

VALLEYCARE
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE**

NUMBER: 5225

VERSION: 1

SUBJECT/TITLE: PYXIS ANESTHESIA SYSTEM

POLICY: Operating rooms will be equipped with automated medication dispensing carts, Pyxis® Anesthesia System (P-AS), for the administration of anesthesia.

PURPOSE: To describe the procedures for medication use and control utilizing an automated dispensing system (Pyxis® Anesthesia System) in the Operating Room, Labor & Delivery, and other select areas of the hospital where anesthesia is performed.

DEPARTMENTS: PHARMACY, NURSING & ANESTHESIOLOGY

DEFINITIONS: Pyxis® Anesthesia System (P-AS): Automated Medication Dispensing Cart
ADT: Admission, discharge, transfer

PROCEDURE: A. **Authorized Access:**

1. User ID – The User ID is provided by the System Administrator upon completion of training. The Pyxis® System Manager may elect to create the User ID so as to avoid duplication or upon special request. The user is required to sign a Pyxis® User Agreement which will be entered and maintained by the Pyxis® System Manager. The Department of Pharmacy Services, Anesthesia Department Chair or designee, or Medical Director may authorize access to Pyxis® Anesthesia System (P-AS). The Department of Pharmacy maintains guidelines for the appropriate assignment of access and security levels. The user name as entered at the Pyxis® console in the Inpatient Pharmacy will be the legal name of the user as known by HR.
2. The System Administrator issues a temporary password along with the user ID. The user must immediately access the P-AS and follow the prompts to change the temporary password to a confidential, permanent password. This new password must be kept confidential. When creating a temporary ID and password for any associate (or employee), the following information is required: full last name, first initial, and license classification (MD.). Passwords are changed every 3 months. The use of a user ID and password is considered the equivalent of an electronic signature.

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3. When a user forgets his/her password, it is reported to the Anesthesia Department Chairperson or designee, Medical Director or nurse manager who notifies the Pharmacy via e-mail to reset the password. The Pharmacy must verify the identity of the user prior to any password reset.
4. The Biometric ID feature of the P-AS replaces the user's password. Once activated at the console for the P-AS, the system requires users at that station to complete the registration during their first login. This one-time process enables the users to register their biometric information in the system. After successfully registering their biometrics with the system, users have Biometric ID login rights at each station where they have existing access privileges.
5. P-AS access is granted only after proof of system education through the Pyxis® tutorial and or instruction from the System Administrator. The System Administrator assigns each user to a security group. Access is allowed only to anesthesiologists, nurses, pharmacists, pharmacy technicians and anesthesia technicians, each with limited access depending on the security group to which they are assigned.
6. All requested additions, deletions or changes to access ID or privileges are sent to the Pharmacy System Manager for implementation. These changes must come from the Anesthesia Department Chair or designee, Medical Director or Nurse Manager and must be reported to the System Administrator or Director of Pharmacy. Terminations must be reported immediately and the user deactivated from Pyxis®.
7. The Anesthesia Administration office regularly monitors the status of MD licenses and will report any status changes to the Pharmacy System Manager. Any physician with a suspended DEA or Medical license will have their Pyxis® privileges removed.

B. P-AS Medications:

1. Medications stored in the P-AS are limited to those approved by the Department of Anesthesia Chair, Director of Pharmacy and the Pharmacy and Therapeutics Committee. The P-AS will contain single dose vials if available from the manufacturer, and a limited number of multi-dose vials. Large volume IVs are not stocked in the P-AS and are supplied from the unit floor stock or from pharmacy.
2. Pharmacy has the responsibility of loading and refilling medications to the P-AS. This task is done daily or more often if needed, by either a pharmacist or pharmacy technician. Anesthesiology technicians have the responsibility of loading and refilling of supply items located in the bottom

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three drawers. This task is done daily or more often if needed.

3. All medications in the P-AS are given a “standard medication” status. Unloading of any standard medication to make room for different medication requires someone with administrative privileges.

C. Patient List:

The patient list is populated from the hospital ADT system. Patients discharged or transferred from the unit will remain on the P-AS for 2 additional hours. In the event of an ADT failure to populate a particular patient, the anesthesiologist may add the patient manually by using the “Add a Patient” icon. Manually added patients will remain active in the system for only 12 hours after the last transaction. If the patient’s account number is not available, it can be skipped and the P-AS will temporarily attach a unique number.

D. Physical Management of the P-AS:

1. The P-AS is to remain in the OR to which it is assigned. It must remain powered on and it’s network cable in place.
2. In the event of a failed drawer the MD or RN should attempt to recover by using “Recover Drawer” icon on the main menu. If assistance is needed they should call the pharmacy (x-5956 or x-6152 during daytime hours, 7-days-week). If the pharmacy is unable to recover the drawer, the Pyxis® World Wide Service should be called at **1-800-727-6102** (our account number is **104831**). For failed drawers and other problems with the P-AS, Pyxis® may need to send a field technician to our site. Someone from pharmacy staff must accompany Pyxis® technicians and provide the field technician with keys to the P-AS. Keys to the P-AS are stored in the main pharmacy narcotic vault.
3. Users of the P-AS must close the drawers and EXIT the system when leaving the OR. Medications for patients should not be left on top the P-AS, but can be secured in the “MD Meds” pocket of the P-AS located at the front of drawer 2-1.

