

MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Emergency Drugs and Supplies (E-Kit)
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	September 13, 2016
APPROVED BY	Thain Ho (Tim) Wey, 9/13/16

POLICY:

1. Emergency drugs and supplies, **for use in medical and psychiatric emergencies**, shall be immediately available at PHF. Emergency medications contained in the e-kit will be provided in the most ready-to-administer form available. Licensed independent practitioners, nursing and the consulting pharmacist will determine the contents of the e-kits emergency medication boxes, utilizing current specialty criteria, recommendations and regulations.
2. The emergency drug supply will remain inside the e-kit, sealed with a tamper-evident seal at all times when not in use. **All pharmacy-delivered e-kits will be sealed with a red lock.** The seals will be broken only when an emergency situation arises. The contents of the kit shall be listed on the outside of the kit along with the drug and expiration date of the earliest expiring medication in the kit. An e-kit daily check log is maintained that lists each kit, the first expiring medication and the serial number of the seal.
 - a. The e-kit will contain a maximum of 6 anti-infectives, antidiarrheal, nausea, and vomiting medications.
3. **The e-kit will consist of a general kit, a controlled kit, medical emergency kit, and a fridge kit (See Attachment A, B, C, and D).** The general kit will be stored in the locked medication room. The controlled kit will be inside a locked cabinet in the medication room. The fridge kit will be stored in the refrigerator located in the medication room. The medical emergency kit will be stored in the medication room. These kits will contain 4 doses each of the medications determined necessary by the P&T committee. Any change to the e-kits must be approved by the P&T committee before being implemented.
4. Upon receipt of the e-kit, Facility Personnel will inspect the integrity of the kit.
 - a. Ensure the kit is locked with a Serial Lock
 - b. Ensure that a color coded List of Contents is posted on top of each Kit/Cart
 - c. PHF personnel will sign for any e-kit delivered to the facility.
5. To obtain a medication from the e-Kit, facility personnel is required to first fax the order to the pharmacist. Subsequently, facility personnel is required to call the pharmacist to check the medication order. Only after receiving authorization from the pharmacist, facility personnel will be able to break the serial lock to access the medication.
 - a. Posted on every e-Kit is a color coded List of Contents. Locate the medication that is needed using this list.
 - b. **Inside every e-Kit is the E-Kit Utilization form (See attachment E). All information on this form must be completed for every medication used in the e-Kit.**
 - c. The pharmacist on-call must verify all elements of the form and the pharmacist's name must be written on the form before the medication is given to the patient.
 - d. Once completed, fax the above form to (805) 928-6200, the fax number listed on the form. Keep the hand written form INSIDE the Kit.

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- e. Inside every e-Kit are green locks that will be used for resealing. Each green lock is individually identified with a serial number. After every use of the e-kit, use the provided green lock to relock the e-kit in order to protect its integrity.
 - f. At the next delivery time, give the relocked e-Kit to the Hometown Pharmacy delivery driver. The delivery driver will provide a new e-kit at this time. However, if an e-kit is unavailable due to unforeseen circumstances (i.e. medication shortage), Hometown Pharmacy is responsible for delivering a replacement kit as soon as possible, but no later than 72 hours. PHF staff will keep the re-locked e-kit until a replacement arrives.
 - g. Upon receipt of a used e-kit, HOMETOWN PHARMACIES will inspect the forms and used medications. The e-Kit will be replenished and resealed with a Serial Lock. A restocked, relocked e-Kit will be returned to the PHF at the next available delivery time.
6. The e-kit and log sheet will be checked during the monthly pharmacist audit. If the kit is still sealed and the lock has the same serial number as when it left the pharmacy, the kit will be considered intact and only the expiration date will be checked. If it is open, the pharmacist must verify the identity and quantity of all medications in the e-kit.
7. Facility staff will keep a shift count log of the controlled e-kit if the kit has been used or the seal has been broken for any reason, unless if resealed with a replacement lock. This lock will have a new serial number, and will be differently shaped from the original lock.

