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

**SUBJECT:** AUTOMATED DISPENSING CABINETS **POLICY NO.** 395

| | |
|---|---|
| **CATEGORY:** Provision of Care | **EFFECTIVE DATE:** 1/05 |
| **POLICY CONTACT:** Julianne Joo, PharmD | **UPDATE/REVISION DATE:** 2/23 |
| **REVIEWED BY COMMITTEE(S):** Pharmacy and Therapeutics, Medical Executive | |

## PURPOSE
To establish guidelines governing access and use of automated medication dispensing cabinets (ADC).

## DEFINITIONS
**Active Directory:** Directory that lists active employees within the Department of Health Services. Once the employee is available in active directory, the end user can obtain access to ADC following the steps outlined in this policy.

**ADC MedStation**: An automated medication dispensing cabinet equipped with keyboard and screen located in each nursing area. The ADC provides both controlled substances (CS) and non-controlled substances.

**ADC Profiling**: An electronic medication profile interfacing system between the primary pharmacy information system and the ADC and the hospital information system.

**ADC Tower:** A supplemental ADC connected to the ADC MedStation. Generally, these devices dispense non-controlled substances only.

**Area Manager:** The manager of an Authorized User Department to whom responsibility has been delegated for requesting ADC access for appropriate department staff and for ensuring discrepancies are resolved. The designated Area Managers are as follows:
- Anesthesiology: Faculty Anesthesiologist or designated certified registered nurse anesthetist (CRNA)
- Nursing: Nurse Managers or designated Charge Nurse
- Orthopedics: Service chief or designated orthopedic attending physician
- Pharmacy: Pharmacy Director or designated pharmacy supervisor
- Radiology: Radiology Manager or designated radiologist
- Respiratory Care Services: Director of Respiratory Care Services or designated respiratory therapist

---

**REVISED: 12/07, 1/08, 11/10, 1/14, 4/14, 11/14, 6/15, 10/15, 2/17, 1/20, 2/21, 8/21, 2/23**
**REVIEWED: 11/10, 1/14, 4/14, 11/14, 6/15, 10/15, 2/17, 1/20, 8/21, 2/23**

**APPROVED BY:**

Anish Mahajan Digitally signed by Anish Mahajan Date: 2023.04.11 14:24:05 -07'00'
**Anish Mahajan, MD**
**Chief Executive Officer**
**Chief Medical Officer**

Griselda Gutierrez, MD Digitally signed by Griselda Gutierrez, MD Date: 2023.04.05 13:20:16 -07'00'
**Griselda Gutierrez, MD**
**Associate Chief Medical Officer**

Jason Black Digitally signed by Jason Black Date: 2023.04.05 10:49:38 -07'00'
**Jason Black, MBA, DNP, RN**
**Chief Nursing Officer**

**SUBJECT:** AUTOMATED DISPENSING CABINETS **POLICY NO.** 395

**Authorized End User:** Licensed or certified medical physicians, dentists, nurses, pharmacists, respiratory therapists, pharmacy technicians from an authorized user department who have received authorization and access privileges to use the ADC MedStation.

**Authorized User Department:** The authorized user departments are pharmacy, nursing, anesthesiology, clinics, procedural areas, respiratory care services, and radiology.

**Auxiliary Unit**: A supplemental ADC connected to an ADC MedStation. This ADC provides additional medications for patient administration.

**Discrepancy:** Actual physical count differs from the expected count for that medication.

**POLICY**
Harbor-UCLA Medical Center (HUMC) has authorized licensed pharmacy and nursing staff, providers (e.g., anesthesiologist, dentists, radiologist), respiratory care therapist, technologist, to use ADC as a medication dispensing system.

Only authorized end users shall operate the ADC system. All authorized end users shall adhere to ADC procedures designed to provide safe and accurate provision of medication, secured storage, accurate accountability of controlled substances and other drugs, and compliance with State and Federal regulations, and The Joint Commission. Users who cannot demonstrate full proficiency in up keeping the integrity of this medication management process will be re-trained and counseled. If the user continues to demonstrate hardship in conducting safe medication handling practices, his/her user privileges may be suspended or removed. Appropriate progressive disciplinary actions will be enforced.

**PROCEDURES**

**I. ADC ACCESS**

A. Authorized Access
1. Authorized end users will receive user-specific access privileges that are specific to their authorized department, work area, and assigned security level.
2. Authorized end users will use a biometric identifier (preferred) or an individual password (backup) to access ADC MedStations.
3. A user will be inactivated by the designated pharmacist or ADC system for user privileges any time there is a 90-day period of non-usage.

