



Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 429
VERSION: 1

SUBJECT: ASSESSMENT, MONITORING AND DISCHARGE OF PATIENTS RECEIVING MIND- ALTERING MEDICATIONS IN URGENT CARE CLINICS

PURPOSE: To outline the requirements related to assessment, monitoring and discharge of patient receiving mind-altering medications in the Urgent Care clinics.

POLICY: Licensed nursing staff will monitor patients and document per protocols outlined in this policy. RNs may administer the medications via oral (PO), nasal, rectal, intramuscular (IM) and intravenous (IV) routes. Licensed Vocational Nurses (LVNs) may administer the medications via oral, nasal, rectal and intramuscular routes only. Per the California Board of Vocational Nurses and Psychiatric Technicians LVNs are prohibited from administering medications via the intravenous route.

DEFINITION:

The following mind-altering medications are covered under this policy (on the last page of the policy you can find a complete list of preparations and concentrations available at the Urgent care clinics):

#	GENERIC (BRAND NAME)	ROUTE			
		PO	IM	RECTAL	IV
1	Chlorpromazine (Thorazine)		X		XX
2	Diphenhydramine (Benadryl)	X	X		XX
3	Lorazepam (Ativan)	X			XX
4	Prochlorperazine (Compazine)		X	X	X
5	Fentanyl (Sublimaze)		X		XX
6	Morphine inj		X		XX
7	Tylenol #3	X			
8	Norco	X			

XX – Medications (and routes of administration) requiring more intensive monitoring, as described in the policy.

PROCEDURE:

A. Assessment Prior to Administration

1. Verify physician/NP order for controlled substance including name of medication, dosage and route.
2. Assess patient's history including medication use, medical conditions and allergies.
3. Ensure current weight is documented in the medical record.

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4. If administering analgesics, assess level and intensity of pain using appropriate pain measurement scale.
5. Ensure vital signs (blood pressure, pulse and respiratory rate) are taken within ½ hour prior to administering medication. Notify physician/NP if pulse rate is less than 60 beats/minute or if respiratory rate is less than 12 breaths/minute.
6. For, intravenous sedatives (chlorpromazine, diphenhydramine and lorazepam) or intramuscular or intravenous analgesics only, assess oxygen saturation. Notify provider if SaO₂ is less than 94%.
7. Determine who will transport patient home prior to medication administration. If patient does not have a ride home or is unable to obtain a ride, notify provider prior to administering medication.

B. Administration of Medication

1. Identify patient.
2. Ensure that patient is located on a gurney equipped with side rails (for chlorpromazine, diphenhydramine, fentanyl, and lorazepam administered IV.
3. Administer medication as ordered.
4. Assess for immediate adverse drug reaction especially if medication was administered intravenously.

C. Patient Monitoring

1. Following administration of:
 - a. IV chlorpromazine, IV diphenhydramine, IV lorazepam, IV fentanyl, and IV morphine, monitoring shall be performed as follows: every 15 minutes X 2, every 30 minutes X 1, prior to discharge.
2. Following administration of IV chlorpromazine, IV diphenhydramine, IV lorazepam, IV fentanyl, IV morphine assess vital signs (blood pressure, pulse, respiratory rate) and oxygen saturation, and notify physician if any of the following changes occur:
 - a. Blood pressure decrease of 20 mm Hg from baseline.
 - b. Pulse rate less than 60 beats per minute.
 - c. Respiratory rate less than 12 breaths/minute.
 - d. SAO₂ is less than 90%.

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3. Assess level of responsiveness, following the administration of IV chlorpromazine, IV diphenhydramine, IV lorazepam, IV fentanyl, IV morphine, using the following definitions:
 - a. Awake and alert
 - b. Awakens when name called
 - c. Awakens to light touch
 - d. Arouses to shaking only
 - e. Unable to arouse
4. Assess level and intensity of pain, using appropriate pain measurement scale, following the administration of analgesics:
 - a. 30-60 minutes and prior to discharge following PO Tylenol #3 or Norco.
 - b. Notify provider if pain level is greater than or the same as prior to medication administration.
5. Assess for adverse drug reaction.

D. Patient Discharge

1. For patients receiving IV chlorpromazine, IV diphenhydramine, IV lorazepam, IV fentanyl, IV morphine:
 - a. Assess vital signs prior to discharge. Notify provider of any change in condition as stated in C-2 above.
 - b. Assess level of responsiveness using definitions as stated in C-3 above.
2. Assess level and intensity of pain as stated in C-4 above.
3. Determine that the individual transporting/escorting patient from clinic is present.
4. Discuss the following aftercare instructions for patients receiving controlled substances:
 - a. Avoid operation of motor vehicles, electric equipment, or heavy equipment for 4 – 6 hours or as advised by physician.
 - b. Medications may cause the following effects: dizziness, drowsiness, sedation, nausea/vomiting and constipation.
 - c. Take prescription medication as ordered.

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E. Documentation

1. Pain assessment, before administration of medication, 15 –60 minutes after administration, prior to discharge and more often, if needed.
2. Record vital signs (blood pressure, pulse, respiratory rate) and pulse oximetry, when indicated:
 - a. For patient receiving nasal cocaine, IV chlorpromazine, IV diphenhydramine, IV lorazepam, IV fentanyl, IV morphine before administration of medication, at 15, 30 and 60 minutes after administration, and prior to discharge.
 - b. For patients receiving all other medications and/or same medications via other routes: before administration (during the intake process) of medication; following administration only if indicated by patient’s condition.
3. Patient’s condition, including levels of responsiveness pre and post medication administration.
4. State “No adverse reactions” if none occurred.
5. Any communication with the physician.
6. Aftercare instructions given: Use the following terminology “Aftercare instruction given per nursing protocol.”
7. Name of person transporting/escorting patient home and the relationship to patient.
8. Legible signature and title of nurse administering medication.

List of medications (controlled substances and mind altering) in the floor stock in Urgent Care Clinics:

Controlled substances:

Generic	Brand name	Route
Acetaminophen and Codeine PO	Tylenol # 3	PO
Lorazepam PO	Ativan tabs	PO
Lorazepam inj.	Ativan inj.	IV
Fentanyl inj.	Sublimaze inj.	IM, IV
Morphine inj.	Morphine sulfate	IM, IV

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Other mind-altering medications:

Generic	Brand name	Route
Chlorpromazine inj.	Thorazine inj.	IM, IV
Diphenhydramine inj.	Benadryl inj.	PO, IM, IV
Prochlorperazine inj.	Compazine inj.	IM, IV, Rectal

Approved By: Susan Knapp (CHIEF NURSING OFFICER I)	
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