



High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 400
VERSION: 1

SUBJECT: CLINIC STOCK MEDICATIONS

PURPOSE: To define policy and procedures pertaining to the storage and distribution of stock medications maintained in High Desert Health System (HDHS) Ambulatory Care clinics.

POLICY: Stock medications are available in Ambulatory Care clinics to provide patients with the immediate administration of medication, including injections, for the treatment of episodic health conditions, emergent/urgent conditions and/or chronic diseases, as well as for health maintenance.

No medications shall be administered except on the written order of a physician or nurse practitioner authorized to prescribe or order such medication. Drugs shall be administered as prescribed.

Telephone/verbal orders for medication administration shall be given only to a physician, nurse practitioner, or registered nurse. The provider giving the orders shall sign such orders within ten days. (Refer to Policy IM.B.2: Receiving, Transcribing and Authentication of Verbal Orders).

Nurse Practitioners will prescribe medications according to the protocols defined in Policy 217 "Standardized Procedures and Protocols for Nurse Practitioners".

All orders for medication administration shall be entered into the patient medical record and shall be signed by the provider, including the name of the medication, the dosage, the time or frequency of administration, and the route of administration.

Each clinic shall maintain a portable, sealed supply of drugs for emergency use, separate from the clinic stock medications. This supply may be included as part of a crash cart, or may be kept in an emergency drug kit. The contents of the supply will be listed on the outside of the container. The emergency drug supply shall be checked and logged at least monthly to ensure appropriate replenishment of the drug supply and to ensure that drugs are not outdated.

Concentrated parenteral electrolyte solutions, including, but not limited to, potassium chloride, potassium phosphate, and sodium chloride solution greater than 0.9% in concentration, are not permitted to be kept as floor stock medications.

PROCEDURE:

1. Storage of Medications

- a. Drug containers which are cracked, soiled, or without secure closure shall not be used.
- b. Medications shall not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs shall be used.
- c. All stock medications, which do not require refrigeration, will be stored in a locked medication cabinet. All stock medications requiring refrigeration will be stored in a refrigerator, maintained between 2 degrees C (35 degrees F) and 8 degrees C (46 degrees F). Stock medications requiring freezer temperature will be stored at -15 degrees C (5 degrees F) or lower. Room temperature for drug storage shall not exceed 30 degrees C (86 degrees F). In the event of a deviation in temperature above or below the designated range of medication storage areas for an extended period of time (i.e. 2 hours or longer) , the following actions are to be taken:
 - i. Record the temperature on the daily log sheet (placed outside of the refrigerator) and notify the area supervisor.
 - ii. Notify the onsite pharmacist at x8455. During off-hours call the pharmacist on call, the Pharmacy Supervisor or the Pharmacy Director.
 - iii. Notify Building Crafts at x8337. During off-hours leave a message with the Building Crafts Department.
 - iv. Relocate the Pharmaceuticals to a secure location with acceptable environmental parameters.
- d. Stock medications shall be accessible only to physicians, nurse practitioners, registered nurses, licensed vocational nurses, and pharmacists assigned to work in each Ambulatory Care clinic.
- e. Controlled drugs shall be stored within a separate locked and secured cabinet within a locked medication cabinet. Controlled drugs shall be accessible only to physicians, licensed nurses, and pharmacists assigned to work in Ambulatory Care clinics. Nursing staff will complete the Controlled Drug Perpetual Sheet each time a controlled drug is administered.
- f. Medications for external use shall be stored separately from drugs for internal use.
- g. Test reagents, germicides, disinfectants and other products utilized in each clinic will be stored separately from medications.
- h. Ampules and single dose vials shall be discarded after single use. Multi-dose vials or containers, including creams and ointments, shall be

discarded when empty, when visibly contaminated or suspected of being contaminated, or when the manufacturers stated expiration date is reached. The exception to this practice is Tuberculin Purified Protein Derivative (PPD) vial which should dated upon opening and discarded 30 days after opening. (Refer to Policy TX.C.3: Expiration Dating of Open Pharmaceutical Containers).

2. Monitoring of Stock Medications

- a. The stock medication storage areas in each clinic will be inspected by an HDHS pharmacist each quarter to ensure that proper storage procedures are followed, and that outdated or expired medications are removed.
- b. At the time of the quarterly inspection, the pharmacist will be responsible for the disposal of any outdated or expired medications that are identified.
- c. All medications are checked monthly by a clinic nurse and all outdated or expired medications are to be disposed of in accordance with the HDHS Policy **Hazardous Materials, Wastes and Pharmaceutical Waste Management Program**.

3. Ordering of Stock Medications

- a. The HDHS Pharmacy will provide all stock medications (except immunizations for off-site clinics). The Immunization Program will provide immunizations for off-site clinics.
- b. At the time of the quarterly inspection, the pharmacist will advise a clinic nurse to re-order any stock medications needed to maintain the levels specified on the Pharmacy and Therapeutics Committee approved list of stock medications.
- c. The nurse or provider can request floor stock medications from the Pharmacy in pre-determined quantities with the approved list of medications. The pharmacist during period drug inspections, will inspect floor stock medications for expiration-dating, and compliance with the approved list of medications.
- d. Controlled substances for floor stock are requisitioned according to the policy on controlled drugs. All controlled drugs are to be stored within a double lock system. A perpetual narcotics inventory sheet will be used for controlled substances.
- e. Licensed clinic nursing personnel will order additional stock medication as required between quarterly inspections. To order medications, clinic-nursing staff will complete the clinic specific Floor Stock Request Form and forwarded to the Pharmacy.

- f. All Floor Stock medication orders require the signature of two licensed nursing personnel and must be forwarded to the HDHS Pharmacy. Orders received by 1400 hours will be filled the same day, or as soon as practical.
4. Floor Stock Medications List changes (i. e. additions/deletions)
- a. Clinic providers may request medications to be added or deleted from the floor Stock list by submitting an Ambulatory Care “Floor Stock Addition/Revision Request” form to the Service Chief for consideration. The form should include justification for the recommendation with supporting documentation or references such as literature citing or CORE DHS Pharmacy and Therapeutics directives.
 - b. The Service Chief reviews the request:
 - i. If denied, the form is returned to the requestor along with the reason for denial.
 - ii. If approved the form is forwarded to the Pharmacy Director.
 - c. The Pharmacy Director reviews the request:
 - i. If denied, the form is returned to the Service Chief along with the reason for denial.
 - ii. If approved, the request is forwarded to the Pharmacy and Therapeutics Committee.
 - d. The Pharmacy and Therapeutics Committee reviews the request:
 - i. If denied, the form is returned to the requestor with a copy to the Service Chief along with the reason for denial.
 - ii. If approved, the request is forwarded to the Clinical Executive Committee.
 - e. The Clinical Executive Committee reviews the request:
 - i. If denied, the form is returned to the requestor with a copy to the Service Chief along with the reason for denial.
 - ii. If approved, the request will be executed Stock list of the Clinic by the Pharmacy Director.
 - f. In case of urgency, the Medical Director will grant approval or denial to the request awaiting official Clinical Executive Committee.

Attachment:

- 1. Ambulatory Care Floor Stock Addition/Revision Request Form

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