B. System Orientation/Training
1. New authorized end users must obtain a certificate from the vendor provided on-line tutorial (learning portal) or job specific ADC users' training.
2. Documentation of successful completion of the tutorial shall be maintained in authorized end users' unit-based educational record.
3. Any other unit-specific orientation to ADC shall be completed as part of unit orientation.

C. Requesting Access Privileges
1. Pharmacist will authorize access privileges only in response to user-specific requests from the area manager of an authorized user department. Hard copy of an ADC authorized user access

approval/deletion request (APPENDIX A: ADC Authorized User Access Approval/Deletion Request) is submitted in writing.

2. The area manager shall include in the request the following:
    a. employee name,
    b. employee number,
    c. license designation,
    d. assigned work area(s),
    e. employment status, and
    f. expected duration of access, as applied to temporary (contracted) work force members.
3. The request form must be submitted to the Drug Resource Management (DRM) pharmacist, DRM pharmacy supervisor, or pharmacy director.
4. The area manager and/or designee or central nursing educator shall be responsible for requesting and authorizing ADC privileges for all new employees or employees reassigned to an area.
5. For other departments anesthesiology, respiratory care, radiology, orthopedics, the chief or manager of the service shall be responsible for requesting the ADC privileges for new employees.
6. In addition, the end user must pass the ADC tutorial or training module.
7. The end user must be available through active directory. If the end user is not in active directory, an enterprise ticket must be opened by those responsible for requesting privileges. For the ticket submission, select Service: Public Health Applications; Category: Active Directory; Subcategory: Account Access.

D. Cancelling or Reassignment of Privileges

1. When an authorized end user changes job status in a way that affects their access to the ADC system (e.g., promotion, reassignment to another unit), the area manager or authorized designee must notify the DRM pharmacist, pharmacy director or his/her designee immediately.
2. Pharmacy staff will make appropriate changes to the ADC User database as soon as possible. In addition, the sign out form will be noted by a pharmacist and the ADC user privileges will be taken out of the system immediately.
3. Terminations, suspensions, or leaves of absence (LOA) should be addressed at the time the employee is terminated, suspended or begins LOA. Human Resources (HR) and the Nursing Manager will notify the pharmacy director or his/her designee in writing (includes e-mail) when an employee terminates, as appropriate. Upon notification, the DRM pharmacist will immediately revoke or change user privileges. This will occur no later than the next business day. In the event that a user is terminated under suspicion of diverting CS, the pharmacy director shall be notified immediately by the area director/manager. ADC access for said user will be terminated upon notification.
    a. Access removal for County/Contracted/Registry termed employees can be done during sign-out procedure
    b. Access removal for County/Contracted/Registry employees can be done upon HR daily notification, except weekends and holidays
    c. Access removal can also occur through deactivation in Active Directory.
4. If the LOA is 90 days or more, upon returning to work from LOA, the employee must notify the pharmacy in person prior to the start of the first shift. Pharmacy staff will reactivate ADC access.
5. In the event a lapse in time has occurred between notifications of termination/suspension/LOA, the pharmacy director or designee shall verify that the user has not had activity in the ADC system after termination/suspension/LOA start. If user activity has been identified, or the user is terminated

under suspicion of diverting CS the pharmacy director or designee shall report to the Human Resources Department for next steps. Next steps may include notification to the representative State Board/Licensing agency or reporting to the Diversion Prevention Committee/Co-Chairs.

6. Harbor-UCLA Medical Center will report the diversion of medications as per applicable law, including State Board of Pharmacy statutes (within 14 days). When a diversion is identified, it will be reported to the Director of Pharmacy, Human Resources, CEO and, as determined, the representative state board. If significant, the diversion must also be reported to the appropriate local, state and federal law enforcement agencies.

E. Temporary Users
   1. Temporary users shall not be created.

## II. ADC MEDICATION STOCK

A. Pharmacy is responsible for:
   1. Maintaining medications stored in the ADC MedStations
   2. Managing drug expiration dates of medications in the ADC MedStations to ensure medications are removed a minimum of 7 days before the expiration dates (with exception to shortage or short-dated medications). When refrigerated drugs are stored in the ADC MedStations at room temperature, stability data from reference sources will be used to determine a revised expiration date. The revised expiration date for the drugs will be written on an auxiliary label. Each drug unit will be affixed with a revised expiration date auxiliary label.

B. End user departments are responsible for:
   1. Maintaining patient data integrity (i.e., providing two patient identifiers for temporary patients).
   2. Preventing discrepancies which cause downstream medication management issues.

