Medication Distribution – Obtaining Medications When the Pharmacy is Closed (N 11-28)

Intent:
During the hours when the pharmacy is closed, a mechanism exists by which medications are available for patients who need them.

Policy:
1. A locked floorstock supply and automated dispensing system (Pyxis) are stocked with a minimal supply of selected medications for the authorized access by qualified nurses or prescribers for initiating urgent prescriptions or medication orders.
2. The selection of medications to be stocked in these areas is performed by the Pharmacy and Therapeutics Committee. The decision to include medications in the list is based upon anticipated patient need and safety. The quantities selected shall be of minimal amounts sufficient for therapy. Medications must be packaged in clearly labeled containers, and must be in a secure environment. Medications with high potential for patient harm will be included only where deemed necessary and in minimal quantities. Multiple strengths and combination products that may cause confusion and errors should be avoided.
3. The list of medications stocked in the Pyxis shall be placed in an easily accessible area for use by House Supervisor personnel involved in retrieving meds not available in the immediate floorstock supply.
4. A copy of a prescriber’s order or an explanatory note must be left in the Return to Pharmacy basket near the Pyxis Cabinet in the ED. The medication can only be removed by the nursing supervisor familiar with pharmacy medication dispensing functions. Another health care professional will perform an independent check comparing the prescriber’s order to the medication obtained prior to the administration of the medication. Only medications stocked in the prepackaged or unit dose form can be stocked in the cabinet.
5. All orders written for medications after the pharmacy is closed must be reviewed by the pharmacist immediately upon the opening of the pharmacy, not to exceed 72 hours, preferably within 24 hours. The pharmacist must verify that the correct product was used. Discrepancies will be documented in an RxMediTrend report.
6. All medications stored on floor stock or in the Pyxis are prepackaged and labeled by the pharmacy staff with at least the following:
   a. Name of the medication;
   b. Dosage strength;
   c. Manufacturer’s lot number (or hospital lot number if repackaged);
   d. Expiration date or beyond use date;
   e. Any special storage or dosing instructions such as “protect from light” or “must be refrigerated” are noted on the container.
7. If a package size of the medication stored in the night cabinet contains more than one dose, the entire package will be removed from the night cabinet. The unneeded doses of medication shall be returned to the pharmacy for proper disposition. Only enough doses to meet the immediate patient needs (until the pharmacist is available) should be removed.
8. Doses of medication removed from the Pyxis are recorded either electronically or manually by the nurse or authorized prescriber removing them from stock. The record will include the following:
   a. Date;
   b. First and last name of the patient;
   c. Patient identifier or medical record number;
   d. Room number and bed assignment;
   e. Medication name and dosage form;
   f. Quantity taken from stock;
   g. Name of the person obtaining the medication from stock.

9. If a needed medication is not available in the Pyxis or on floor stock, and the medication is required before the pharmacy reopens, a nursing supervisor may enter the pharmacy to obtain the needed medications after the pharmacist on-call is contacted and determined he/she cannot arrive to the pharmacy to retrieve the dose in a time safe for the patient’s need. The nursing supervisor shall not have access to Schedule II controlled substances in the pharmacy. The nursing supervisor is responsible for assuring that the following conditions are met:
   a. A witness must accompany the nursing supervisor into the pharmacy. The witness may be another nurse or a member of the security staff.
   b. The nurse may not transfer a medication from one container into another, with the exception of IV admixtures as needed. If the needed medication is not available in a prepackaged form, the entire container of the medication must be taken.
   c. A record of the medications removed from the pharmacy must be recorded on the Night Log of Medications Removed (Available in the Pharmacy) The pharmacist will review the night log and verify that the correct product was obtained. Discrepancies will be documented on an incident report form.
   d. A copy of the prescriber’s order for the medication or note for facilities using CPOE shall be left in the pharmacy near the Night Log of Medications Removed, as well as a duplicate dose or comparable method for verification by a licensed pharmacist upon arrival.
   e. Both persons entering the pharmacy shall sign their names on the Night Log of Medications Removed.

10. A pharmacist is always “on-call” during times when the pharmacy is closed. If any question exists about a medication ordered, availability of the medication, or guidelines for administration of the medication, the on-call pharmacist shall be contacted.

11. Drug interactions and compatibility references must be available for the nurse and prescriber in the patient care area.

12. The after-hours access is monitored to determine what medications are accessed routinely and the causes for accessing the pharmacy after hours. Changes are implemented as appropriate to reduce the number of times non-pharmacist health care professionals are obtaining medications after the pharmacy is closed.

13. The Pharmacy & Therapeutics Committee has approved a list of med classes that can wait until the pharmacy is open (see Appendix A). If the nurse and/or house supervisor believe it may put the patient at risk physically or psychologically then the doses may be obtained as mentioned above.
Appendix A

Med Classes that can Wait Until Rx is Open

- Acne Product
- Anabolic Steroids
- Antidepressant
- Antiflatulent
- Antifungal (topical)
- Antilipemic (Fibrin Acids, Niacin, Statins)
- Chemotherapeutic Agents
- Colony-Stimulating Factors (inpatients)
- Corticosteroids (topical)
- Estrogens/Progestins
- Iron Preps
- Keratolytic Agents
- Lubricant Ocular
- Nutritional Supplements
- Vitamins (oral, excluding phytonadione)