SOURCE: Title XXII of the California Code of Regulations § 77079.13

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Attachment A



HOMETOWN PHARMACY EMERGENCY KIT

E-Kit Fridge

Lantus 100 units/ML vial	#1
Humalog 100 units/ML vial	#1
CIV Lorazepam 2MG/ML vial	#5

Earliest Expiration Date: _____ *Technician:* _____
Lock Serial Number: _____ *Pharmacist:* _____

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Attachment B



HOMETOWN PHARMACY EMERGENCY KIT

E-Kit Controlled

Controlled Substances

Lorazepam 1MG	#24
Lorazepam 2MG	#18
Temazepam 15MG	#6
Clonazepam 1MG	#24
Diazepam 10MG	#12
Alprazolam 0.5MG	#24
Zolpidem 5MG	#6
Tramadol 50MG	#12
Suboxone 1MG/4MG	#7
Buprenorphine/Naloxone 2MG/0.5MG	##7

Earliest Expiration Date: _____ *Technician:* _____
Lock Serial Number: _____ *Pharmacist:* _____

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Attachment C



HOMETOWN PHARMACY

EMERGENCY KIT

E-Kit Medical Emergencies

Injections:

Diphenhydramine 50MG/ML	#3
Naloxone 0.4MG/ML	#3
Water for Injection vial	#3
Epipen 2-Pak 0.3MG Auto-Inj]	#1
Glucose Gel	#2

Earliest Expiration Date: _____

Technician: _____

Lock Serial Number: _____

Pharmacist: _____

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Attachment D



HOMETOWN PHARMACY

EMERGENCY KIT

E-Kit General

<p>Neurology/Psychiatry:</p> <ul style="list-style-type: none"> Gabapentin 100MG #16 Aripiprazole 10MG #12 Chlorpromazine 200MG #8 Topiramate 100MG #8 Divalproex ER 500MG #8 Citalopram 10MG #16 Escitalopram 10MG #8 Fluoxetine 10MG #16 Sertraline 50MG #16 Duloxetine 30MG #8 Trazodone 100MG #4 Levetiracetam 250MG #16 Hydroxyzine Pam. 25MG #16 Propranolol 20MG #30 Lamotrigine 100MG #8 Benzotropine 1MG #8 Haloperidol 1MG #30 Bupropion XL 150MG #8 Bupropion SR 150MG #4 Quetiapine 50MG #16 Risperidone 1MG #16 Ziprasidone 40MG #8 Zyprexa Zydys 5MG #16 Lithium Carb. 300MG #30 Doxepin 10MG #30 <p>Gastroenterology:</p> <ul style="list-style-type: none"> Ondansetron 8MG #4 Promethazine 25MG #8 <p>Analgesics:</p> <ul style="list-style-type: none"> Baclofen 10MG #8 Cyclobenzaprine 5MG #24 Methocarbamol 500MG #9 Meloxicam 7.5MG #8 	<p>Endocrine/Metabolic:</p> <ul style="list-style-type: none"> Prednisone 10MG #12 Metformin 500MG #8 Glimepiride 1MG #30 Levothyroxine 0.25MG #30 <p>Cardiovascular:</p> <ul style="list-style-type: none"> Lisinopril 10MG #8 Clonidine 0.1MG #12 Atorvastatin 10MG #16 Glipizide 5MG #16 Potassium CL ER 10mEq #8 Clopidogrel 75MG #4 Digoxin 125MCG #8 Atenolol 50MG #16 Amlodipine 5MG #8 Furosemide 20MG #8 Hydrochlorothiazide 12.5MG #8 <p>Hematology/Anticoagulants:</p> <ul style="list-style-type: none"> Warfarin 1MG #15 <p>Misc.:</p> <ul style="list-style-type: none"> Pro Air Inhaler #1 Permethrin 5% Cream #3 <p>Antimicrobials:</p> <ul style="list-style-type: none"> Cephalexin 500MG #8 Ciprofloxacin 500MG #4 Sulfamethoxazole/TMP #4 <li style="padding-left: 20px;">800MG/160MG <p>Injectables/</p> <ul style="list-style-type: none"> Olanzapine 10MG Inj Vial #2 Benzotropine 2MG/ML Amp #3 Haloperidol Lac. 5MG/ML #3 <li style="padding-left: 20px;">Vial
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Attachment E



Hometown LTC Pharmacy Inc.

E-Kit

Hometown LTC Pharmacy
 (week days)
 1450 W McCoy Lane Ste. B
 (805) 928-2200

Pharmacist On-Call:
 (after hours)
 John Dunn (805)550-8189
 Joseph Abraham: (805)748-4440
 Tim Wey: (805)363-5745

Hometown Medical Pharmacy
 (weekends)
 1482 S. Broadway Ste. A
 (805) 322- 3411

Facility Name: _____ Green Serial Lock #: _____

Resident: _____ Date of Birth: _____

Medication: _____ Strength: _____

Doctor: _____ Lock Number: _____

Nurse Signature: _____ Date/Time: _____

Pharmacist's Name who Verified Medication Order, Name, Description, Strength, and Interactions: _____ Quantity| Approved: _____

*Once opened **FAX** Immediately to (805) 322-3126*