C. Each end user is responsible for:
   1. Handling medications in accordance to this policy.
   2. Resolving discrepancies occurring on his/her ADC user account before their shift ends.
   3. Ensuring accurate data is captured when processing transactions, including but not limited to removal, return, inventory and wastage functions.

## III. PROFILE MEDSTATION

A. Patient medication profile in ADC will be created upon order verification or order entry by pharmacist. This procedure will allow the pharmacist to review all medication orders before nursing administration (per The Joint Commission Standards). Medication orders must first be verified or entered into the system prior to nurse access, unless an “emergent situation” occurs. If this occurs, designated medications may be removed as an **OVERRIDE.** Each removal of medication via override must be supported by a physician order.

B. The Medication Administration Record (MAR)
   1. Matching MAR and Profile: It is the responsibility of the primary nurse for a patient to make sure the MAR and profile match.
   2. The profiles in the ADC may not contain the same information present on the MAR. The MAR and the medical chart should serve as the official source for the patient’s medication therapy per hospital policy and procedures.

3. Medications not handled through ADC include: chemotherapy agents and other medications that are not stored in the ADC.
4. All medications verified by pharmacist will be visible on the ADC screen. Medications displayed with gray lettering are either stored separately, stored in a failed drawer, or quantity insufficient for required dose.

C. Charting by proxy:
1. Provider shall document in procedure note the name and dose of medication given to patient.
2. The licensed nurse shall verify the name and dose of medication(s) in the procedure note prior to charting by proxy.

## IV. REMOVING MEDICATIONS

A. Authorized end users shall remove medications from ADC MedStations as follows:
1. Remove medication for only one patient at a time using the patient's name and Financial Institution Number (FIN).
2. Remove medication as prompted by ADC from the designated drawer and pocket. Document the removal quantity by accepting the number prompted or entering into ADC the number of doses removed.
**Note:** The accuracy in removing the quantity of medications ensures the safe administration of medications and provides an accurate inventory of drugs and supplies so that pharmacy will get the below PAR notification to restock medication timely.
3. Removal of medications from MedStations equipped with Patient Profile software:
a. The medications listed in the ADC MedStation profile system may not represent the patient's most current and complete list of active medications.
b. Review patient chart and updated MAR prior to removal of medications should be a standard process. Medications will appear on the ADC screen after the medication order has been reviewed and approved by a pharmacist.
c. Concerns regarding orders that do not appear on the ADC profile should be addressed by calling the servicing pharmacy.
4. Upon removal of multi-dose vials, draw up the needed dose in a syringe and return the vial to ADC pocket or storage area.
5. Removal of a controlled drug in a multi-unit pocket: Complete an inventory count and enter the number in the inventory. If the inventory count is inaccurate per ADC records, a careful recount should be conducted to obtain a correct count. Otherwise, a discrepancy is created.
6. Notify the 24-hour Inpatient Pharmacy (IP) and request assistance if a drawer opens but no medication is available in the pocket for removal.
7. Never remove items from ADC to dispense as discharge medications. This is a safety issue and a violation of regulatory requirements. All discharge medications require a prescription and must be filled by the Outpatient Pharmacy to meet the requirements for proper labeling.
8. Request for controlled substances for patients residing in areas without ADC, the requesting nurse must come to the main IP pharmacy to pick up the medication. A copy of physician's order must be provided.

B. Override
1. The override function allows the user to access medications without confirmation from the Pharmacist-reviewed ADC Profile database. Medications listed for override have been approved for

use in emergent/urgent situations only by the Pharmacy & Therapeutics Committee (See Appendices B and C).

2. If a medication is needed for emergent/urgent administration and the drug does not appear on the ADC Profile screen after careful review, the user may select "Override Meds" from the "Remove Meds" function.
3. Prior to administration of a medication that has been removed by the override function, it is recommended that a second nurse verify the order and the medication. Override medications must be reviewed by the nurse for appropriateness, which includes a review of the following parameters for the specific patient:
    - Drug, dose, frequency, and route of administration
    - Potential for therapeutic duplication
    - Potential drug allergy
    - Potential drug interaction
    - Potential contraindications for the specific patient
    - Medication order compliant with Harbor-UCLA Medical Center policy
4. A pharmacist shall review the overrides on a daily basis to verify that a medication order has been provided to and received by a pharmacist in a timely manner and no later than the end of shift to support the medication withdrawal and administration.
5. Overridden medications without a supporting physician's order:
    a. User access of the individual withdrawing the medication will be suspended until nurse manager sends a written request to the pharmacy director or his/her designee to request reinstatement of access.
    b. DRM pharmacist will notify the nurse manager that staff has lost ADC access.
    c. Will be reported in the medication event reporting system.
        - If the medication is administered without an order, it will be reported as a medication error.
6. If the medication is not administered and not wasted to ADC. It will be reported as a likely diversion.
7. If the medication is needed for urgent administration and the drug is not on the approved override medication list, the nurse should expedite the process by making sure that the order is communicated to the pharmacy in a timely manner.