E. Wasting Medications:

1. Non-controlled medications, which need wasting, are disposed of in the Pharmaceutical Waste Container (Blue and White Container).
2. Narcotics (controlled substances) waste will be documented in Pyxis®

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system. The contents of the wasted drug vial will be emptied into a syringe. All wasted syringes/vials are to be labeled properly with patient name, patient MRUN, drug and concentration. The syringe and Pyxis® waste receipt will be placed into a plastic zip-lock bag, and the entire content placed into the waste bin located in the anesthesia workroom and/or in the PACU.

3. Pharmacy staff will return all wasted controlled drugs to the inpatient pharmacy. The Pyxis® receipt of the controlled drug waste will be used to verify that the amount of drug being wasted matches the amount on the receipt.
4. Pharmacy will randomly sample controlled drug waste and conduct both qualitative and quantitative analysis of the content. After analysis, a licensed pharmacist will waste the controlled medications and log and document his/her action in the control substance waste log book.

F. Returning Medications:

1. Medications will NOT be returned directly to pharmacy. Returns are to be documented in the Pyxis® system and placed in the appropriate bins to be retrieved by pharmacy staff at a later time.
2. Unopened, intact non-controlled medications may NOT be returned to their original pocket. They are to be returned to the Empty Return bin. Narcotics (controlled substances) and other medications located in the Mini-drawers, if unopened, may be returned to the Empty Return bin of each P-AS machine.
3. Non-controlled medications that have been used will be wasted by placing the medications into the Pharmaceutical Waste Container (opened vials, syringes, ampules, etc.). Opened and used controlled substance will be wasted according to the above procedure and placed in Waste bins located in the anesthesia workroom and PACU.
4. Loading, unloading and checking for outdated medications is pharmacy's responsibility and will be done daily.

G. Transferring Medications:

1. Non-controlled medications that are removed for a patient may be transferred to another patient one time. This is applicable for instances when an anesthesiologist has removed and drawn up medications in a labeled syringe and the scheduled patient case is cancelled. The

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anesthesiologist has the option to transfer these non-controlled medications to the next immediate patient case. If the stability or sterility of the medication is compromised, then the anesthesiologist must waste the medication in the appropriate container.

2. Narcotics (controlled medications) are NOT to be transferred to another patient.

H. Reports:

1. Five reports are run daily at the Pyxis Console pertaining to the P-AS
 - Non-narcotic Refill Report
 - Waste Report
 - Controlled substance Discrepancy Report
 - Non-controlled Substance Discrepancy Report
 - Controlled Substance Activity Report (this is grouped with whole house activity and filed)

I. Downtime Procedure:

1. Each P-AS is powered at a red plug and should therefore be on generator power in the event of a power failure. If the generator fails, each P-AS is equipped with a battery back-up which will provide power for up to 45 minutes.
2. If there is a failure of the P-AS, pharmacy should be immediately notified. The pharmacy must unlock the drawers of the P-AS to provide access to non-narcotics. Anesthesiologists may obtain medications from a neighboring P-AS or Outside OR Procedure cart. If another P-AS is not available, anesthesiologists will need to use the narcotics in the OB/GYN anesthesia emergency stock and record their usage on the given paperwork.
3. When the P-AS becomes functional again, pharmacy must re-lock all the drawers.

J. Emergency Access Procedures:

1. In the event emergency medications are needed and the P-AS is inaccessible, the crash cart should be used.
2. Report system or equipment failure to the inpatient pharmacy by calling

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ext-5956 during daytime hours, 7-days-week, or ext-6152 during evenings.

K. Maintaining Formulary and Station Inventory:

1. Ideally, the P-AS will require only one restock per day. Maximum and minimum par levels are set for each item. These should be set so as to avoid stock outages on evening and nightshift. The anesthesiology staff will alert the System Administrator of any common stock outages and they will adjust the levels.
2. The Anesthesia Department Chair or designee notifies the System Administrator for changes in inventory. These requests are then presented to P&T committee for approval.
3. Narcotics (controlled substances) in the P-AS are inventoried once a week by the pharmacy staff.

L. Patient and User Privacy:

1. Reports from Pyxis®, either from the Console or the P-AS, which contain patient information handled following HIPPA procedures. Paper reports are disposed of in Shred Destruction Bins only. Archived tape data is stored on the IS network and transferred off site to file storage contractor site in sealed metal containers.

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| References: | |
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