

# LAC+USC MEDICAL CENTER

## DEPARTMENT OF NURSING SERVICES POLICY

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Policy # <b>910</b>	
Effective Date: <b>07/22</b>	

Subject: <b>HIGH ALERT MEDICATIONS</b>	Original Issue Date: 08/91
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Departments consulted: Pharmacy	Reviewed & Approved by: Professional Practice Committee Pharmacy & Therapeutics Committee Nurse Executive Council Attending Staff Association Executive Committee
Approved by:  (signature on file) Nancy Blake Chief Nursing Officer	

### PURPOSE

To identify those medications which have an increased risk of causing significant harm to patients when used incorrectly and to standardize the ordering, preparation, and administration of these medications.

### Definition

“High Alert” medications have been identified by The Joint Commission, the Institute for Safe Medications Practices, County Department of Health Services, and the LAC+USC Medical Center Pharmacy and Therapeutics Committee (P&T). Licensed Staff shall comply with the following procedures to ensure safety in administration of these high alert medications.

### POLICY

#### Specific Medication Policies

##### Intravenous Anticoagulants:

- Pre-filled Heparin syringes 10 units/ml are recommended to be used for heparin flushes in the pediatric and neonatal ICU patients (if heparin flushes are ordered).
- Premixed heparin intravenous solutions are standardized to heparin 25,000 units/500mL for continuous intravenous.
- The maximum heparin vial concentration in patient care units shall be 5000 units/mL.
- Inpatient Anticoagulation Consultation Service is provided by a clinical pharmacist and is available seven days per week.
- Outpatient Anticoagulation Consultation Service is provided by a clinical pharmacist in the Outpatient Clinic.

##### Neuromuscular blocking agents (NMBA) are:

- Restricted for use in approved areas only.
- Removal of vecuronium vial from pyxis requires verification by second licensed witness.
- NMBA medication vials contain a warning on the cap “paralyzing agent,” and a warning on the vial itself from the manufacture.
- NMBA drips will be dispensed with a high alert auxiliary label placed on the bag.

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- To be returned to the pharmacy immediately as soon as the patient has been extubated. Pharmacy staff will pick up any unused continuous drip NMBA from the nursing area immediately.

**Concentrated intravenous electrolyte solutions** including injectable potassium chloride, potassium phosphate, and sodium chloride above 0.9 percent will not be stored in patient care units.

- RNs shall administer **Potassium Chloride** (greater than 10meq/100ml) and intravenous **Potassium Phosphate** as outlined in the Nursing Clinical Standard, “Electrolyte Replacement: Intravenous”
- RNs shall administer **Sodium Chloride** in concentrations greater than 0.9% in ICUs/ED as outlined in the Nursing Clinical Standard, “Electrolyte Replacement: Intravenous”
- **Magnesium Sulfate** intravenous Solution that is in a standardized concentration approved by LAC+USC may be used in the Obstetric patients.

**Thrombolytics are:**

- Restricted for use in approved areas only

**Pediatric Patients**

- No drug should be dispensed or administered if the pediatric patient has not been weighed in **kilograms**, unless it is an emergency. In an emergency situation weight will be determined by the provider and may be estimated using Broselow Tape.

**HIGH RISK MEDICATIONS REQUIRING INDEPENDENT DOUBLE-CHECKING VERIFICATION**

See attachment 910-A for the list of high alert medications require that two licensed nurses perform an independent double-checking verification prior to administration, however a provider can also serve as an eligible person to provide verification when a double-check is required.

**PROCEDURE FOR TWO LICENSED NURSE INDEPENDENT DOUBLE-CHECKING**

Designated high alert medications shall be verified by two licensed nurses or a provider prior to administration using an independent double-check process. The provider’s name should be documented in the MAR in such cases when they serve as the double-check verification. See additional instructions under specific categories of drugs.

When calculation is required, the second Licensed Nurse shall go through the double check process, do the calculation without having seen the first licensed Nurse’s calculation and make sure the dose is appropriate for the patient. The calculation process should also be done by the provider if they are serving as the double-check verification.

Any discrepancies shall be re-verified in order to ensure accurate and appropriate medication is administered to the right patient.

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Both licensed nursing staff document the verification in the MAR or the name of the provider who performed the verification should be documented in the MAR (exception subcutaneous / IVP insulin is documented in the Pyxis). The licensed staff member administering the medication cannot document in the charting as the witness.

### **Intravenous Infusions**

Applies to the following infusions:

- Anticoagulants
- Ketamine
- Thrombolytics
- Insulin, Continuous infusion
- Analgesics/sedation (i.e. fentanyl, morphine sulfate, midazolam, ketamine)
- Potassium concentrated solution
- Magnesium Sulfate (obstetrics only)
- Saline greater than 0.9%
- Neuromuscular blocking agents (i.e. Vecuronium).
- Parenteral Nutrition

Prior to administration and with any bag change and/or dosage change, two RNs shall independently:

- Review allergies
- Verify correct patient – using two patient identifiers
- Verify that MAR matches medication being prepared:
  - Medication
  - Concentration of premixed medication
  - Pump settings
- Dose is safe and appropriate for administration

### **Intravenous Push (IVP) and Subcutaneous medications (SQ), PO, and Transdermal Patches**

Applies to the following medications:

- Insulin, IVP & SQ
- Heparin IVP (except for heparin lock flushes)
- Hydromorphone IVP in doses greater than 2 mg.
- Thrombolytics
- Methadone
- Fentanyl patch
- Vecuronium

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Prior to administration two RNs shall independently:

- Review allergies
- Verify correct patient -using two patient identifiers
- Verify that MAR matches medication being prepared:
  - Medication (including type of insulin as applicable)
  - Dose
  - Route
- Dose is safe and appropriate for administration

**(Exception:** LVNs may perform independent double check for subcutaneous insulin).

### **Patient Controlled Analgesia and Epidural infusions**

Prior to administration, at the beginning of each shift, with any bag/syringe change or change in dose or infusion rate, two RNs shall independently:

- Review allergies
- Verify correct patient -using two patient identifiers
- Verify that MAR matches medication being prepared:
  - Medication and concentration
  - Pump settings: Loading dose, continuous infusion rate if ordered, PCA bolus dose, lockout time
- Dose is safe and appropriate for administration

(Refer to Patient Controlled Analgesia Clinical Nursing Standard)

### **Chemotherapeutic Agents**

Guidelines for the prescribing of chemotherapy must be followed (Refer to Medical Center Policy #945 and #948) as established by the P&T Committee

Prior to administration, two RNs shall independently:

(Note: The nurse administering chemotherapy must be chemotherapy certified)

- Review allergies
- Verify correct patient- using two patient identifiers
- Verify that MAR matches medication being prepared:
  - Medication
  - Calculated dosage
  - Route
  - Pump settings (parenteral chemotherapy only)
- Includes PO Methotrexate

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**REFERENCES**

Pharmacy Department Policy and Procedure Manual, Policy # 203

Institute for Safe Medication Practices (2018, August 23). *High-alert medications in acute care settings*. <https://www.ismp.org/recommendations/high-alert-medications-acute-list>

Employee Patient Safety Handbook  
 Joint Commission National Patient Safety Goal #3 “Improve the safety of using high-alert medications”.

**ATTACHMENT**

Nursing Policy 910A High Alert Mediations Requiring Double Check Verification

**REVISION DATES**

92, 93, 94, 95, 96, 98, 2000, 12/01, 03/02, 08/03, 12/03, 12/04, 12/05, 02/08, 09/08, 6/10, 9/10, 4/13, 7/15, 02/18, 9/20, 6/21, 07/22