SANTA BARBARA COUNTY DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	**Effective:**	2/1/1998
Sub-section	Medications	**Version:**	3.0
Policy	Emergency Medications	**Last Revised:**	DRAFT
Director's Approval	_____ Alice Gleghorn, PhD	**Date**	
PHF Medical Director's Approval	_____ Ole Behrendtsen, MD	**Date**	
		Audit Date:	DRAFT
Supersedes:	Emergency Medication Kit (E-Kit) rev. 9/28/2016; Emergency Prescription Coverage rev. 5/2006		
Approvals:			

1. PURPOSE/SCOPE

1.1. To ensure the proper management, monitoring and documentation of emergency medications stored within the Pyxis MedStation system.

1.2. To ensure Santa Barbara County Psychiatric Health Facility (hereafter the "PHF") medication management policies are in compliance with all federal and state laws and standards of professional practice.

2. POLICY

2.1. A supply of emergency medications stored within the Pyxis MedStation shall be maintained at the PHF at all times.

2.2. All medications maintained for emergency purposes at the PHF shall be selected and approved by the PHF Medical Practice Committee (MPC). Committee members will include a pharmacist, a PHF psychiatrist and other medical personnel as indicated.

2.3. Emergency medications will be accessed for qualified emergency needs only. At no time will the E-Kit be used when medications can be obtained from the contracted pharmacy.

2.4. All medications administered from the emergency supply must be transcribed and documented on the patient's Medication Administration Record (MAR) and within the Pyxis MedStation system.

3. DEFINITIONS

The following terms are limited to the purposes of this policy:

3.1. **Pyxis MedStation** – an automated dispensing system that performs the storage, dispensing, and distribution of medications.

3.2. **Licensed nursing staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or licensed psychiatric technician (LPT).

4. EMERGENCY MEDICATION STORAGE

4.1. Emergency medications will be stored in a designated drawer within the Pyxis MedStation. Those emergency medications requiring refrigeration will be stored in a secured refrigerator within the PHF's designated medication room.

4.2. ~~E-Kits will be stored in the PHF medication room and must remain locked in this room at all times. The E-Kit is removed to be refilled by the contracted pharmacist or for auditing purposes only.~~

5. EMERGENCY MEDICATION APPROVAL AND AVAILABILITY

5.1. The PHF Medical Practice Committee (MPC) must approve all emergency medications stored at the PHF. The approval will be signed and dated by the primary committee members. The most current signed copy of the list will be posted in the PHF medication room. This list must be updated ~~in the event that members of the PHF MPC change, or~~ when there are any modifications to the list of approved emergency medications.

5.2. Medications ordered for a patient's emergent psychiatric needs that are available in the emergency medication supply will be administered to that patient immediately.

5.3. During normal business hours, emergency medications not available in the supply will be ordered and available to be administered to patient within one (1) hour of the time ordered. These orders will be filled by the Santa Barbara County Mental Health Services Pharmacy (hereafter "Pharmacy").

5.4. For those hours during which the Pharmacy is closed, emergency medications will be available and administered within two (2) hours of the time ordered. Staff will submit orders to the local contracted pharmacy during their hours of operation and when the Pharmacy is closed.

5.5. If an emergency medication cannot be made available at the PHF within two (2) hours of the time ordered, the PHF Team Lead in coordination with a physician will make arrangements to transport the patient to a local emergency room to receive the emergency medication.

5.6.   The E-Kit will contain only those emergency medications approved and appearing on the list of medications as stated in Section 5.1 above.

5.7.   The contents of the supply shall be listed on the outside of the container along with the expiration date of the earliest expiring medication in the kit.

5.8.   Injectable supplies shall be limited to a maximum of three (3) single doses in ampules or vials or one container of the smallest available multi-dose vial and shall be in sealed, unused containers.

5.9.   For the following classes of medications, no more than six (6) drugs in solid, oral dosage form or suppository dosage form will be stored in the E-Kit.

   1.   Anti-infective, anti-diarrheal, anti-nausea or analgesics.

5.10. With the exception of injectables, E-Kits are to contain no more than four (4) individual doses of any one medication. Each dose will be the lowest dose of the medication available.

5.11. Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.

6.   **RECEIPT OF EMERGENCY MEDICATIONS**

6.1.   The contracted pharmacist will provide and replenish four (4) separate E-Kits: is responsible for replenishing the contents of the E-Kit within 24 hours after an E-Kit is unsealed or as needed. Each delivery must be accompanied by a manifest that details the following information:

   1.   Date ordered

   2.   Date of delivery

   3.   E-Kit Type (i.e. "E-Kit General", "E-Kit Controlled", "E-Kit Fridge", "E-Kit Medical Emergency")

   4.   Manifest/invoice number

   5.   Medication name and dosage

   6.   Number of pills/capsules

6.2.   All delivery manifests must be dated, timed and signed by PHF receiving staff.

7.   **EMERGENCY MEDICATION ADMINISTRATION PROCEDURES**

7.1.   Emergency medications are to be utilized only in those situations in which a patient presents with a sudden medical condition or psychiatric emergency, and delaying the administration of medication would cause undue duress or escalate his/her condition to require more intensive interventions, including emergency medical services or seclusion and restraint.

