC. The patient will be credited for the medication when it is returned to the ADC, if the area does not utilize charge on administration.
  - b. The nurse returning a medication is responsible for returning the medication to the correct pocket.
  - c. If the medication package is not intact, the dose should be wasted and not returned.
- VI. Wasting Medications
- a. Two licensed practitioners are required for wasting all controlled substances. All or part of a controlled drug may be wasted. It is not necessary to record wastage of a non-controlled substance.
  - b. Select the reason for wasting from the options listed on the ADC. If the reason is not listed, type the reason in the box and touch OK.
  - c. Waste may also be witnessed using the "Anywhere RN software".
  - d. Documentation of controlled substance wastage for items that have not been dispensed from an ADC be wasted on the cabinet. Wastage should be recorded on the CDAR (Controlled Drug Administration Record) or similar record supplied with the drug. Always waste any remaining controlled substances (such as PCA morphine) before the patient is discharged in the hospital computer system. Medications may be wasted on the cabinet for a short time after the patient has been discharged from the hospital computer system. If the patient's name no longer appears on the ADC you may use one of the following methods to waste a controlled substance:



- iii. For all other problems, contact the Omnicell Help Desk. If Omnicell determines that an equipment failure has occurred, a local field service technician may be dispatched.
- b. Use the following steps in the event of “down” cabinet:
  - i. In the event the equipment cannot be restored to use quickly and there are two ADCs, use the other cabinet.
  - ii. If the unit has only one ADC , use another ADC located closest to the unit. Nurses can access their patients using the global patient list.
  - iii. If no alternative solution can be found, the pharmacy will open the cabinets except controlled substances.
- c. Use these steps to obtain Non-controlled medications from an unlocked cabinet:
  - i. Non-controlled substances: The drawers will remain open and disposition will be performed manually utilizing a log sheet by recording the date, time, patient’s name & room number or account number, name of medication removed, quantity removed, quantity remaining, and name of nurse removing the medication. See *Disposition of Medications from Omnicell During Downtime* at the end of the policy.
  - ii. Controlled substances from Narcotic Backup Box: Transcribe the inventory onto a CDAR. Document the date, time, name and quantity of medication, and name of nurse on the CDAR. Controlled substances will be placed in a locked cabinet and end of shift count will be documented.
  - iii. Nursing will re-order medications on a Stores Requisition as needed.
  - iv. When the cabinet can be used again, pharmacy staff will use the Restock function to add all quantities of drugs issued to the department during the downtime.
  - v. Nursing staff will use the Dispense function from the main menu to sign out all drugs that were taken during downtime. Each time a drawer opens, answer the prompts and close the drawer since the medication has already been removed. This will adjust the inventory in all areas and credit patients that are in areas that don’t utilize charge on administration. **IMPORTANT:** Perform this function in the order the medications were documented on the back up logs to ensure counts are confirmed and deducted in the correct sequence.
- d. The hospital information system downtime:
  - i. In the event the hospital computer system is down, (and the pharmacy computer system is working) the ADCs will continue to be operational. Admission, discharge, transfers, and patient’s orders will continue to be sent to the ADC, because pharmacy staff will continue to enter the information manually in the Pharmacy system.
  - ii. If the pharmacy system is down, patients must be manually admitted at the cabinet. No new orders will cross to ADC or appear on the profile. Multiple patients may appear in the same bed because discharges may not have been processed.
  - iii. When the pharmacy system is restored, all information will cross to the ADC. Duplicate patients may appear until patients are reconciled by pharmacy.