## V. TEMPORARY PATIENTS

A. Patient information for ADC is obtained via an interface with the Hospital Information System. If a patient is not listed in ADC, the authorized end user shall add the patient to the ADC system as a "temporary patient" as follows:
    1. From the patient's screen, select "Add Temporary Patient".
    2. Enter the patient's last name, first name, FIN, and unit. If required patient information is not available at the time of temporary patient creation, meaningful patient specific information should be used (e.g., admitting diagnosis, other info for easy reconciliation).
    3. Pharmacy shall audit temporary patients daily to reconcile these patients and their records with permanent patients. Anytime a temporary patient cannot be reconciled by a pharmacist after a reasonable amount of time has been spent, the incident will be recorded and forwarded to the area manager for appropriate follow up action.

## VI. RETURN OF MEDICATIONS

A. Definition
1. Returnable: if a medication is still intact (inside its original uncompromised packaging), not contaminated nor adulterated in any way.
2. Non-returnable: medication that is opened or spiked, adulterated, brought to patient bedside or contaminated in any way.
3. Return Window: Medications must be returned as soon as possible and not later than ONE hour from removal. Do no keep in pocket or store in other location.

B. Non-controlled substances
1. If returnable, place the medication in the designated pharmacy return bin.
   - Exception: Propofol must be returned directly to the Pyxis.
2. If not returnable, discard in the appropriate pharmaceutical waste bin.

C. Controlled Substances
1. Returnable items include infusion bags, PCA, oral tablets, syringes, and vials.
2. If dispensed from Pyxis, it must be returned to Pyxis.
3. If dispensed from pharmacy, it must be returned to pharmacy.
4. See section VII below for waste.

D. Return to Pyxis Procedure
1. Need a witness (a licensed staff with Pyxis access).
2. Login to Pyxis.
3. Find your patient.
4. Select “RETURN” function on the bottom of the screen.
5. Scan the barcode on the label of the returned medication. **DO NOT** override this step.
   a. This is a very important step to ensure the medication is returned to the correct cubie.
   b. Scan each loose tab/vial to be returned.
6. Witness to enter their credentials.
7. Blind Count – count the units in the cubie & enter the quantity.
8. Place the return medication in the cubie.
9. Close the Pyxis.
   ***Note – if not scannable or returnable, then waste accordingly.

## VII. WASTING OF CONTROLLED MEDICATIONS

A. Non-returnable, full or partial doses of controlled drugs removed from the ADC MedStation that are not returnable must be wasted, witnessed, and documented in the ADC MedStation. The wastage must be done as soon as possible and no later than ONE hour after removal, administration or end of procedure. In the event of another licensed ADC end user is not readily available on the unit, the licensed ADC end user contacts house supervisor to witness the waste and provide witness documentation.

B. All un-administered full or partial doses of controlled drugs dispensed from the pharmacy must be returned to the pharmacy. The return must be done as soon as possible and no later than ONE hour after the order is changed or discontinued or end of procedure.

C. Waste of controlled substances (continuous infusions, PCA or transdermal patch) in patients going to the Operating Room (OR):

1. Controlled substances must never be left unattended. Any unattended controlled substance found in the OR must be reported to the on-call anesthesiologist and OR workforce member supervisor and pharmacy.
2. When a controlled substance is discontinued on the floor, in the ED or pre-op area, the unit nurse will perform the waste with a witness.
3. When a patient arrives to the OR with controlled substance(s), the following must be performed by 2 licensed staff (Redline cases) or 2 anesthesia providers (non-redline cases).
   a. Immediately secure the controlled substance(s)
   b. Affix label with patient identifiers (name and MRN or FIN) and print staff's name on the label
   c. Place labeled controlled substance(s) in the OR suite secured return bin
4. Medications requiring wastage should not be returned to the originating unit for wastage. The OR staff should not ask staff from the originating unit to perform OR wastage.
5. Pharmacist will retrieve, reconcile, and perform the waste with a witness.