7.2. LNS must contact the PHF physician to obtain an order for use of emergency medications.

   1. The order can be a telephone order or documented by the physician in person.

      a. All telephone orders must be signed by the ordering physician as soon as possible, but no later than 24 hours. A physician may sign for telephone orders made by other prescribers to ensure all orders are signed within 24 hours.

7.3. LNS must contact a pharmacist to authorize the medication ordered and verify there are no contraindications such as an adverse drug interaction or drug allergy.

   1. After normal business hours, LNS will contact the pharmacist on-call for authorization of medication orders. If contacting and/or waiting for a response from the pharmacist would cause a significant delay in patient care and potentially cause undue harm, LNS may administer the medication immediately per physician direction.

7.4. LNS will transcribe the medication order onto the Medication Administration Record (MAR) and will manually enter the order into the Pyxis MedStation.

7.5. LNS must log use of each medication removed from the E-kit so there is a separate record for each time the kit is accessed. Document the following information on the *Emergency Medication Utilization* form (see Attachment A):

   1. Facility name;

   2. Name of the patient;

   3. Name of physician authorizing emergency medication;

   4. Name and strength of medication;

   5. Quantity of medication administered;

   6. Name of consulting pharmacist verifying no contraindication;

   7. Time and date of administration; and

   8. Printed name of person administering medication.

7.6. The completed *Emergency Medication Utilization* form is placed back in the E-kit. A photo-copy is retained for PHF records and affixed to the clipboard stored in the medication room. These will reconciled periodically and stored in the *Emergency Medication Utilization* binder. The photo-copies will be retained for a year.

7.7. Inside every E-Kit are green locks that will be used to reseal. Each green lock is individually identified with a serial number. After every use of the e-kit, LNS will use the provided green lock to relock the E-Kit in order to protect its integrity.

7.8. On a monthly basis, PHF personnel will enter the information from completed *Emergency Medication Utilization* forms into a data collection spreadsheet for tracking purposes. This spreadsheet will capture the same components listed in Section 7.5 above.

7.9. Once the medication is administered, LNS will monitor and assess the patient for:

1. Any side effects to the medication.

2. Response to the medication.

7.10. LNS will follow the PHF's "Medication Administration" policy for documentation.

8. EMERGENCY MEDICATIONS REFUSED OR NOT ADMINSTERED

8.1. When an emergency medication is prepared for administration, and refused by the patient or not administered for any reason, LNS will:

1. Circle his/her initials in red ink on the MAR.

2. On the reverse side, document the reason the medication was refused or not administered.

3. Place his/her initials, signature and license discipline in the corresponding section.

8.2. Any unused portion of single dose emergency medication will be discarded per the PHF's "Medication Disposal and Destruction" policy, including proper disposal processing within the Pyxis MedStation.

9. EMERGENCY MEDICATION AUDITS

9.1. ~~On a daily basis, the medication nurse will complete the E-Kit Verification Log documenting the status of each of the 4 E-Kits. The nurse will verify the red lock is intact, if opened, that a green lock is in place and that a replacement kid delivery is pending.~~

9.2. A pharmacist is responsible for conducting a monthly audit of emergency medications to identify any expired medications.

9.3. Any deviations from this policy will be immediately corrected and reported through the incident reporting process. Results will be documented and distributed to the PHF Medical Director and Nursing Supervisor and reported quarterly at PHF Quality Assessment and Performance Improvement (QAPI) and MPC meetings.

REFERENCE

Code of Federal Regulations
Title 42, Section 482.25(b)

California Code of Regulations
Title 22, Section 77079.13(b)

RELATED POLICIES

Access to Medication Storage Areas

Medication Administration

Medication Disposal and Destruction

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
DRAFT	3.0	• Use of E-Kits replaced with storage of emergency medications within the Pyxis MedStation system.
9/29/16	2.1	• Added to section 9.2 that any deviations from E-Kit content, or emergency medication management as dictated by this policy, will be immediately corrected and reported through the incident reporting process.
8/25/16	2.0	• Updated storage requirements • Increased specificity of maximum quantity of drugs and doses allowed in E-Kits • Added procedures for administration of E-Kit medications

Culturally and Linguistically Competent Policies
The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).