Pharmacy Policies and Procedures

Pennsylvania Facilities

HCF

ICP, Inc. of PA · 888.203.8965
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Pharmacy Policies and Procedures

_____
Medical Director

_____
Administrator

_____
Director of Nursing

_____
ICP of Pennsylvania Consultant Pharmacist

Date: _____

TABLE OF CONTENTS

INTRODUCTION

A manual of policies and procedures for pharmacy services is an indispensable tool in long-term care facilities.

The administrator uses it to establish standards. The nurse and pharmacist depend on it for clear guidelines. The physician has assurance from it that a prescribed regimen will be followed.

Written policies and procedures communicate clearly what is intended, thereby minimizing the risk of error associated with oral instructions. A manual is particularly useful in training and orienting new employees. It also provides a means of evaluating the quality of drug-related services in the facility.

The contents of this pharmacy manual conform to the Federal regulations and standards (Conditions of Participation in Medicare and Medicaid programs for SNF’s, ICF’s and ICF/MR facilities).

Drug Regimen Review 4.00

Effective Date: February 11, 1998

Revision Date: February 6, 2017

POLICY

The consultant pharmacist is to review the drug regimen and medical record of each resident at least monthly and report in writing any irregularities. For the purposes of this policy the term “irregularity” means failing to be in accord with what is usual, proper, accepted or right.

PROCEDURES

1. Each resident is reviewed from information contained within the medical chart, or that which is available electronically and from the nursing staff caring for the resident or the resident them self as appropriate. From this review, an overall picture of the resident’s health is developed. Any irregularities, questions, or comments to the nursing staff or the physician are addressed in the form of a written recommendation.
2. The review of the drug regimen is to include all drugs currently ordered, including drugs which are ordered on an as-needed basis but which have not recently been used.
3. The consultant pharmacist is to report in writing any irregularities to the medical director, director of nursing services and individual resident’s physician. Such report is to include a brief description of the irregularity observed.
4. The consultant pharmacist is to provide the facility with documentation that s/he has reviewed each resident’s drug regimen, either by generating individual reports to be placed in the resident’s medical record or generating a report listing all the residents reviewed during the month.
5. The consultant pharmacist is not to enter statements into the resident’s medical record which express clinical judgment
6. The administrator is responsible for maintaining a copy of these reports on file in the facility for at least three (3) years.

When a recommendation is made

1. It will be left with the DON, sent to the facility in the tote, or placed on the file sharing website for the facility to print.
2. Non-emergency recommendations are to be addressed within the next 30 days.
3. After addressed, a copy of the recommendation is sent via fax to ICP and the original is placed in the patient’s chart.
4. If a recommendation has not been answered within 30 days, the consultant will notify the DON that the recommendation is still pending. If after 60 days, there is still no response the recommendation will be made again.

5. If no recommendation is made, the consultant signs and dates the Medication Regimen Review form, indicating that no irregularities were found, and/or documents such in the consulting software.
6. Irregularities that need immediate attention will be verbally communicated to the responsible nurse for that resident to address immediately.

Consultant Reports

On a monthly basis, in conjunction with the Patient's Medication Regimen Review, the following forms are completed and submitted to the facility Administrator and the Director of Nursing by posting to the file sharing website:

1. Monthly Inspection Report
2. Individual recommendations
3. Pending Report indicating those recommendations that have not been addressed from the previous month
4. Executive Summary Report
5. List of all residents with MRR activity
6. Summary of recommendations to be reviewed by the Director of Nursing and the Medical Director.

Consultant Pharmacist's Quarterly Report 5.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

The consultant pharmacist is to submit to the Quality Assurance Committee, at least quarterly, a written report on the status of the facility's pharmaceutical service and staff performance.

PROCEDURES

1. The report is to be submitted to the administrator for the quarterly CQI meeting and be retained on file in the facility for at least three (3) years.
2. The report is to include, but not be limited to:
   a. A review and assessment of compliance with any plan of action previously adopted by the Quality Assurance Committee.
   b. A review and ongoing assessment of compliance with all of the facility's drug-related policies and procedures including but not limited to those pertaining to ordering and dispensing; prompt and timely provision; receipt, storage, control and distribution; labeling; preparation, administration and record keeping; and disposal, reconciliation and accountability of all drugs and biologicals.
   c. Recommendations, if any, for improving the delivery of pharmaceutical service, with the goal of correcting or preventing instances of noncompliance and enhancing the level of resident care and pharmaceutical service in the facility.
   d. A report on the number of apparent irregularities found or similar indicators based on state and federal regulations.