D. Medication Administration Documentation for Transport outside of Harbor UCLA Medical Center (HUMC):
   1. Upon return to HUMC, nurse transporting the patient must document ALL medication administration on the MAR (controlled and non-controlled).
   2. When controlled substance (CS) is administered to patient during transport, any unused or partial CS not administered must be physically wasted and discarded with a witness. Do not bring partial CS back to HUMC.

E. Destruction of controlled substances in the nursing unit/patient care areas
   1. Physical destruction of any controlled substances must be done in an irretrievable manner and in the presence of two licensed individuals who are authorized to control and handle such drugs.

| **Medication Formulation** | **Destruction and Disposal** |
|---|---|
| Tablets or capsules or Buccal | Crush and discard in pharmaceutical waste container |
| Oral liquid | Pour into gauze, pad or other absorbent materials, then deposit in pharmaceutical waste container |
| Transdermal patches | Fold patch in half upon itself with adhesive surfaces facing each other and discard into pharmaceutical waste container |
| Injectable (vials, ampules, syringes and large volume) | Draw remaining liquid into syringe and squirt liquid content into gauze, pad or other absorbent materials, then deposit in pharmaceutical waste container |

   2. Anesthesiology staff document the wasted medication in ADC Anesthesia Cart after the end of the surgery case as follows:
      1. Select the "Waste" function from the "Main Menu". Follow the instructions on the screen to waste the medication.
         **Note:** ADC Anesthesia Cart will calculate the amount wasted from the total dose and indicate the unit of measure.
      2. Place wasted medications in a zip-lock bag with the drug waste receipt generated by the ADC Anesthesia Cart. Place in the locked Drug Waste Bin located adjacent to the ADC Anesthesia Cart.
         **Note:** A witness is required for drugs wasted in the Operating Room.

- Two pharmacy staff will pick up all wasted controlled medications.
- The pharmacist assigned to dispose of the wasted drug witnesses the medication waste.
- A pharmacy technician, in the presence of a licensed pharmacist, will waste the controlled medications.
- The ADC receipt of the controlled medications wasted will be used to verify the amount of medication to be wasted.
- Pharmacy will randomly sample controlled medication wasted and conduct qualitative and quantitative analysis of the content.

3. All other ADC end users:
   a. Select the "Waste" function from the "Main Menu".
   b. Follow the instructions on the screen to waste the medication.
   c. Another authorized end user witness must observe the wasting and co-sign in the ADC with the authorized end user administering the medication.
   d. Document the unused amount:
   **Note:** ADC will calculate the amount wasted from the total dose. The ADC screen will indicate the unit of measure.
   e. Any unused medication whether whole, partial, or left in the syringe or vial to be discarded must be wasted into gauze, pad or other absorbent materials, prior to placement of the emptied syringe in sharps container. Medication-filled syringes or vials cannot be placed in the sharps container.

## XIII. REPLACING ADC PAPER

It is the unit's responsibility to refill the ADC paper once depleted. Do NOT throw away the black spindle.

## IX. RESOLUTION OF CONTROLLED DRUG DISCREPANCIES

A. The charge nurse is required to run ADC discrepancy report at the end of each shift.

B. In the event of a controlled drug count discrepancy, a charge nurse must ensure that the discrepancy is resolved by the end of his/her shift in which the discrepancy is noted as follows:
   1. All count discrepancies must be resolved by the user prior to departure from the patient care assignment.
   2. Appropriate documentation must be sufficiently detailed to provide an adequate audit trail for pharmacy personnel.
   3. If unable to resolve discrepancy, begin a review of the medical record and involve Pharmacy for in depth analysis and resolution.
   4. All controlled substance removals in non-profiled areas will be reviewed by a pharmacist daily to ensure documentation of administration and waste is accurate and complete.
   5. Discrepancies will be forwarded to respective department for review and resolution:
      a. Investigation must be initiated immediately upon notification.
      b. All reported discrepancies must be resolved as soon as possible and no later than 48 hours from the date of discovery/notification.
      c. Pyxis user access will be removed if discrepancy remains unresolved after 48 hours. The Clinical Director/Department Chair will notify the Pharmacy Director (or designee) in writing for access reinstatement after the discrepancy has been completely resolved.

