



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: BEDSIDE AND SELF-ADMINISTRATION OF MEDICATIONS

POLICY NO. 329

CATEGORY: Provision of Care	EFFECTIVE DATE: 8/78
POLICY CONTACT: Jennie Ung, PharmD	UPDATE/REVISION DATE: 4/22
REVIEWED BY COMMITTEE(S): Pharmacy & Therapeutics	

PURPOSE:

To identify medication that may be left at the bedside and to provide guidelines for the use of such medications and patient pumps that may be self-administered by the patient.

POLICY:

Harbor-UCLA Medical Center allows for the self-administration of medications by the patient or a family member to be permitted when ordered by the provider and is limited to the list of approved medications. The approved patient medication pumps/nebulizers are permitted at a patient's bedside.

PROCEDURE:


I. GENERAL PROCEDURES:

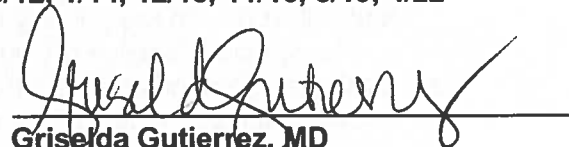
- A. "**Controlled**" drugs may not be self-administered or left at the patient's bedside (except Patient Controlled Analgesia (PCA) therapy).
- B. Prior to ordering self-administering medication therapy, the ordering provider or patient's nurse is to determine if the patient or patient's family member who administers the medication is competent at medication administration before allowing him or her to administer medications.
- C. Upon the written order of the provider, the Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Respiratory Care Practitioner (RCP) may leave those approved medications and any associated delivery devices at the patient's bedside. Pulmonary Hypertension (PH) medications must be managed by the PH Clinic RN (see the list below in section II). For RCPs, this policy shall be applicable only to respiratory medications.
- D. Approved medications left at the patient's bedside must be properly labeled with patient's name, room number, medication name, name of verifying pharmacist, and verified date (Hospital Policy No. 325B) and stored in the patient's bedside stand. Visual security of the medications stored in the patient's bedside stand is the responsibility of both the patient and bedside nurse.
- E. Records of all self-administered medication use (as reported by the patient or the patient's caregiver or support person) must be made and entered into the patient's medical record.

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APPROVED BY:


Anish Mahajan, MD
Chief Executive Officer
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F. The RN, LVN or RCP will instruct the patient on the use of medications maintained at the bedside for self-administration. Diabetes Educator RN/Nurse Practitioner may reinforce ongoing therapy for patient receiving diabetic treatment. PH Clinic RN will instruct new start or reinforce ongoing therapy for patients receiving PH treatment (See the list below in section II). This education shall include:

- Medication name, dosage form, and reason for use
- How to administer medication, including time, frequency, route, and dose
- Actions and potential side effects
- Monitoring the effects of the medication
- Instructions for operation of portable infusion pump or nebulizer, if applicable

II. APPROVED BEDSIDE AND SELF-ADMINISTERED MEDICATIONS

Medication permitted at patient's bedside for self-administration shall be limited to the followings:

- Nitroglycerin sublingual tablets
- Metered-dose inhalers (MDIs)
- Dermoplast spray
- Moisturizing eye drops
- Patient Pump (Refer to section III. Patient Pumps for details)
- Inhalation prostacyclin nebulizer for PH [e.g., Tyvoso® (treprostinil), Ventavis® (iloprost)]: To be verified per Hospital Policy #325B. May leave up to one day supply at bedside.

