

**CENTER FOR SPECIAL CARE
POLICY AND PROCEDURES**

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| TITLE: MEDICATION: HIGH RISK/HIGH ALERT MEDICATION LIST | EFFECTIVE/REVISED DATE: 4/3/2024 |
| LAST REVIEWED WITHOUT CHANGES DATE: 05/09/18 | |
| RESPONSIBLE DEPARTMENT/COMMITTEE: PHARMACY & THERAPEUTICS COMMITTEE | |
| APPROVED BY: MEDICAL STAFF EXECUTIVE COMMITTEE | |
| CITATION/REFERENCE: N/A | |
| REPLACES/PREVIOUS TITLE: N/A | |

****All IV bolus doses and change in infusion rate require double check by nurses, one being an RN.**

| Medication | Ordering | Restricted Access | Administration | Monitoring |
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| 1. Intravenous Adrenergic A. Agonists (e.g. Epinephrine) B. Dopamine, Dobutamine Infusions C. IV Adrenergic Antagonists (e.g. Beta Blockers) D. Inotropics (e.g. Milrinone) | Order includes infusion rate and titration parameters when indicated. | | - Do not give in same port with sodium bicarbonate - Use only free flow Protected pump Infusion device | - Cardiac monitor when used as a pressor - Closely monitor vital signs |
| 2. Intravenous Heparin Infusions (Unfractionated) | - Ordered per policy | - Reduce number of concentrations available - Use premixed solutions whenever possible | - Do not give concurrently with low molecular weight Heparin (e.g. enoxaparin) - Heparin bolus doses and change in infusion rate requires independent double check - Use only "free flow" protected IV pumps | - Per policy |

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| 3. Intravenous Potassium Chloride and Potassium Phosphate infusion | - The order clearly indicates if the infusion is via a central or peripheral site | - Vials Restricted to Pharmacy - Only premixed KCl solutions are available on units | - 20 meq/100 ml infusions are only given through an IV central line | - Monitor serum Potassium - Cardiac monitoring to be considered if patient is clinically unstable |
| 4. Parenteral Magnesium Sulfate | - Order indicates dose and infusion rate | - Vials Limited to Pharmacy and emergency carts and Satellite Pyxis | Use premixed solution - Cardiac monitoring considered if patient clinically unstable or if patient receiving IV continuous infusion | - Monitor serum magnesium |
| 5. Warfarin, Direct Oral Anticoagulants (DOAC) | 1. Whenever possible, give daily rather than alternating days dose for warfarin orders. 2. Use anticoagulation order-set in EMR 3. Refer to Anticoagulation bridging policy for guidance pre-and post-surgical procedures | - Warfarin stored only in Pyxis | - Verify correct order, dose, and correct patient - Review safety elements with new orders - Review medication profile For any interacting Medications - Avoid IM injections in warfarin patients | - Use dose monitor flowsheet in EMR to assess overall INR value trend to avoid too many dose adjustments and labile anticoagulation trend - Increase monitoring of PT/INR whenever an interacting medication is used, for e.g. Flagyl, amiodarone, fluconazole, herbals, Bactrim, etc. |

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| 6. Intrathecal medications | <ul style="list-style-type: none"> - Order must be entered by prescribing practitioner utilizing order set | <ul style="list-style-type: none"> - Not available as general floor stock - Dispensed patient specific | | |
| 7. Insulin Oral Hypoglycemics | <ul style="list-style-type: none"> -Consider time of meals and/or tube feeds when placing orders | <ul style="list-style-type: none"> - Insulin intravenous infusions are prepared by Pharmacy - Limit insulin vial concentrations to 100 units/ml | <ul style="list-style-type: none"> - IV Insulin infusions require independent double check of infusion set up and pump setting upon initiation and any dose change - SubQ route insulin doses require independent double checks - Inform the patient of insulin dose they are receiving whenever possible - Use only "free flow" protected pumps | <ul style="list-style-type: none"> - Blood Glucose Levels; signs and symptoms of hypoglycemia |
| 8. Narcotics / opioids | <ul style="list-style-type: none"> - Consider non-pharmacological interventions for pain when possible - Use programmable pumps when administering infusions - Check allergies prior to initiating therapy | <ul style="list-style-type: none"> - Stored only in Pyxis - Pharmacy must review order prior to administration except in STAT situations as defined by the Medications: Contingency policy -disposal in appropriate controlled substance waste containers | <ul style="list-style-type: none"> - Keypad of smart pumps must be placed in lock mode during opioid infusions - Opioid infusions require independent double checks for rate changes | <ul style="list-style-type: none"> - monitor for respiratory depression, hypoxia, heart rate, blood pressure, sedation level, bowel and bladder function |

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| 9. Neuromuscular Blocking Agents (i.e. vecuronium) | Only to be ordered prescribing practitioner by prescribing practitioner when rapid intubation is required | Store in ADC, Refrigerator with lockbox, or emergency cart only. Place auxiliary labels on all storage bins and/or ADC pockets and drawers that contain NMBs as well as all final medication containers of NMBs (e.g., syringes, IV bags) that state: “ “WARNING: CAUSES RESPIRATORY PARALYSIS – PATIENT MUST BE VENTILATED | Store reversal agents in ADC | Monitor vital signs; degree of muscle paralysis |
| 10. Total Parenteral Nutrition (TPN) | -The prescribing practitioner/dietician/pharmacist collaborate to determine nutritional needs of patient -The prescribing practitioner uses TPN order-set in EMR -TPN orders to be placed by prescribing practitioner no later than 12:00 noon. | Stored under refrigeration until ready for administration | - Administer via Infusion Pump -Use 0.2 micron filter infusion set for standard TPNs; use 1.2 micron filter infusion set for 3-in-1 TPNs containing lipid | -Comprehensive metabolic panel, triglycerides, blood glucose when indicated |