



Rancho Los Amigos National Rehabilitation Center

OUTPATIENT SERVICES

POLICY AND PROCEDURE

**SUBJECT: INFUSION MEDICATION
ADMINISTRATION GUIDELINES**

Policy No.: 6.03.01

**Supersedes: NEW
Review Date: 04/2018
Page: 1 of 3**

PURPOSE

To describe how to initiate a new medication program for the Infusion Clinic and to establish general guidelines and direction for clinic staff and the Pharmacy prior to the first dose.

A separate workflow will be developed for each infusion medication. The medication to be infused is a drug that is considered non-oncologic and supports the population served in the outpatient care clinic.

PATIENT CRITERIA

1. Patient shall meet clinical criteria as determined by the provider.
2. Patient shall be an empaneled patient with oversight by one of RLANRC's primary care medical homes, (PCMH).

RESPONSIBILITIES

1. MEDICAL PROVIDER
 - a. The medical provider (provider) is defined as a clinician working in the outpatient clinic.
 - b. Obtains approval in advance, from the Chief of Outpatient Specialty Service, to start an infusion program for a new medication.
 - c. Works closely with the clinic nurse or case manager to ensure that the patient meets inclusion criteria for the medication, and that the team successfully completes enrollment, including the completion of any necessary documentation.
 - d. Orders any necessary lab and diagnostic tests, prior to the infusion day.
 - e. Has expertise, both in the disease condition being treated and of the administered medication.
 - f. Must remain onsite and available to provide medical oversight during the infusion procedure, until the patient is safely discharged from Infusion Clinic.
2. CASE MANAGER
 - a. Supports the approval process:
 - b. Completes all necessary forms
 - c. Requests insurance authorization for the medication.
 - d. Notifies the Pharmacy and clinic staff when authorization has been obtained.

EFFECTIVE DATE: 04/12/2018
APPROVED BY: Dennis Wong, MD
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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

Signature(s) on File.

3. PHARMACIST

- a. Procures, prepares, and compounds the prescribed medication.
- b. For non-formulary medication request the provider must submit, in the Electronic Health Record (EHR), a Template Non-Formulary (TNF) request form to Department of Health Services (DHS) Pharmacy Affairs (See Pharmacy P&P 7.02.0); the pharmacist will follow-up on all requests made.

4. CLINIC NURSE

- a. Clinic RN or Clinic LVN performs infusion of medication.
- b. Provides patient training and overview of the medication.
- c. Collaborates with the provider to identify needs for education training.
 - i. Arrange training with Pharmacy and/or pharmaceutical representative(s).
 - ii. Department of Nursing Education staff may provide supplemental training.
 - iii. The components of nursing training and education includes, but not limited to, drug information, class, indication, dosage and administration including titration, reconstitution, stability of the medication, side effects, nursing alerts, nursing considerations for care during infusion such as vital signs and post infusion monitoring.

5. PATIENT

- a. Agrees to receive the medication.
- b. Completes clinical work-up prior to first dose of the medication, including labs or other diagnostic tests.
- c. Engages in education and training provided by nursing.
- d. Completes any necessary enrollment paperwork.
- e. Complies with administration schedule (e.g., some medications require a series of appointments for administration or follow-up).

PROCEDURE

1. PRIOR TO INFUSION

- a. Provider identifies patient as a candidate for infusion.
- b. Nursing notifies the case manager, to provide support, as required.
- c. Provider, nursing, and case manager complete and submit all necessary enrollment documentation.
- d. Provider orders clinical tests as needed (e.g., lab, diagnostics, etc.).
- e. Case Manager requests insurance authorization, as needed.
- f. Clinic team (Provider, nursing, case manager, and pharmacist) communicate regularly regarding authorization and approval process and work together to address any issues.
- g. Upon approval and authorization, clinic staff contacts the patient to schedule the infusion appointment.
- h. To ensure the medication is available the clinic will notify the pharmacy at least 3 days in advance of any infusion appointments.

2. DAY OF INFUSION

- a. Provider is responsible for medical oversight of the patient during infusion, including any adverse reactions to the medication.
- b. Provider or designee must be available until the patient has been safely discharged from Infusion Clinic.
- c. Provider shall screen patient prior to medication administration (e.g., consider patient's condition, vital signs, results of lab and diagnostic tests, etc.).
- d. Provider enters order for the infusion and medication in the **EHR**.
- e. Pharmacy is notified to prepare the medication.
- f. Clinic RN or LVN performs infusion for the duration specified by the manufacturer.
- g. Nursing monitors the patient during the infusion procedure.
- h. Nursing monitors the patient after the infusion, for the post-infusion duration specified by the manufacturer
- i. Nursing completes the task in PowerPlan/eMAR after the infusion in order to capture proper charge in ORCHID for future procurement in compliance with 3408 program.
- j. Prior to discharge, the patient is provided with the following information:
 - i. Medication
 - ii. Potential issues after the infusion
 - iii. Clinic contact information
 - iv. Appointment for the next scheduled infusion or follow-up
- k. Patient is safely discharged from Infusion Clinic.