



**POLICY AND PROCEDURE MANUAL  
PHARMACY SERVICES**

CODE: 1.25.0  
DATE: 6/3/04  
REVISED: 4/19/22

**SECTION: DEPARTMENT OF PHARMACY**

MEC APPROVED: 1/28/09,9/28/11,5/23/12,  
7/25/12, 3/27/13,11/18/15  
12/14/16

**SUBJECT: HIGH ALERT MEDICATIONS**

APPROVED: Think Tran, Pharm. D.  
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**PURPOSE**

To provide specific written procedures for the safe handling of medications that has been designated by the organization as high alert medications. High alert medications are medications that have a risk of causing injury when they are misused. Most medications have a wide margin of safety, but consequences may be more devastating with high alert medications (ISMP, Medication Safety Self-Assessment Survey Definitions). These procedures are applicable to all sites of care.

**POLICY**

- 1 The Pharmacy and Therapeutics Committee will develop and continuously maintain/update a list of high risk or high alert drug classes and/or individual agents as applicable. Sources for identifying high alert medications may include but are not limited to listings from the ISMP, safety alerts from the FDA, review of institutional drug utilization patterns, and review of institutional reports of medication errors and adverse drug reactions.
- 2 As appropriate, processes will be developed for the procurement, storage, ordering, transcribing, preparing, dispensing, administration, and/or monitoring of high alert medications. Adopted processes and safeguards are derived from institutionally-acquired experience and from others who have used these methodologies, the professional literature, and concepts drawn from human-factors knowledge of principles of error reduction.
- 3 High alert medications include the following medications at RLANRC in monitored areas:
  - antineoplastic agents
  - concentrated electrolytes
  - hypertonic saline
  - neuromuscular blocking agents
  - anticoagulants (exclude flushes)
  - insulins
  - Parenteral Nutrition
  - Narcotic/opiate analgesics (PCA, fentanyl transdermal patches, and methadone)
  - Benzodiazepine continuous infusions
  - Medication administered via intrathecal and epidural routes
4. High alert medications include the following medications at RLANRC in non-monitored areas;
  - anticoagulants (exclude flushes)

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Approved By: *Ben Arndt*



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- medications administered intrathecal and epidural
- insulins (DHS)
- Narcotic/opiate analgesics (PCA, fentanyl transdermal patches, and methadone)
- Parenteral Nutrition

5. High alert medications for the Pediatric area:

- anticoagulants
- insulins
- oral chemotherapy agents
- medications administered intrathecal and epidural
- Parenteral Nutrition
- Narcotic/opiate analgesics (PCA, fentanyl transdermal patches, and methadone)

**PROCEDURE**

- 1 Prescribing
  - a Telephone orders for high alert medications are discouraged.
  - b It is preferred that order sets are used when prescribing high alert medications (as available).
- 2 Preparation and Dispensing
  - a Pharmacy will segregate and have color coded bins for selected high alert medications stored in patient care units and the Outpatient Pharmacy. Bins will be labeled with “High Alert” labels in the Inpatient Pharmacy Talyst system.
  - b High alert medications will be depicted in the Pyxis MedStations to alert the nurse of its status.
  - c High alert intravenous infusions prepared and dispensed by the Pharmacy will be labeled as such.
- 3 Administration
  - a High alert medications will be double-checked and defined as:
    - i Independently comparing the label and product contents in hand versus the order or medication administration record.
    - ii Independently verifying any calculations for doses that require preparation.
    - iii Assuring the accuracy of infusion pump programming for continuous intravenous infusions of medications, and verifying that the dose is safe and appropriate for administration.



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- b If there is uncertainty/lack of agreement in any steps above, a practitioner or pharmacist will be consulted.
- c For high alert medications, after preparing the drug for administration, a second provider with medication administration training must perform the “double-check” of that preparation prior to medication administration.
- d As available, dosage calculation tables, formulas, or computerized programs shall be maintained for high alert medications wherever they are administered.
- e Current Nursing safeguards and procedural steps are followed when administering high alert medications including having the second nurse’s verification on the MAR.
- f In code or near-code situations, when the nurse or physician determines that the urgency of a patient’s clinical condition warrants bypassing the above double-check procedures, the provider administering the medication should announce all drug therapy to another healthcare provider immediately before administration.
- g In rare circumstances when another care provider is not present to perform a required double-check for a high alert medication, the licensed nurse administering the medication is to perform a second verification.