6. Nurse manager/director will determine if diversion is involved.
   a. For unaccounted controlled substances, if no diversion is determined:
      i. "Loss of Controlled Drug Reporting Form - M-247" will be completed by the nurse manager, reviewed and completed by the Director of Nursing, or designee, and sent to the Director of Pharmacy/Designee.
      ii. Begin a corrective action plan and enact plan, including working with HR-PMU for appropriate disciplinary actions (if any).
      iii. Summary corrective plans will be reviewed at Medication Safety Committee.
   b. If diversion is determined:
      i. Loss of Controlled Drug Reporting Form - M-247" will be completed by the nurse manager, reviewed and completed by the Director of Nursing or designee, and sent to the Director of Pharmacy/Designee
      ii. Harbor-UCLA Medical Center will report significant diversion of medication as per applicable law, including State Board of Pharmacy and, as determined, the representative state board.
      iii. Significant diversion must also be reported to the appropriate local, state, and federal enforcement agencies.
      iv. Begin a corrective action plan, including working with HR-PMU for appropriate disciplinary actions (if any) and enact plan.
7. The Pharmacy Director/Designee will inform the Diversion Prevention Co-Chairs of all unresolved controlled substance discrepancies.

## X. INVENTORY

A. Nursing area: physical inventory of all controlled substances shall be performed weekly; incomplete inventory shall be reported to the associate nursing director or designee for follow-up.

B. Pharmacy area: physical inventory of CII shall be performed weekly and CIII-V monthly. A separate quarterly inventory reconciliation report shall be performed for schedule II-controlled substance stored within the pharmacy.

C. Anesthesia Areas: physical inventory of all controlled substances shall be performed monthly by pharmacy staff.

## XI. ADC ACCESS PROBLEMS

A. Access to medications stored in the ADC MedStation may be compromised by the following:
   - Power outage
   - Mechanical failure of ADC MedStation
   - IS/IT network failure

B. In the event of a system-wide ADC MedStation failure, the Nursing Area Managers are to contact the pharmacy. The pharmacist will assess the severity of the ADC failure and take appropriate steps to correct the situation.

C. In the event of a prolonged ADC failure, Harbor-UCLA Medical Center ADC Emergency downtime procedures will be initiated via critical override. Emergency medications will be dispensed to the areas with failed ADC MedStations from the inpatient pharmacy along with a controlled drug sign-out sheet (proof of use sheet). Proof of use sheets will be used to document the dispensing of medications during

the equipment failure. These sheets will be sent to the Pharmacy after the system is operational or additional drug is requested.

D. ADC Pharmacy Supervisor will plan and coordinate the resolution to prolonged outages of ADC MedStations. ADC National Customer Support can be reached at 1**-800-727-6102** (Customer ID is 6121, alternate ID is 1287700).

## XII. REPORTS

A. Managers of all groups of end users are encouraged to monitor ADC usage by reviewing usage reports of their respective units.
B. Pharmacy may provide ADC usage reports such as by medication removal, by user, by witness, as well as discrepancies.

## XIII. DOCUMENTATION MAINTENANCE

A. The ADC will store information for 90 days.
B. Any data after one day is automatically transferred to the ADC Server and can be accessed by using Carefusion Analytics.
C. All ADC data is maintained by the DRM pharmacy team for three years in accordance with the Board of Pharmacy and Title 22 regulations.

Reviewed and Approved by:
Medical Executive Committee 2/2023

Beverley A. Petrie

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

**SUBJECT:** AUTOMATED DISPENSING CABINETS **POLICY NO.** 395

## APPENDIX A: ADC Authorized User Access Approval/Deletion Request

**DATE:** _____

**TO:** Pharmacy ADC Manager

**FROM:** _____ _____
Area Manager's Name & Title Authorized User Department

**SUBJECT:** **ADC Authorized User Access Approval/Change/Cancellation Request**

Please make the following change to the list of Authorized ADC User:

[ ] Provide ADC access to the individual listed below. User successfully completed ADC tutorial on _____
[ ] Cancel ADC access for the individual listed below
[ ] Change the authorized working area within this Authorized User Department to_____

Authorized User Department & Unit: _____
Name of User: _____
Payroll Title: _____
Employee #: _____

Employment Status:
[ ] County Employee
[ ] Registry personnel (e.g., traveler nurse). Specify the expected duration of access:
Specify the expected duration of access _____

**ADC End User Verification and Acknowledgement**

Upon completion of initial log-on, you will be required to enter a password, which with your Authorized End User ID number must be used to access the ADC MedStation in your assigned work area. It is your responsibility to keep your password secret. You will be accountable for all transactions performed under this Authorized End User ID number and password. Please read the following statement and sign at the line provided to verify that you have read and understood the statement.