INITIAL EFFECTIVE DATE: 10/2010

DATES REVISIONS EFFECTIVE: 05/2017, 09/2017, 02/2021, 03/2024, 04/2024

DATES REVIEWED (no changes):



**Omnicell Security**

\_\_\_\_\_  
**Last Name, First Name  
Unit**

\_\_\_\_\_  
**Access Code**

\_\_\_\_\_  
**Position (RN, LPN, etc.) / Unit**

**Temporary Users (Circle position below and record access expiration date):**

Nursing Student Instructor

Access Expires On \_\_\_\_\_

Other

Access Expires On \_\_\_\_\_

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At the top of this form, please indicate your access code for the Omnicell system. It is used to access patient medications on your assigned nursing unit(s) only. Please complete the top portion of this form, including: Last name, First name, Access code, Position and Unit. You will also have a pre-assigned password. The first time you access Omnicell you must change your password to something only you know.

*Note: It is important to remember your password. This is confidential. No one will be able to look it up for you.*

Please read the statement below and sign at the bottom to verify that you have read and understand the following statement:

*At the top of this form is my access code for the Omnicell system. I understand that in combination with my password, this will be my electronic signature for all transactions in the system. It will be used to track all of my transactions in the system and will be permanently attached to those transactions with a time stamp and date. These records will be maintained and archived as per the policies of Iredell Memorial Hospital's Health Care System, and be available for inspection by the Drug Enforcement Administration (DEA) and the appropriate regulatory agencies, as is presently done with my handwritten signature for controlled substance records.*

*I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







**Omniceil Override List - Approved: R. Raynor, PharmD, MBA, BCPS; Director of Pharmacy 08/2021 – P&T Committee/Medical Executive Committee 08/2021, 02/2023, 04/2024**

	<b>ICU/CCU</b>	<b>PACU, OPS</b>	<b>OBS, OPOB</b>	<b>OBS, OPOB</b>	<b>1 North, ICS</b>
<b>HOUSEWIDE</b>	<b>CRITICAL CARE</b>	<b>SURGICAL</b>	<b>WOMEN AND CHILDREN</b>	<b>OB OR ABX</b>	<b>Oncology</b>
Adenosine inj	Dexmedetomidine (Precedex)inj	Bupivacaine inj	Bicitra	Ampicillin	Meperidine (Demerol) inj
Albuterol neb	Diltiazem infusion	Sugammadex	Butorphanol (Stadol) inj	Azithromycin IV	
Amiodarone IV	Dobutamine		Dextrose 40% 1 gm/2.5 ml	Cefazolin	
Aspirin 81 mg po/300 & 600 mg pr	Dopamine inj		Labetalol injectable	Clindamycin	
Atropine inj	Epinephrine Infusion		Magnesium IVPB		
Calcium Cl/Gluconate inj/infusion	Fentanyl infusion		Misoprostol tablet		
Clopidogrel 300 mg po	Midazolam infusion		Fent 2 mcg/ml-Bup 0.125% 250 ml bag		
Dexamethasone inj	Phenylephrine (Neo-Synephrine) inj, infus, syr		Nalbuphine inj		
Dextrose inj	Vasopressin (Pitressin) inj		Phenylephrine		
Diazepam inj			Tranexamic Acid 1000 mg/10 mL		
Diltiazem inj					
Diphenhydramine inj					
Duonebs					
Enalaprilat (Vasotec) inj					
Ephedrine inj					
Epinephrine inj					
Etomidate inj					
Famotidine inj					
Fentanyl inj					
Flumazenil inj					
Furosemide inj					
Glucagon inj					
Glucose oral tablets					
Hydralazine inj					
Hydromorphone inj					
Influenza Vaccine **					
IV Fluids - Maintenance					
KITs/Keys					
Lidocaine inj					
Lipids 20% 500ml inj					
Lorazepam inj					
Methylprednisolone inj					
Metoclopramide Inj					
Metoprolol inj					
Midazolam 1 mg/ml inj					
Morphine inj					
Naloxone inj					
Nitroglycerin tab, IV, spray					
Norepinephrine inj					
Ondansetron inj					
Oxytocin inj/bag					
Pancuronium inj					
Propofol inj					
Racepinephrine					
Rocuronium inj					
Sodium bicarb vial/syr inj					
Succinylcholine inj					
Terbutaline inj					
Vercuronium inj					