



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY	
High-Alert, High Risk Policy		DRM-043	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Drug Room	10-1-2020	10-1-2020	
DEPARTMENT	REFERENCE		
Drug Room			

SCOPE

This policy applies to all patients receiving care and treatment at MANGUM REGIONAL MEDICAL CENTER.

PURPOSE

The purpose of this policy is to reduce the risk of patient harm from medication variances by establishing additional safeguards for High-Alert, High Risk medications.

DEFINITIONS

High-Alert, High Risk Medications: medications known to be error-prone or which pose a significant hazard to the patient if not properly handled, and are designated as High-Alert, High Risk by the Pharmacy and Therapeutics (P&T) Committee.

Independent Double Check: To improve the effectiveness of the double check process, **both individuals check the final product or result by performing all operations independently, without the knowledge of the other's input or of any prior calculations.** Once each individual has their independent final product or result, only then is it shared to compare for the same outcome.

Self-Double Check: the final verification process of correct patient, correct medication, correct dose, correct time, and correct route during an emergent situation when a second person is not available.

POLICY

Mangum Regional Medical Center will develop and review a list of High-alert, High-risk medications on an annual basis. The hospital Drug Room will implement strategies designed to prevent the misuse of high risk medications.

PROCEDURE

1. The P&T committee will identify a hospital specific list of High- Alert, High-Risk medications (see Table 1 for details).
 - i. The High-Alert/High-Risk medications list is reviewed and updated on an annual basis.
 - a. Updates/revisions made to this list are based on:
 - i. The addition of any new medications to the hospital formulary
 - ii. Any emerging patient safety data (i.e. reported medication variances, reported adverse drug events/reactions, or sentinel events).
 - b. High-Alert/High-Risk medications will be labeled as such in the hospital Drug Room and patient care area(s).
 - ii. Strategies will be implemented to reduce the risk associated with specific High-Alert, High-Risk Medications (see Table 2 for details).
2. High-Alert, High-Risk medications should be verified by nursing personnel using the provider order and two patient identifiers.
 - i. The patient's nurse before administering any High-Alert, High-Risk medication must utilize the five rights of medication administration (right drug, right time, right route, right dose, and right patient).
3. High-Alert, High-Risk medications that require an independent double check are outlined in Table 3.
 - i. An independent double check is performed by two licensed nurses prior to administration and is documented in the patient's medical record.
 - ii. In an emergent situation when a second person is not available to serve as a witness, the nurse administering certain High-Alert, High-Risk medications should perform a second verification via a Self-Double Check.

REFERENCES

Institute for Safe Medication Practices

ATTACHMENTS

Table 1: High-Alert, High-Risk Medication List

Table 2: Specific strategies to reduce the risk of High-alert, High-risk medications

Table 3: High-Alert, High-Risk medications that require an independent double check

REVISIONS/UPDATES

Date	Brief Description of Revision/Change

Table 1: High-Alert, High-Risk Medication List

All Insulin formulations	Controlled drug substances/opioids	Epinephrine, subcutaneous
Heparin IV	Hypertonic IV solutions	Inotropic medications
Magnesium sulfate inj.	Moderate sedation medications	Neuromuscular blockers
Oral hypoglycemic medications	Potassium chloride inj.	Promethazine inj.

Table 2: Specific strategies to reduce the risk of High-alert, High-risk medications

Medication name	Strategies to reduce the risk of High-Alert, High-Risk Medications
Controlled drug substances/opioids	<ul style="list-style-type: none"> • Limit floor stock of parenteral CDS/opioids • Inventory CDS in patient care areas during each shift change
Fentanyl patches	<ul style="list-style-type: none"> • All Fentanyl patches are to be removed, folded together and placed in a Drug Buster container upon all instances of patch removal including: <ul style="list-style-type: none"> ○ Order discontinuation ○ Dosage change ○ Patient death

	<ul style="list-style-type: none"> ○ 72 hours after patch placement
Heparin intended for intravenous administration	<ul style="list-style-type: none"> ● Limit the strengths of injectable heparin in the hospital Drug Room ● Add premix IV heparin to the hospital Drug Room formulary ● Bolus doses of IV heparin more than 5000 units are prohibited ● Heparin vials should not be stored in close proximity with insulin vials
Hypertonic IV solutions	<ul style="list-style-type: none"> ● Do not stock hypertonic IV solutions in patient care areas ● Limit access to hypertonic IV solutions
Insulin formulations	<ul style="list-style-type: none"> ● Avoid use of the abbreviation U for units, and instead write out units ● Insulin vials should not be stored in close proximity with heparin vials
Potassium chloride inj.	<ul style="list-style-type: none"> ● Utilize pre-mixed potassium chloride IV bags as much as possible ● Include infusion rate instructions
Promethazine inj.	<ul style="list-style-type: none"> ● Promethazine injection will be restricted to IM and IV infusion only ● IV infusions will be Promethazine 25mg in 50mL of 0.9% Normal Saline at no faster than 200mL/hr

Table 3: High-Alert, High-Risk medications that require an independent double check

1. All insulin formulations
2. Hypertonic IV solutions
3. IV heparin
4. Medication orders intended for pediatric patients
5. Total parenteral nutrition