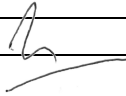


MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Emergency Drugs and Supplies (E-Kit)
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	September 29, 2016
APPROVED BY	Thain Ho (Tim) Wey, 9/29/16 

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.
 - a. The e-kit will contain a maximum of 6 anti-infectives, antidiarrheal, nausea, and vomiting or analgesic medications.
 - b. 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.
 - c. 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.
 - d. Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.
3. The e-kit will consist of a general kit, a controlled kit, medical emergency kit, and a refrigerated 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 refrigerator 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.


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- b. Inside every e-Kit are E-Kit Emergency Medication Utilization forms (*See attachment E*).
 - c. All information on this form MUST be completed for EVERY medication used in the e-Kit so there is a separate record for each time the kit is accessed.
 - d. The pharmacist on-call must verify everything on the form and the pharmacist's name must be written on the form before the medication is given to the patient.
 - e. 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 and a photo-copy is retained for PHF records and affixed to the clipboard stored in the medication room.
 - f. 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, use the provided green lock to relock the e-kit in order to protect its integrity.
 - g. At the next delivery time, give the re-locked e-Kit to the HOMETOWN PHARMACIES 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.
 - h. Upon receipt of a used e-kit, HOMETOWN PHARMACIES will inspect the forms and used medications to make sure there is a match. Any disparities will be followed up with an event report and investigation to determine the disposition of the missing medication. The e-Kit will be replenished and resealed with a serial lock and stored for future delivery.
6. The e-kits 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. Any deviations from E-Kit content or management from the approved E-Kit policy will be immediately corrected and reported through the incident reporting process.
7. 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 kit delivery is pending.

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

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Attachment A



HOMETOWN PHARMACY
EMERGENCY KIT

3


PHF

E-Kit Fridge

Humalog 100units/mL vial	#1	EXP	Version #: 1 Date of Version: 09/20/2016
Lantus 100units/mL vial	#1	EXP	
Lorazepam (CIV) 2mg/mL vial	#3	EXP	

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Attachment B



HOMETOWN PHARMACY
EMERGENCY KIT

1

PHF
E-Kit Controlled

CONTROLLED SUBSTANCES


Alprazolam 0.5MG	#24	EXP	
Buprenorphine/Naloxone 2MG/0.5MG	#7	EXP	
Clonazepam 0.5MG	#4	EXP	
Diazepam 5MG	#8	EXP	
Lorazepam 1MG	#12	EXP	
Temazepam 15 MG	#8	EXP	
Tramadol 50MG	#8	EXP	
Zolpidem 5MG	#6	EXP	

Version #: 1
Date of Version: 09/20/2016

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Attachment C

PHF



HOMETOWN PHARMACY
EMERGENCY KIT

1



E-Kit Medical Emergencies

INJECTABLES			
Diphenhydramine 50mg/mL	#3	EXP	
Epipen 2-Pak 0.3mg Auto-inj.	#1	EXP	
Glucose gel	#4	EXP	
Naloxone 0.4mg/mL	#3	EXP	
Sterile water for injection 10mL	#3	EXP	

Version #: 1
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Attachment D

HOMETOWN PHARMACY
EMERGENCY KIT *E-Kit General*


1

ANALGESICS:			MUSCLE RELAXANTS:		
Meloxicam 7.5mg	#4	EXP	Baclofen 10mg	#8	EXP
ANTIMICROBIALS:			Cyclobenzaprine 5mg	#8	EXP
Cephalexin 500mg	#4	EXP	Methocarbamol 500mg	#8	EXP
Ciprofloxacin 500mg	#4	EXP	NEUROLOGY/PSYCHIATRY:		
TMP/SMX 160mg/800mg	#4	EXP	Aripiprazole 10mg	#6	EXP
CARDIOVASCULAR:			Benzotropine 1mg	#12	EXP
Amlodipine 5mg	#6	EXP	Bupropion SR 150mg	#4	EXP
Atenolol 50mg	#4	EXP	Bupropion XL 150mg	#4	EXP
Atorvastatin 10mg	#8	EXP	Carbamazepine 100mg	#8	EXP
Clonidine 0.1mg	#4	EXP	Chlorpromazine 50mg	#8	EXP
Clopidogrel 75mg	#4	EXP	Citalopram 10mg	#8	EXP
Digoxin 125mcg	#9	EXP	Divalproex ER 500mg	#12	EXP
Furosemide 20mg	#8	EXP	Doxepin 10mg	#4	EXP
Glipizide 5mg	#12	EXP	Duloxetine 30mg	#4	EXP
Hydrochlorothiazide 12.5mg	#6	EXP	Escitalopram 10mg	#4	EXP
Lisinopril 10mg	#16	EXP	Fluoxetine 10mg	#8	EXP
Potassium chloride ER 10meq	#6	EXP	Gabapentin 100mg	#18	EXP
ENDOCRINOLOGY:			Haloperidol 1mg	#40	EXP
Glimepiride 1mg	#8	EXP	Hydroxyzine pamoate 25mg	#9	EXP
Levothyroxine 25mcg	#12	EXP	Lamotrigine 100mg	#8	EXP
Metformin 500mg	#8	EXP	Levetiracetam 250mg	#24	EXP
Prednisone 10mg	#21	EXP	Lithium carb. 300mg	#4	EXP
GI MEDICATIONS:			Propranolol 20mg	#8	EXP
Omeprazole 20mg	#4	EXP	Quetiapine 50mg	#18	EXP
Ondansetron 8mg	#4	EXP	Risperidone 1mg	#12	EXP
Promethazine 25mg	#8	EXP	Sertraline 50mg	#4	EXP
HEMATOLOGY/ANTICOAGULANTS:			Topiramate 100mg	#8	EXP
Warfarin 1mg	#15	EXP	Trazodone 100mg	#4	EXP
INJECTABLES:			Ziprasidone 40mg	#8	EXP
Benzotropine 2mg/2mL ampule	#3	EXP	Zyprexa Zydis 5mg	#8	EXP
Haloperidol lactate 5mg/mL vial	#3	EXP			
Olanzapine 10mg inj vial	#3	EXP			
Sterile water for injections 10mL	#3	EXP			
MISC.					
Clotrimazole 1% cream	#1	EXP			
Permethrin 5% cream	#3	EXP			
Pro Air inhaler	#1	EXP			

Version #: 2
 Date of Version: 09/20/2016

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Attachment E



Hometown LTC Pharmacy Inc.

Emergency Medication Utilization Form

<p><i>Hometown LTC Pharmacy</i> (week days) 1450 W McCoy Lane Ste. B (805) 928-2200</p>	<p><i>Pharmacist On-Call:</i> (after hours) John Dunn (805)550-8189 Joseph Abraham: (805)748-4440 Tim Wey: (805)363-5745</p>	<p><i>Hometown Medical Pharmacy</i> (weekends) 1482 S. Broadway Ste. A (805) 322- 3411</p>
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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*