III. PATIENT PUMPS

A. General Procedures:

1. The patient may supply a portable infusion pump for continuous delivery of medication.
 - a. The pump type, make, and model number as well as specialty/compounding pharmacy and/or the manufacturer's service number must be readily available.
 - b. The pharmacist will verify the medication with the specialty/compounding pharmacy upon request.
 - c. In addition to supplying the pump, the patient must supply his/her own pump supplies including medication, tubing, and needles. The patient's own pump supplies may be used if so ordered.
2. At time of admission, the provider will:
 - a. Identify and document the presence of a pump and the medication in the medical record as a part of medication reconciliation process.
 - b. Immediately consult the appropriate specialty service (e.g. Cardiology, Endocrinology, and Obstetrics) who will determine appropriateness of pump therapy while patient is hospitalized and will work with the primary provider to manage pump therapy.
3. The specialty service provider or designee will:
 - a. Evaluate contraindications for continuation of pump therapy which include the following:
 - i. Altered state of consciousness
 - ii. Critical illness (e.g., sepsis, trauma) requiring intensive care
 - iii. Risk for suicide
 - iv. Patient refusal or inability to participate in care
 - v. Caregiver or family member refuses or is unable to participate in care
 - vi. Radiologic procedures that may affect the pump because of the electromagnetic fields
 - vii. Other circumstances identified by the provider



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- b. Assess competency of the patient, caregiver, or family member in the management and care of the pump.
- c. Obtain a patient Agreement (see Appendix I or IA) once pump therapy is decided.
- d. Write an order for continued pump therapy, labs, and set monitoring parameters as applicable.
- e. Manage pump therapy during patient's hospital stay.

4. The bedside nurse will:

- a. Document pump infusion rate, bolus doses, and/or change of medication vial on the Medication Administration Record (MAR).
- b. Immediately notify the provider who will coordinate with the appropriate specialty service when pump therapy is interrupted (e.g., procedure, diagnostic test, accident).
- c. Notify the provider who will coordinate with the appropriate specialty service as soon as possible when patient is traveling off-unit within the hospital (e.g., diagnostic procedures, surgery).
- d. A visible sign or label ("Patient Own Pump in Use; Pump Precaution") must be posted by the bedside and on the cover of the medical record chart to communicate with other healthcare members that patient's own pump is in use.

B. Diabetic Management:

- 1. Continuous Subcutaneous Insulin Infusion (CSII) therapy via a portable insulin pump for diabetic management is allowed.
- 2. Endocrinology consult is required immediately (See appendix II for contact numbers).

C. Pulmonary Hypertension (PH) Management:

- 1. The following pump therapies for PH are allowed:
 - a. Epoprostenol for continuous intravenous infusion via a portable infusion pump.
 - b. Treprostinil for continuous intravenous or subcutaneous infusion via a portable infusion pump.
- 2. PH Clinic RN must be notified immediately once a patient is identified to be on Epoprostenol or Treprostinil pump therapy (See appendix II for contact numbers; see Pharmacy Policy #172: Prostanoid Infusion in Adult Patients with Pulmonary Arterial Hypertension).

Reviewed and approved by:
Medical Executive Committee 04/2022

Beverley A. Petrie, M.D.
President, Professional Staff Association



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APPENDIX I

INFUSION PUMP THERAPY AGREEMENT

For your safety and best medical care during this hospital visit, we ask that you agree to the following recommendations. If you feel you cannot agree to these recommendations, we will treat your condition with another method and will stop the use of your pump.

During my hospital stay, I will agree to:

1. Show the nurse each dose I give myself (If applicable).
2. Show the nurse my pump rate.
3. Change my pump rate if my doctor orders a rate change.
4. Change the tubing every 48-72 hours or as needed for:
 - a. Skin problems
 - b. Abnormal monitoring parameters that could be caused by the set
5. Tell the nurse whenever I move the needle site.
6. Tell the nurse in advance if more medication is needed.
7. Provide my own non-medication pump supplies.
8. Show and tell the nurse the amount of medication used each day (if applicable).
9. Tell the nurse of high or low blood glucose readings.
10. Tell the nurse if I have problems with the pump.
11. Ask questions that I may have about the use of the pump or doctor's orders.
12. Ask for help from my caregiver or family member if I cannot manage the pump myself and the nurse or doctor is not familiar with my pump. I will ask my caregiver or family member to stay with me in the hospital. If the caregiver or family member cannot stay in the hospital, the pump cannot be used. A different treatment will be started.