I understand that in combination with my User ID number, my password will be my electronic signature for all transactions to the ADC system, and no other retrievable record of my password exists. It will be used to track all my transactions on the ADC system, and will be permanently attached to transactions with a time-stamp and date. These records will be maintained and archived as per the policies of Harbor-UCLA Medical Center, and will be available for inspection by the Drug Enforcement Agency and the State Board of Pharmacy, as is presently done with my handwritten signature for controlled substance records. I, also, understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

Signature of Authorized End User | Printed Name | Date

**Pharmacy Use Only**
**Entered into ADC System on _____ by _____.**
**Date** **DRM Pharmacist**

## APPENDIX B: DHS Standardized Inpatient ADULT Override Medication List

### Adult Pyxis Override Medication List
Harbor UCLA Medical Center

| Medications on Override | Rationale for Override |
|---|---|
| Adenosine 3mg/mL inj. | PSVT |
| Albuterol 2.5mg NEB solution | Acute respiratory distress |
| Albuterol 90mcg INH MDI | Acute respiratory distress |
| Aspirin 325mg tab | Acute chest pain |
| Atropine 1mg/10mL PFS inj. | Bradycardia |
| *Benztropine 1mg/mL inj. | Acute EPS symptoms |
| Calcium gluconate 10% inj. | Cardiac toxicity (hyperkalemia) |
| *Chlorpromazine 25mg/mL inj. | Acute manic episodes (Psych) |
| *Clonazepam 1 mg tab | Acute agitation |
| Dextrose 50% inj. | Hypoglycemia/Hyperkalemia |
| Diazepam 10mg/2mL inj. | Seizures/Agitation/Sedation |
| Diltiazem 25mg/5mL inj. | Antiarrhythmia - IVP dose |
| Diphenhydramine 25mg cap | Allergic reactions/Acute EPS symptoms |
| Diphenhydramine 50mg/mL inj. | Allergic reactions |
| **DMSO | Extravasation |
| Dopamine 800mg/250mL premixed inj. | Hypotension |
| Epinephrine 1mg/10mL PFS inj. | Cardiac arrest |
| Epinephrine 1mg/mL ampule inj. | Allergic reaction |
| EpiPen 0.3mg/0.3mL inj. | Allergic reaction |
| Fentanyl 100mcg/2mL inj. | Acute pain/Sedation |
| Flumazenil 0.5mg/5mL inj. | Benzodiazepine overdose |
| Furosemide 40mg/4mL inj. | Prompt diuretic effect |
| Glucagon 1mg inj. | Hypoglycemia/BB/CCB overdose |
| *Haloperidol 5mg tab | Acute agitation/psychosis/mania |
| Haloperidol 5mg/mL inj. | Severe agitation/psychosis/mania |
| Heparin 100units/mL inj. | Maintain IV patency |
| Hydralazine 20mg/mL inj. | Hypertension |
| Hydrocortisone 100mg inj. | Allergic reactions/Hypotension |
| Insulin Regular 100 units/mL | Hyperkalemia |
| Hydromorphone 2mg inj. | Acute pain |
| Intubation kit (refrigerated)<br>(etomidate, succinylcholine, vecuronium) | Intubation |
| **Ketamine 50mg/mL | Intubation |
| Labetalol 5mg/mL inj. | Hypertensive emergency |
| Lidocaine 100mg/5mL PFS inj. | Ventricular arrhythimia |
| Lorazepam 1mg tab | Acute agitation |
| Lorazepam 2mg/1mL inj. | Seizures/Anxiety/Agitation |

| | |
|---|---|
| Magnesium 1g/2mL inj.<br>***Magnesium 5g/10mL | Seizures (ED)/<br>***Eclampsia (L&D) IM use only |
| Metoprolol 5mg/5mL inj. | Arryhthmia/Hypertension |
| Midazolam 5mg/5mL inj. | Seizures/Intubation/Sedation (cardioversion) |
| Morphine Sulfate inj. | Acute pain |
| Naloxone 0.4mg/1mL inj. | Opioid overdose |
| Nitroglycerine 0.4mg sublingual tab | Acute chest pain |
| Nitroglycerine 100mg/250mL inj. | Acute chest pain |
| Norepinephrine 8mg/250mL premixed inj. | Hypotension (septic shock) |
| *Olanzapine 10 mg disintegrating tab | Acute manic episodes (Psych) |
| *Olanzapine 10 mg inj. | Acute manic episodes (Psych) |
| Ondansetron 2mg/mL inj. | Nausea/vomiting |
| Phenobarbital 130mg/mL Inj. | Seizures |
| Phentolamine | Extravasation |
| Potassium 10mEq/100mL premixed(peripheral) | Hypokalemia |
| Potassium 20mEq/50mL premixed (central line) | Hypokalemia |
| *Risperidone 2mg disintegrating tab | Acute manic episodes (Psych) |
| Sodium Bicarbonate 8.4% inj. | Acidosis/Code blue |
| Sodium Chloride 0.9 % INH soln | Aerosolizing agent |
| *Ziprasidone 20mg inj. | Acute manic episodes (Psych) |