House Supply Drugs 7.00

Effective Date: February 11, 1998

Revision Date: December 17, 2024

POLICY

The Pharmaceutical Services Committee is responsible for adopting a formulary of drugs considered as house-supplied items, although the facility does not operate on a drug formulary system

PROCEDURES

The following medications will be considered as house-supplied medications at the facility:

	Bradford	Corry	Edinboro	Fairview	Hempfield	Sweden	Warren
acetaminophen 325mg tablets (Tylenol)	Y	Y	Y	Y	Y	Y	Y
acetaminophen elixir 120mg/5ml(Tylenol Elixir)	Y	Y	Y	Y	Y	Y	Y
Acetaminophen Suppositories 325mg							Y
Acetaminophen Suppositories 650mg	Y	Y	Y	Y	Y	Y	Y
Acetaminophen tablets 500mg	Y	Y	Y	Y	Y	Y	Y
aspirin 325mg (ASA) tablets	Y	Y	Y	Y	Y	Y	Y
aspirin 325mg (ASA) tablets – enteric coated	Y	Y	Y	Y		Y	Y
aspirin 81mg Enteric coated	Y	Y	Y	Y		Y	Y
Aspirin 81mg tablets(chewable)	Y	Y	Y	Y	Y	Y	Y
AZO Cranberry 250mg tablets					Y		
Bacid tablets (Probiotic)	Y	Y	Y	Y	Y	Y	Y
bisacodyl suppositories(Dulcolax Supp.)	Y	Y	Y	Y	Y	Y	Y
bisacodyl tablets 5 mg (Dulcolax Tabs)	Y	Y	Y	Y	Y	Y	Y
Calcium /Vitamin D 500mg-200 units	Y	Y	Y	Y	Y	Y	Y
Calcium /Vitamin D 600mg-400 units	Y	Y	Y	Y	Y	Y	Y
docusate calcium 240mg(Surfak)	Y	Y	Y	Y		Y	Y
docusate sodium 100mg Colace Tabs)	Y	Y	Y	Y	Y	Y	Y
docusate sodium 100mg Colace Liquid)	Y	Y	Y	Y	Y	Y	Y
engerix-B vaccine(hepatitis b) employee use only)	Y	Y	Y	Y	Y	Y	Y
Ferrous Sulfate tablets 325mg	Y	Y	Y	Y	Y	Y	Y
fiber therapy powder(Metamucil)	Y	Y	Y	Y		Y	Y
Folic Acid Tab 800mcg							Y
Guaifenesin /Dextromethorphan Liquid 100mg-10mg/5ml	Y	Y	Y	Y		Y	Y
Guaifenesin Liquid 100mg/5ml	Y	Y	Y	Y	Y	Y	Y

House Supply Drugs 7.00

	Bradford	Corry	Edinboro	Fairview	Hempfield	Sweden	Warren
Horse Chestnut 300mg capsule 60ct bottle						Y	
Ibuprofen 200mg (advil/motrin)	Y						Y
Ibuprofen Liquid 100mg/5ml	Y						
influenza vaccine seasonal	Y						
Loratidine 10mg (Claritin	Y						
Magnesium and aluminum hydroxides plus simethicon suspension(Mylanta or Maalox Plus)	Y	Y	Y	Y	Y	Y	Y
Magnesium Oxide 400mg	Y	Y			Y	Y	
Melatonin 3mg	Y	Y	Y		Y	Y	
Melatonin 5mg					Y		
milk of magnesia(M.O.M.)	Y	Y	Y	Y	Y	Y	Y
multiple vitamin tablets(Daily Vite, One-Ap-Day)	Y	Y	Y	Y	Y	Y	Y
multiple vitamin with minerals	Y	Y	Y	Y	Y	Y	Y
Mucinex ER 600mg tablet 20ct box						Y	
Polyethylene Glycol Powder 3350	Y	Y	Y	Y	Y	Y	Y
Senna S tabs 8.6mg -50mg	Y	Y	Y	Y	Y	Y	Y
Senna tabs 8.6mg	Y	Y	Y	Y		Y	Y
tubersol vaccine Use HCF tracking form to identify employee use/resident use)	Y	Y	Y	Y	Y	Y	Y
Tylenol Arthritis 650mg extended release tablets					Y		
Vitamin B12 500mcg		Y			Y		
Vitamin C 500mg	Y	Y			Y	Y	Y
Vitamin D 1000 units	Y	Y	Y	Y	Y	Y	Y
Vitamin D 5000 units	Y					Y	Y
Zinc Sulfate 220mg capsule		Y			Y		

