RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES

		CODE:	5.03.5
		DATE:	6/90
		REVISED:	4/19/22
SECTION:	**INTRAVENOUS ADMIXTURE PROGRAM**	APPROVED:	Thinh Tran, Pharm.D.
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SUBJECT:	**INFECTION CONTROL**		

POLICY & PROCEDURES

Intravenous Admixture Program

A. Laminar Flow Hood Policy:
   1. Hoods are turned on, allowing blower to acquire full speed prior to use.
   2. Before the preparation of I.V. admixtures, hood, counter and interior side panels are cleaned with a gauze pad soaked in sterile 70% isopropyl alcohol.
      a. Side to side motions for the counters up and down motions for the side panels with the gauze are used, starting at the back and working toward the front of the hood.
      b. Hood counters are cleaned periodically during the day to ensure aseptic technique.
   3. Work is planned to ensure that there will not be an obstruction of the clean air flowing over the work area. All work in the hood is performed within the hood.
   4. Hands are washed prior to working in the hood. Sick personnel are not allowed to work in the hood.
   5. Particulate matter content and operation efficiency of each hood and designated area are checked and certified every six months or more often if necessary by a qualified certification of environmental compliance agency.
   6. Environmental hood cultures are done on a monthly basis. Blood agar plates are placed inside hood for 30 minutes. Results are reported at the Hospital Infection Committee meeting. A copy of the lab report is sent to the Inpatient Pharmacy to be kept on file.
   7. Hood filters are replaced monthly.
   8. Ampules, vials and piggybacks are swabbed with sterile 70% isopropyl alcohol prior to being used and discarded after initial use.
   9. Piggybacks refrigerated until delivered to patient units. Expiration dates are included on the labels.
   10. Fat emulsion is dispensed in 24 hour allotments.
   11. A visual inspection of all admixtures is made for final volume, turbidity, leaks, cracks and particulate matter.
   12. The I.V. room is a restricted area with only authorized personnel allowed.

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Approved By: Ben Ando

Biologicals

Outdated biologicals are removed from patient unit and clinic refrigerators and returned to the Inpatient Pharmacy. Unopened vials are returned for credit to the biological drug manufacturers.

Safety

1. Area will be kept clean and uncluttered.
2. All sharps will be placed into rigid containers to prevent punctures. Container will be sealed, when three-quarters full, and treated as infectious waste for proper disposal.
3. No cardboard boxes are to be stored in the I.V. area.
4. Follow I.V. Admixture Policy and Procedure (Code 5.04.0)

Multi-dose Vials

Unless specified by the manufacturer, multi-dose vials are discarded 28 days after initial use [see Policy 3.06.0], unless contamination prior to that date is suspected, e.g., cloudy solution.

Frozen Antibiotics

A. Storage Time
   1. All preparations are considered expired according to the manufacturer's storage information.

B. Thawing Procedure
   1. Thawing will occur at room temperature.
   2. After thawing, drugs will be considered expired as follows:
      a. Refrigerated = 72 hours or manufacturer's recommended expiration date.
      b. Room temperature = 24 hours or manufacturer's recommended expiration date.
   3. Re-freezing is not allowed.

C. Medication Reporting
   (see policy 3.18.5)

D. Infection Concerns
   Pharmacy Director or representative is also a member of the Facility's Infection Control

Committee. Any concerns will also be brought up at the monthly meeting.

Quality Control

A. Controlled cold temperature: 2°-8°C (35°-46°F)
B. Controlled freezer temperature: -25°-10°C (-13° to 14°F) or at a range otherwise specified by the pharmaceutical manufacturer(s) for that product.
C. Controlled room temperature: 20°-24°C (68°-75°F)
D. Expiration dates will be monitored daily.
E. Expired drugs will be discarded.
F. Storage will be rotated to ensure solutions are used in order prepared.
G. Culturing of antibiotic solutions will be done only as deemed necessary by the hospital Infection Committee.

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