* Overridable only in Psych ER; drug available in limited areas.
**Drug available in ICU Pyxis only
***L&D Pyxis only

**Reviewed by Pharmacy & Therapeutics Committee: October 20, 2022.**

## Pediatric Pyxis Override Medication List
Harbor-UCLA Medical Center

| Medications on Override | Rationale for Override |
|---|---|
| Adenosine 3mg/mL inj. | PSVT |
| Albuterol 2.5mg NEB soln. | Acute respiratory distress |
| Albuterol 90mcg INH MDI | Acute respiratory distress |
| Alprostadil 500 mcg/mL inj. | Patency of ductus arteriosus |
| Atropine 1mg/10mL PFS inj. | Bradycardia |
| Calcium Chloride 10% inj. | Hyperkalemia |
| Calcium Gluconate 10% inj. | Hyperkalemia |
| Dexamethasone 4mg/mL inj. | Airway edema ICP |
| Dextrose 25% inj. | Hypoglycemia |
| Dextrose 50% inj. | Hypoglycemia |
| Digoxin 0.25 mg/mL inj. | Arrhythmia |
| Diphenhydramine 50mg/mL inj. | Allergic reaction |
| Dobutamine 1,000mg / D5W 250mL PREMIX inj. | Hypotension |
| DOPamine 800mg / D5W 250mL PREMIX inj. | Hypotension |
| Epinephrine 1mg/10mL PFS inj. | Cardiac arrest |

| | |
|---|---|
| Epinephrine 1mg/mL ampule inj. | Allergic reaction |
| Epi-Pen Jr. 0.15 mg inj. | Allergic reaction |
| Fentanyl 100mcg/2mL inj. | Acute pain/Sedation |
| Flumazenil 0.5mg/5mL inj. | Benzodiazepine overdose |
| Furosemide 40mg/4mL inj. | Prompt diuretic effect |
| Haloperidol 5mg/mL inj. | Acute agitation/Psychosis/Mania |
| Hydralazine 20mg/mL inj. | Hypertension |
| Insulin Regular 100unit/mL inj. | Hyperkalemia |
| Ipratropium 0.02% NEB soln. | Acute respiratory distress |
| Ipratropium 17mcg INH MDI | Acute respiratory distress |
| Ketamine 500mg/10mL inj. | Sedation |
| Lidocaine 1% PF 30mL VIAL inj. | Procedure |
| Lidocaine 2% SYRINGE 5mL inj. | Ventricular arrhythmia |
| Lorazepam 2mg/mL inj. | Anxiety/Seizure |
| Mannitol 25% 12.5gm inj. | ICP |
| Midazolam 2mg/2mL inj. | Sedation/Seizure |
| Morphine Sulfate inj. | Pain |
| Naloxone 0.4mg/mL inj. | Opioid overdose |
| Nitroglycerin 50mg / D5W 250mL PREMIX inj. | Hypertensive urgency |
| Ondansetron 2mg/mL inj. | Nausea/Vomiting |
| Phenobarbital 130mg/mL inj. | Seizure |
| Phenytoin50 mg/mL inj. | Seizure |
| Phytonadione 1mg/0.5 mL inj. | Newborn |
| Chloride 20MEQ/50mL PREMIX inj. | Hypokalemia (Central Line) |
| Chloride 10MEQ/100mL PREMIX inj. | Hypokalemia (Peripheral Line) |
| Propranolol 1mg/mL inj. | SVT/dysrhythmia |
| Racepinephrine 2.25% INH soln. | Acute respiratory distress |
| Rocuronium10mg inj. | Intubation |
| Sodium Bicarbonate 8.4% inj. | Acidosis |
| Sodium Bicarbonate 4.2% inj. | Acidosis |
| Sodium Chloride 0.9% INH soln. | Aerosolizing agent |
| Sodium Chloride 10% INH soln. 15mL | Mucolytic |
| Terbutaline1mg/mL inj. | Acute respiratory distress |

**Reviewed by Pharmacy & Therapeutics Committee: October 20, 2022.**