



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

SUBJECT: MEDICATION HANDLING DURING PATIENT TRANSFER BETWEEN CLINICAL SERVICES **POLICY NO.** 325N

CATEGORY: Provision of Care	EFFECTIVE DATE: 10/16
POLICY CONTACT: Julianne Joo, Pharm D	UPDATE/REVISION DATE: 6/23
REVIEWED BY COMMITTEE(S): Pharmacy and Therapeutics, Medical Executive	

PURPOSE:

To provide guidelines for handling patient medications during a patient transfer between clinical services within the organization.

POLICY:

Harbor-UCLA Medical Center will ensure that safe and secure medication handling will be maintained throughout the intra-facility patient transfer process.

PROCEDURE:

1. The primary physician must perform a medication reconciliation with transfer.
2. The RN will ensure the patient’s specific medications are transferred and properly stored.
3. Floor stock medications will not be transferred.
 - a. Examples of floor stock medications:
 - Medications in automated dispensing cabinet (e.g., pyxis)
 - Floor stock IV fluids
 - Non-patient specific insulin vials
4. When a patient is transferred to another unit, the sending nurse is responsible for transferring all the medications dispensed from the Pharmacy for the specific patient use to the receiving unit.
 - a. Examples of medications dispensed from the Pharmacy for specific patient use:
 - Patient Cassette (e.g., oral, injectable, topical, etc.) stored in the automated dispensing cabinets under ‘**Patient Cassettes MISC’
 - Refrigerated IVPBs, drips, and labelled patient-specific insulin vials
 - Non-refrigerated IVPBs and drips

REVISED: 3/20

REVIEWED: 10/16, 3/20, 6,23

APPROVED BY: _____

Nina J. Park, MD
Interim Chief Executive Officer

Griselda Gutierrez, MD
Chief Medical Officer

Jason Black, MBA, DNP, RN
Chief Nursing Officer



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- Approved bedside medications per Bedside Medication Policy—Hospital **Policy 329**.
- b. Patient being transferred with PCA, narcotic drips (e.g., morphine, fentanyl, midazolam, lorazepam, etc.), or IVPBs (i.e., vancomycin, phenytoin, etc.) must be accompanied by a licensed staff.
 - c. When patient transfer is accompanied by a licensed staff, all medication listed under Procedure 3a will be transported and handed off to the receiving nurse by the licensed staff.
 - d. When patient transfer is **not** accompanied by a licensed staff (e.g., transport team, nursing attendant, etc.), patient's medication listed under Procedure 3a will be placed in a secured/tamper proof box/bag by the sending unit before the transport. The medication box/bag must be handed directly to the receiving nurse once the patient arrives in the new unit. The receiving nurse must assess the medication box/bag upon receipt to ensure it has not been tampered with.
5. All medications will be secured immediately in the medication storage room by the receiving nurse.
 6. Any missing medications must be communicated to the servicing pharmacy as soon as possible. Pharmacist will review the patient medication profile and dispense additional doses to the new unit accordingly.

Reviewed and Approved by
Medical Executive Committee: 6/2023

A handwritten signature in cursive script that reads "Beverley A. Petrie".

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