House-supplied medications will be ordered from the pharmacy by each nursing unit as supplies diminish.

It is the responsibility of the nursing staff, in some cases the pharmacy may assist, to properly label each house-supplied medication on the unit. Each resident that has a current order for a house-supplied medication must have his or her first and last name (no initials or nicknames) appear on a bottle of that house-supplied medication on the nursing unit. No more than ten residents may share one bottle of house-supplied medication.

House Supply Drugs 7.00

When a house-supplied bottle is completed and a new bottle is started, a new label with no more than 10 resident names must be affixed to the new bottle.

When an order for a house-supplied medication is discontinued, a resident is discharged that has been ordered a house-supplied medication, etc., remember to remove that resident's name from the bottle of house-supplied medication.

If the facility has received an exception from the Pennsylvania Department of Health regarding regulation 28 Pa. Code 211.9(g) Pharmacy Services, the facility may utilize a list which details the names of all residents who are prescribed over the counter medications. The facility will maintain a listing of resident names receiving specific over the counter medications. A copy of the letter from the Pennsylvania Department of Health which allows the exception must remain on file in the facility.

Generic Drugs 8.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

In an effort to reduce drug cost to residents, the facility encourages the use of generic drugs in accordance with the provisions of state law and the prescriber's therapeutic objectives. In instances where the state's Medicaid program dictates that generic drugs be used in place of brand name products, the pharmacy supplier is to dispense generic drugs in accordance with the program's provisions using prudent buying concepts and professional judgment.

PROCEDURES

1. Generic means the chemical or common name of those products having the same active ingredients.
2. When a prescription drug is ordered, a generic will be dispensed if available, the medication will be labeled with both names (i.e. Methyldopa and Aldomet) and the label will include the manufacturer's name.
3. The pharmacist may select a generic drug and substitute it for a drug ordered by its brand name in accordance with the provisions of state law, unless the physician specifically states otherwise.

Pharmacy Order & Delivery Schedule 9.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

A schedule of pharmacy hours and delivery times is to be posted in the medication room at each nursing station.

PROCEDURES

1. The administrator and the pharmacy are responsible for establishing a daily order and delivery schedule for medication orders.
2. The schedule lists the pharmacy's hours for each day of the week as well as holidays, a telephone number for reaching the pharmacist during regular as well as after business hours.
3. The schedule is posted in the medication room on each nursing unit.
4. Stat and emergency orders are to be delivered on a prompt and timely basis as follows:
   a. The Charge Nurse is to check emergency drug box contents and make recommendation to physician regarding medications for stat orders.
   b. The nurse receiving a stat or emergency order is to check the emergency drug box to determine if the medication is included in the box's contents. If it is, refer to the section of this manual regarding use of the emergency drug box. If the medication is not included in the emergency drug box, refer to "c" below.
   c. Stat and emergency orders are to be telephoned to the pharmacy by the nurse immediately after the order is received, and the emergency drug box contents have been checked. The nurse must inform the pharmacist receiving the medication order that this order is of a stat or emergency nature. The pharmacy will deliver the medication within four (4) hours of the completion of the order.

Emergency Pharmacy Service 10.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

The facility's professional staff is to have access to consultation and the availability of drugs and biologicals on a twenty-four hour basis. Accordingly, the facility's personnel are not to stockpile or borrow medications from other residents or make other attempts to cover emergency needs internally, except through the use of the facility's approved emergency drug supply.

