

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE****NUMBER: 240****VERSION: 6****SUBJECT/TITLE: HIGH-ALERT MEDICATIONS**

POLICY: The facility maintains a list of High-Alert medications, which are most often associated with severe medication errors or adverse reactions both at this facility and nationwide.

PURPOSE: To identify High-Alert medications and to describe procedures for reducing the risks associated with their use. To increase awareness of High-Alert medications, thereby improving patient safety.

DEPARTMENTS: All

DEFINITIONS: **High-Alert (high-risk) medications:** medications that have a greater capacity to cause significant patient harm if used incorrectly.

PROCEDURE: **Identifying High-Alert Medications and High-Alert Areas:**

- The Medication Use Evaluation (MUE) committee reviews and evaluates drugs associated with medication errors and adverse drug reactions at Olive View – UCLA Medical Center (OVMC).
- High-Alert list will be reviewed and revised by the MUE committee.
- The review process considers information from organizations such as ISMP and The Joint Commission.

High Alert medications include the following:

- Anticoagulants (includes heparin, low molecular weight heparin, thrombolytics, argatroban, eptifibatide, warfarin, and factor Xa inhibitors)
- Concentrated Potassium Solutions (>2mEq/mL)
- Sodium Chloride Solutions >0.9%
- Insulins
- Narcotic/Opioid Analgesics (includes patient controlled analgesia, continuous infusions, fentanyl transdermal patch, and methadone)
- Benzodiazepine Continuous Infusions
- Neuromuscular Blocking Agents
- Anti-Neoplastic Agents
- Magnesium Sulfate (in OB areas only)
- Medications administered via intrathecal route
- Medications administered via epidural route
- Parenteral Nutrition

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Procedures

A. Prescribing

1. Telephone/Verbal orders for high-alert medications are discouraged.
2. The use of approved order sets is recommended when prescribing high-alert medications (as available).
3. P&T Committee approved standard concentrations are highly recommended.

B. Preparation and Dispensing

1. Pharmacy will maintain clearly labeled, segregated storage bins for high-alert medications in patient care areas. Bins will be labeled with a "High-Alert" warning label.
2. High-Alert medications dispensed from pharmacy will be clearly labeled with a "High-Alert" warning label.
3. The Pyxis MedStation will also alert the nurse of the High-Alert status upon medication removal.
4. Pharmacy will procure and dispense commercially available pre-mixed solutions when feasible.
5. P&T Committee approved standard concentrations are highly recommended.

C. Administration

1. Select High-Alert medications will require an independent double check by 2 licensed staff (Refer to Appendix A)
2. Double check is defined as:
 - a. Verify correct patient using at least 2 patient identifiers, such as patient's name, medical record number, financial identification number, or date of birth.
 - b. Independently compare the medication in hand versus the medication order or MAR.
 - c. Independently verify any calculations for doses that require preparation.
 - d. Assuring the accuracy of infusion pump programming for intravenous infusions or PCA.
 - e. Verify that the dose is appropriate for administration based on the medication order/protocol.
 - f. 2nd licensed staff shall document that double check was performed.
NOTE: *The electronic health record will not always prompt when a second witness is required.*
3. The smart pump with the drug library settings must be used for administration of all intravenous medications.
4. Barcode scanning of all medications is recommended.

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D. Monitoring

1. Appropriate laboratory values should be ordered and monitored.
2. Appropriate rescue agents and/or resuscitation equipment should be readily available.

E. See Appendix A (attached) for specific medication safety safeguards.

References: DHS High-Alert Expected Recommendations, 2014. Larson, C., Saine, D. Medication Safety Officer's Handbook, American Society of Health-System Pharmacists, 2013.	
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