Expected Practice
High-Alert Medications

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PURPOSE

To identify a core list of high-alert medications and to promote safe medication practices that can prevent medication errors from their use. High-alert medications have a heightened risk of causing significant patient harm when used in error.

Each DHS facility shall maintain a policy for the use of high-alert medications to ensure that appropriate safeguards are utilized to minimize risks associated with these agents. DHS organizations accredited by The Joint Commission shall follow its Medication Management standard that requires organizations to safely manage high-alert medications.

EXPECTATIONS The DHS Medication Safety Committee and DHS P&T Committee have established the following "DHS Standardized High-Alert Medications List" for use for all DHS patient care settings:

DHS Standardized Core High-Alert Medication List
Antithrombotic Agents* (Includes Heparin, Warfarin, and Thrombolytics*)
Concentrated Potassium
Sodium Chloride Solution > 0.9%
Insulins: Facility administered by intravenous, sub-cutaneous routes only
Narcotic/Opiate analgesics: Patient Controlled Analgesia (PCA) route only*, fentanyl continuous infusion drips, fentanyl transdermal patches, and methadone
Neuromuscular Blocking Agents*
Anti-Neoplastic Agents*
Magnesium Sulfate, in all Obstetric areas only
Medication administered via intrathecal and epidural routes*

Note: * Indicates a medication category considered to be high alert- not listed as individual agents in this document.

Each DHS facility shall maintain a High-Alert Policy that identifies its high-alert medications, including, at a minimum, the agents listed in the above table "DHS Standardized List of High-Alert Medications". Each DHS facility may also add additional high alert agents pertinent to identified medication risks.

1. Facility policy shall specify processes for managing high-alert medications that include multi-disciplinary safeguards to minimize errors associated with use, after review of risk points within the use of each of the specified "high alert" medications/categories described above. The High Alert Policies and Procedures developed for ORCHID will be standardized and apply to all applicable facilities.
    - Consideration of safeguard strategies recommended by medication safety organizations such as the FDA, The Joint Commission, Institute for Healthcare Improvement and Institute for Safe Medical Practices is also recommended.
2. DHS Facilities shall provide on-going education about the High-Alert Medications policy to medical, nursing, and pharmacy staff.
3. Facilities shall establish a High-Alert Medications policy monitoring plan to assure consistent policy implementation and compliance with established safeguards. On-going tracking, trending and analysis of facility medication events related to these agents also are recommended to evaluate efficacy of safeguards and to identify weaknesses in medication use processes.

The DHS Best Practice Expectations for High-Alert Medications shall be reviewed at least annually, and updated as necessary by the DHS Medication Safety Committee. This committee shall continue to monitor this process to assure that appropriate safeguards are established for High-Alert Medications.

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