PROCEDURES

1. Telephone numbers for emergency pharmacy services are posted in the medication room(s) and at the nursing stations.
2. If an emergency drug order is received, the charge nurse is to determine if the drug is in the emergency drug supply box. This is done by referring to the list of contents which is posted on the emergency drug box.
3. If an emergency drug order is received which is not in the facility's approved emergency drug supply, OR in any emergency where the staff needs to consult with a pharmacist, the facility's staff may call a pharmacist during the pharmacy's scheduled business hours which are posted in the medication room(s) with the emergency telephone numbers.
4. After the pharmacy's regularly scheduled business hours, a pharmacist may be reached by dialing the regular business number as posted, and leave a message.
5. If a "stat" drug order is received during the pharmacy's normal business hours, the nurse is to immediately order the medication from the pharmacy by dialing the posted number. After hours, a "stat" order should be phoned into the regular business pharmacy number and leave a message to speak with an emergency/on-call pharmacist. When ordering the medication, the nurse is to inform the pharmacist of the "stat" nature of the order.
6. When an emergency or "stat" order is received by the pharmacy, the pharmacist receiving the order will determine if the pharmacy can make the delivery within the time required. If not, the pharmacist will call a local pharmacy to make the delivery. However, the facility staff should always call the facility's regular pharmacy. The facility has agreed not to call the local pharmacy directly for emergency medication orders.

Emergency Drug Supply 11.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

A portable emergency drug box containing a limited number of doses of any emergency drug and antibiotic are to be maintained by the pharmacy. It will be available at all times for emergency medication not otherwise obtainable in the required time.

PROCEDURES

1. The emergency drug supply is not to serve as a back-up supply but is for true emergencies only. One emergency drug box is stored in the medication room(s). Licensed nurses expected to handle drugs are to familiarize themselves with the location and contents of each box.
2. The entire contents of the emergency drug box are listed on the box itself. The Director of Nursing is responsible for seeing that each staff physician (as well as the physician's office) receives a current list of the drugs in the emergency supply.
3. A physician's order is required to justify the use of any drug from the emergency drug supply. In an emergency, when a drug is needed from the box, the nurse is to break the seal on the specific drawer and remove the prescribed medication.
4. The emergency box, when delivered, will have a red lock on each drawer or container.
5. Upon removal of the medication, the nurse is to enter a full record of the drug taken from the emergency box on the emergency drug box usage sheet:
   a. Name and dose of each drug used.
   b. Name of the resident to whom the drug was administered.
   c. Time and date of drug administration.
   d. Signature of the person who administered the drug(s).

   Upon completion of the usage sheet, the nurse is to place the emergency drug box usage sheet inside the side sleeve.
6. After use of a drug from the emergency drug box, the nurse is to enter a record of the order and administration into the resident's medical record. He/she is to temporarily reseal the emergency drug box (specific drawer) with a yellow seal from inside the box.
7. When the regular daily drug delivery is made, an agent of ICP of Pennsylvania will ask if there is any emergency drug box with a yellow seal that needs to be returned to the pharmacy. If so, the box should be given to the delivery person, and the new box with the red seal is now to be used if an emergency medication is needed.
8. The resident will be charged by the pharmacy for medications used from the emergency drug supply.

9. The medications stored in the refrigerated emergency box and the C-II and C-III-V emergency boxes will not be exchanged in the system described above. Nursing should alert pharmacy via telephone or fax if any of these types of boxes need to be replaced. Actual replacement will be made to the nursing unit on the next scheduled delivery.
10. The drugs in the emergency drug box are the property of the pharmacy and must not be used or altered in any way except as described above. The dispensing pharmacy staff is responsible for checking the seal and contents of the box on each routine inspection and for removing and requesting replacement of any drug that is outdated. This is performed monthly.
11. The Director of Nursing and medical director, in conjunction with the pharmacy, are responsible for recommending additions and deletions to the emergency drug supply to the Resident Care Policy Committee.
12. The medical director is responsible for control of the emergency drug supply.

Drug Information 12.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

The facility is to maintain information on all drugs in use in the facility.

