

# Rancho Los Amigos National Rehabilitation Center DEPARTMENT OF NURSING CLINICAL POLICY AND PROCEDURE

## SUBJECT: AUTOMATED MEDICATION DISPENSING MACHINE – USAGE AND GENERAL CLEANING (PYXIS MEDSTATION SYSTEM<sup>TM</sup>)

Policy No.: C151 Effective Date: 06/2007 Page: Page 1 of 3

### **Purpose of Procedure:**

To outline the procedure regarding usage and general cleaning guidelines for the use of the automated medication dispensing machine (AMDM) (Pyxis MedStation ES System<sup>™</sup>).

#### Physician's Order Required: No

Performed By: RNs, LVNs, Affiliate Nursing Instructors

#### **Policy Guidelines:**

An automated medication delivery system is used in patient care areas. The AMDM utilizes a patient profile feature containing the patient's medication information.

- 1. Station Sign In
  - a. Enter user ID and Password or place AMDM registered BioID fingerprint on HD fingerprint reader to unlock AMDM system.
- 2. Customize Patient List
  - a. Select My Patients, All Available Patients list should display. Click on the patients on the left side under All Available Patients (as you click the patients, the patients name will be added to the My Patients column, then click accept.
  - b. Selected patient list will appear under Patient Summary.
- 3. Removal
  - a. Select Remove, retrieves a patient list assigned to the specific AMDM. One patient name at a time can be selected from the menu. When a name is selected, the patient's current medication list will appear on the screen and single or multiple medication may be selected for removal. Medications should not be removed for administration greater than one (1) hour before or after administration time unless otherwise warranted.

**Key Point:** Medications are listed alphabetically and do not necessarily match the order listed on the Medication Administration Record (MAR).

- b. When a non-controlled medication cannot be administered, it is secured in the external storage bin. Controlled medications are to be administered immediately; when the medication cannot be administered immediately, it is wasted into the appropriate container, (see Wastage below).
- c. Selected medications are "tagged" with Clinical Data Categories (CDC) a medication information method utilized upon medication removal. Predetermined answers are listed on the screen. If the answer is not listed, the user may select the Other and free text their response.
  Key Point: Some CDCs are designed to notify the user of information (e.g. "Sound-alike, Look-alike" medications). The user is to acknowledge the message by indicating Noted and selecting Accept to continue.
- d. There are three (3) reasons medications are not available via the AMDM. Medication:
  - 1) Is not normally stored.
  - 2) Supply has been exhausted.
  - 3) Drawer/section failed.
- e. Medications not kept in the AMDM may be located in the assigned medication cart cassette, medication refrigerator, or another storage area within the medication room or caregiver station.
- f. When the amount of a needed medication is exhausted, contact pharmacy as soon as possible.

g. When a drawer fails, attempt to recover the drawer using the Recover Drawer from the Main menu. If the drawer is not restored, contact pharmacy.

#### 4. Return

- a. Return is used to electronically, not physically, return medications to the AMDM (e.g. patient refused medication).
- b. Select patient the medication was removed for (will highlight in green) and click return, a list of the removed medications will display, select medication to be returned from the list (will move to the Selected Meds column) and click return. The AMDM will display Return to External Bin and not release a drawer to return a medication. All unopened, uncontrolled medication, sealed in manufacturer's original packaging, is to be placed in the external return bin. Opened medication is discarded per policy.

**Key Point:** Controlled substances are NEVER returned to the AMDM nor placed in the external return bin (see Wastage section below).

- 5. Wastage (Full or Partial)
  - a. Waste is used for controlled substances only. Medications can be wasted via two methods: Waste Now (during time of medication removal) or Waste Later (creates Undocumented Waste Alert).
     Recommended to "Waste Now". "Waste Later" to be used for emergencies only.
     Key Point: Medications are to be physically wasted in the Medication Incineration Bin per policy.
- 6. Name Alert
  - a. Name Alerts will display in orange
  - b. Last Name has to be an exact match (if not an exact match, name will not display in the Name Alerts)
- 7. Inventory (Scheduled and Unscheduled)
  - a. A weekly, mandatory controlled substances inventory will be completed by two (2) licensed nurses. Inventory Count can be suspended to allow a user to remove a medication and be completed after, as long as it is the same user who initiated account.
     Key Point: Report failure to complete a scheduled inventory within twenty-four (24) hours by completing a PSN.
- 8. Document Controlled Substance Discrepancy
  - a. Discrepancies occur when the expected and actual count differs. A discrepancy is to be resolved in a timely manner. This may require an unscheduled inventory. An Unresolved Discrepancies will display an Alert Icon.
  - b. A RN will verify that there are no Unresolved Discrepancies prior to staff leaving the unit (e.g., floating). If an Unresolved Discrepancy exists, the Charge Nurse will ensure the discrepancy is resolved prior to shift change.

**Key Point:** Notify the Nurse Manager/Administrative Nursing Supervisor immediately if the discrepancy cannot be resolved and complete a PSN outlining supporting details and names of employees involved.

- 9. Overriding a Medication
  - a. A limited number of urgent and emergent medications may be overridden in the AMDM, both controlled and non-controlled.
  - b. Using the patient's profile, select Override (witness required) to obtain the medication.
  - c. Type the first few letters of the medication name using the brand/generic buttons.
  - d. Select the correct dosage or as close to the physician's order as possible. Key Point: RNs assigned to the Critical Care unit have an added individual access allowing medication overriding without a witness. This access level usage is reviewed ongoingly and restricted to emergency situations.
- 10. Borrowing a Medication from Another AMDM
  - a. Pharmacists, Administrative Nursing Supervisors, and Nurse Managers can add patients to another AMDM to allow medication borrowing.
  - b. Select patient's name from patient list. Use the same process above for medication overriding.

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**Key Point:** Remove dosage needed only; **<u>DO NOT REMOVE</u>** dosage(s) needed for future administration times.

- 11. Station Sign Out
  - a. Log-off after medication transaction completion.
    - Key Point: Users will be automatically logged-off the AMDM after five (5) minutes of inactivity.
- 12. General Cleaning
  - a. AMDMs are to remain dirt, dust, liquids, and biohazard free.
    - 1) The exterior surface is cleaned with hospital approved disinfectant.
    - 2) To remove bio-hazardous material, clean with a hospital approved disinfectant.
    - 3) When germicides are needed, ONLY use hospital approved disinfectants.
  - b. When the BioID reader needs to be cleaned, use a clean, soft, dry cloth.

Author/Reviewer: Julie Villalobos MSN, RN, PHN

#### **References:**

Rancho Pharmacy Department Policy and Procedure 3.16: *Medication Dispensing from an Automated Dispensing Machine* (2022)

Pyxis MedStation<sup>™</sup> ES System – *Station User Guide* 

06/07 - New 01/11 - Revised 02/14 - Revised 08/17 - Revised 04/20 - Revised 04/23 - Reviewed