I also understand that my pump may be stopped and a different treatment will be used for any of the following:

1. Doctor's orders.
2. Changes in how I understand my health and treatment.
3. Changes in my level of thinking.
4. I refuse to follow the instructions given to me by nurse or doctor.
5. A family member or caregiver cannot help me during my entire hospital stay.
6. I have a procedure that may interfere with the function of my pump. In such case, the pump may need to be stopped per the doctor's order.

If the preparation is not within the control of the Pharmacy Department, its potency, safety, and sterility cannot be guaranteed by Harbor-UCLA Medical Center.

Patient Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Competency to use infusion pump is verified by: _____ M.D. Date: _____



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APPENDIX IA (Spanish)

ACUERDO PARA TERAPIA CON BOMBA DE INFUSION

Por su seguridad, para su seguridad y la mejor atención médica durante su visita al hospital, le pedimos que lea y esté de acuerdo con las siguientes recomendaciones. Si siente que no puede estar de acuerdo con estas recomendaciones, trataremos su condición con otro método y detendremos el uso de su bomba.

Durante mi estadía en el hospital, aceptaré:

1. Mostrarle a la enfermera cada dosis que yo mismo me aplico (si corresponde).
2. Mostrarle a la enfermera el índice de velocidad de mi bomba.
3. Cambiar el índice de velocidad de mi bomba si mi médico ordena un cambio en el índice.
4. Cambiar la tubería cada 48 a 72 horas o según sea necesario debido a:
 - a. Problemas de la piel
 - b. Parámetros anormales de monitoreo que podrían ser causados por el equipo
5. Decirle a la enfermera cada vez que yo cambie el sitio de la aguja.
6. Decirle a la enfermera con anticipación si hace falta más medicamento.
7. Proveer yo mismo los suministros no medicados para la bomba.
8. Mostrar y decirle a la enfermera la cantidad de medicamento utilizado por día (si corresponde).
9. Decirle a la enfermera los resultados altos o bajos de glucemia.
10. Decirle a la enfermera si tengo algún problema con la bomba.
11. Hacer preguntas que yo tenga sobre el uso de la bomba o sobre las órdenes del médico.
12. Pedir ayuda a mi asistente de cuidado o a un miembro de mi familia si no puedo manejar la bomba yo mismo, y cuando la enfermera o el médico no estén familiarizados con mi bomba. Pediré a mi asistente de cuidado o el miembro de mi familia que se queden conmigo en el hospital. Si el asistente de cuidado o el miembro de la familia no pueden quedarse en el hospital, no se podrá utilizar la bomba. Se iniciará un tratamiento diferente.

También tengo entiendo que se puede detener el uso de mi bomba y que se puede seguir un tratamiento diferente debido a cualquiera de los siguientes motivos:

1. Por órdenes del médico.
2. Cambios en mi forma de entender el tratamiento de mi salud.
3. Cambios en mi nivel de razonamiento.
4. Me rehúso a seguir las instrucciones que me da la enfermera o el médico.
5. Ningún miembro de mi familia, ni mi asistente de cuidado me podrán ayudar durante toda mi estadía en el hospital.
6. Me van a hacer un procedimiento que me puede interferir con la función de mi bomba. En tal caso, la bomba necesita ser detenida por orden del médico.

Si la preparación no está dentro del control del Departamento de Farmacia, el Centro Médico Harbor UCLA no podrá garantizar su potencia, seguridad, y ni su esterilidad.

Firma del paciente: _____ Fecha: _____

Firma del miembro de la familia: _____ Fecha: _____

Firma del testigo: _____ Fecha: _____

Competencia para el uso de la bomba de infusión es verificada por: _____ M.D. Fecha: _____



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APPENDIX II

PHONE AND PAGER NUMBERS

1. 24 hour-Endocrinology fellow on-call pagers:
 - a. 310-501-6280 (Adult patient)
 - b. 310-501-1326 (Pediatric patient)
2. Pulmonary Hypertension Clinic RN: 424-306-4550
3. Cardiac Care Unit (CCU) 424-306-7892 or 424-306-7893