

Nursing Orientation
Pharmacy Review
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- I. Pharmacy hours of operations M-F 8am-6:30pm, Sat, Sun, & holidays 8am-4:30pm (refer to Pharmacy Hours and Pharmacy After Hours policies)
 - a. Pharmacy located on ground floor near Employee Development Services
 - b. Calling a pharmacist after hours
 - Cardinal Rx-source remote medication order management service
- II. References available on the units:
 - a. Intravenous Medications handbook for nurses (spiral bound book)
 - b. Lexi-Comp on hospital's intranet (access through Inspire icon)
- III. The concept of a hospital formulary (refer to Medication Formulary policy)
- IV. Therapeutic substitutions (refer to Therapeutic Substitution of Drugs policy)
- V. Medication Orders
 - a. Indications required for all new orders:
 - Admission orders
 - Antibiotics
 - Antipsychotics
 - Look Alike/Sound Alike (per policy)
 - Titration orders
 - PRN orders
 - b. Prohibited abbreviation examples:
 - QD, cc, d, ug, QOD, u, MSO₄, MgSO₄, μ
 - QD is not acceptable, you must write "daily"
 - U is not acceptable, you must write "units"
 - cc is not acceptable, you must write "ml"
 - c. Telephone/Verbal Orders
 - Limit use unless absolutely necessary
 - Verbal orders should be limited to emergency situations
 - ALWAYS read back the order ("TORB")
 - d. Medication Administration Record (refer to M.A.R. policy)
 - All new medication orders are verified by a pharmacist
 - All new and discontinued medication orders must be acknowledged by a licensed practitioner
 - Scheduled administration times are expressed in military time
 - e. Options for first doses
 - f. Standardized medication times
 - Need to inform pharmacy if non-standard administration times are needed
 - g. Special order types:
 - Dilantin, quinolone antibiotics – hold tube feeds 1hr before and after administration
 - h. Weight based orders use metric scale

- i. Allergy Documentation
 - Current policy requires allergy documentation by the prescribing practitioner or designee as part of the admission process
- j. High Risk/High Alert medications (refer to HR/HA med policy)
 - Independent double checks required for IV boluses and rate changes
- k. Look Alike/Sound Alike medications (refer to LA/SA med policy)
 - Identified on MAR and in Pyxis
- VI. Adverse Drug Reactions (refer to Adverse Drug Event Reporting policy)
 - a. Fill out Suspected/Adverse Drug Reaction Report and Evaluation form
- VII. Medication Distribution
 - Full Pyxis dispensing for all units except PDU
 - Patient drawers on PDU for individualized oral syringes, other items are in Pyxis
 - Drawers are exchanged Mon – Wed – Fri
 - Supplies meds to cover until next exchange
 - Interim orders filled and delivered to patient drawer or bins
 - Meds are distributed to the units in appropriate delivery devices when applicable, i.e. oral solutions in oral syringes, bottles, or cups, and IV solutions in IV syringes, bags, or vials
 - If product doesn't properly connect or allow administration, stop and contact pharmacy
- VIII. Controlled Drug renewals
 - a. C-II drugs must be done no less frequently than every 7 days
 - b. C-III, IV, and IV must be done no less frequently than every 30 days
 - Prescribing practitioners receive notices of medications pending expiration beginning three days prior
- IX. Pyxis Station Record Keeping and Storage (refer to policy)
 - a. Logon Access
 - UserID and Password upon first logon – same as PC and workstation
 - BioID (fingerprint) replaces logon password once set up
 - Password is secondary process when BioID fails
 - notify pharmacy
 - only you should know your password
 - b. Pyxis interfaces with the pharmacy software system (SRX)
 - c. Pyxis profiles should match patients' medication profiles
 - d. Overrides
 - Use is restricted – THINK before doing and override
 - See Medication Contingency policy
 - STAT Group med list – Can be overrode in all emergent situations, day or night
 - All other items can NOT be overridden unless there is an existing order for the medication and the med is unavailable (missing, dose dropped, etc.) or physician is present at bedside
 - Witness required
 - “code911” user for emergencies (pw: 911911)

- Contingency Stock
 - Contingency is located inside the Pyxis stations throughout the hospital
 - a. Search using Global Find function
 - If you cannot find what you need in your unit's contingency, then you need to call the shift manager
 - e. Discrepancies
 - MUST be resolved immediately
 - Requires witness
 - MUST answer the question: **Why is the actual count not equal to the expected count?**
 - f. Blind Count
 - User must enter the physical count for all controlled drugs
 - If entered quantity does not equal expected amount, opportunity to recount
 - g. Waste
 - Must document waste of controls in Pyxis
 - requires witness
- X. Miscellaneous
- a. Medroom / Cart keys
 - Stored in Pyxis
 - b. Pain Policy
 - Will be reviewed in separate lecture
 - c. Medication Occurrence
 - Use online incident report form - ComplyTrack
 - d. Refrigerator temperature log
 - Performed daily by pharmacy
 - Everyone entering the refrigerator should check the temperature to ensure it is functioning properly
 - e. Pharmaceutical waste
 - Stericycle bins – Blue, Purple, & Narc waste (see handout)
- XI. Develop relationships with your unit pharmacists!
- **Refer to individual pager numbers posted on units daily**

