



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		
Policy	Emergency Medication Kit (E-Kit)	Last Revised:	9/29/16
Policy #			
Director's Approval	 _____ Alice Gleghorn, PhD	Date	9/29/16
PHF Medical Director's Approval	 _____ Leslie Lundt, MD	Date	9/29/16
Supersedes:	NM-2.3 Emergency Medication Box	Audit Date:	9/29/19

1. PURPOSE/SCOPE

- 1.1. To ensure the proper management, monitoring and documentation of medication used from the emergency medication kit (hereafter "E-Kit") to assist in maintaining medication safety, minimizing the risk of medication diversion, and reducing or eliminating potential errors.
- 1.2. To ensure the Psychiatric Health Facility's (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 in an E-Kit will be maintained at the PHF at all times.
- 2.2. Contents of the E-Kit will be determined and approved by the PHF Pharmaceuticals and Therapeutics Committee. Committee members will include the contracted pharmacist, a PHF psychiatrist and other medical personnel as indicated.
- 2.3. Contents of the E-Kit 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 PHF Medication Administration Record (MAR) and the *Emergency Medication Utilization* form (see Attachment A).

3. DEFINITIONS

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

- 3.1. Emergency Medication Kit (E-Kit) – a sealed box that is locked with a serial numbered tag containing approved medications to be administered from when there is a medical or psychiatric emergency.

4. EMERGENCY MEDICATION STORAGE

- 4.1. Emergency medications will be stored in a portable, tamper-proof container that is sealed with a serial-numbered, tamper-proof red lock that must be broken to gain access to the medications.
- 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. E-KIT CONTENTS

- 5.1. The PHF Medical Practice Committee (MPC) must approve the contents of the E-Kits. 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 medications.
- 5.2. The E-Kit will contain only those emergency medications approved and appearing on the list of medications as stated in Section 5.1 above.
- 5.3. 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.
- 5.4. 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.
- 5.5. 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.
- 5.6. 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.
- 5.7. 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. PROCEDURES FOR ADMINISTRATION OF MEDICATIONS FROM E-KIT

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 prior to opening the E-Kit.

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 within 24 hours.

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

7.4. LNS will transcribe the medication order onto the Medication Administration Record (MAR).

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 be 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. E-KIT MEDICATIONS REFUSED OR NOT ADMINSTERED

8.1. When a medication is removed from the E-Kit and refused or not administered, 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 any single dose medication will be discarded per the PHF's medication disposal procedures.

9. E-KIT INTEGRITY 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 kit delivery is pending.

9.2. The contracted pharmacist is responsible for conducting a monthly audit of the E-Kits. 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. Results will be documented and distributed to the PHF Medical Director and Nursing Supervisor and reported at the quarterly PHF MPC meetings.

ASSISTANCE

Charlotte Balzer-Gott, RN, PHF Nursing Supervisor

REFERENCE

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

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

ATTACHMENTS

Attachment A – *Emergency Medication Utilization* form

RELATED POLICIES

Medication Administration

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/25/26	2.0	<ul style="list-style-type: none"> • 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).

Attachment A



Hometown LTC Pharmacy Inc. Emergency Medication Utilization Form

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

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