PROCEDURES

1. At each nursing station, the facility maintains reference materials containing information on all drugs in use in the facility including:
   a. Information about generic and brand names.
   b. Available strengths and dosage forms.
   c. Information about medications, dosage ranges, cautions and side effects.
   d. These reference materials are to be kept accessible to the facility's professional staff at all times so that no drug is administered unless information is available.
2. If information about a drug currently in use in the facility is not available, it should be requested from the pharmacist by the nurse on duty. Package literature obtained from the pharmacy should be kept at the nursing station with the other drug information. The pharmacy's regular and emergency telephone numbers are posted at the nursing stations. ALWAYS ASK BEFORE GIVING.

Stop Orders 13.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

POLICY

Unless ordered for a specified number of doses or duration of time, all drug orders are to be subject to automatic stop orders as adopted by the Quality Assurance Committee. The medication nurse is responsible for confirming the discontinuance of the order or obtaining a new order. A copy of the stop order policy and procedures is to be provided to all staff physicians.

PROCEDURES

1. Unless ordered for a specific number of doses or duration of time, the following drugs will be stopped after the designated number of days unless a new order is obtained to continue the medication.
   a. Antibiotics, including eye and ear drops and ointments, 14 days.
   b. Sulfa drugs and urinary anti-infectives, 14 days.
2. All PRN drugs will be reviewed on a monthly basis by the consultant pharmacist, and those not used for at least the past sixty (60) days will be noted on the monthly chart review checklist for the physician to consider discontinuing as appropriate.
3. The medication nurse on duty at the time is responsible for notifying the charge nurse who should contact the prescriber by telephone at least one day before the stop order date, for the purpose of confirming the discontinuance of the order or obtaining a new order.
4. The Quality Assurance Committee requests that orders for anticoagulants be accompanied by an order for an appropriate laboratory test for monitoring anticoagulant activity. Such test is to be ordered at regular intervals. Results reported outside therapeutic ranges are to be brought immediately to the physician's attention by the charge nurse on duty at the time the results are received.
5. Each resident receiving a digitalis drug, such as digitoxin, digoxin, (Lanoxin), etc., is to have his or her apical pulse checked daily before administering the drug. Unless otherwise ordered by the physician, apical pulses below sixty per minute require withholding the drug, charting the dose as being withheld in accordance with procedures for drug administration, and informing the physician at the earliest reasonable time.
6. The Quality Assurance Committee requires that orders for lithium be accompanied by an order for lithium blood levels within seven days of any change in dosages or the addition or deletions of concurrent orders for diuretics. Results reported outside therapeutic ranges

are to be brought immediately to the physician's attention by the charge nurse on duty at the time the results are received.

New Admission/Readmission 14.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

Upon admission or readmission of a resident to the facility, it is necessary for the facility to inform the pharmacy of certain resident specific information for proper processing and institution of pharmaceutical services.

PROCEDURES

1. ALL of the following information must be transmitted to the pharmacy upon admission or readmission of a resident to the facility:
   a. Admission number
   b. Resident's first and last name (no nicknames) spelled exactly as on admission records
   c. Resident's room number
   d. Current medical diagnoses in order of primary, secondary, tertiary, etc.
   e. Any allergies
   f. Attending physician (It is necessary to state the physician's first and last name).
   g. Level of care
   h. Admission date
   i. Date of birth
2. The facility is responsible for resident identification procedures for the purpose of medication administration upon a resident's admission.
3. Complete the admission order form with regard to physician orders in accordance with the procedures outlined in the section "Ordering Drugs" in this manual.
4. Verify the admission orders with the attending physician, either by telephone or if the physician is in the facility, in person. Sign your name in the appropriate section at the bottom of the admission order form where "Verification of Above Orders" is indicated. Do not forget to date your signature. Completed form with signature should be faxed to pharmacy.
5. In the case of a readmission, indicate which meds do not need sent.
6. Fax all admissions/readmissions (including non-drug orders) as soon as possible.
7. After the order has been faxed, indicate under the order that it was faxed by writing or stamping "FAXED, date, time and initials".
8. Nursing may request a short supply of medications for Medicare or short-stay residents.

Ordering Drugs 15.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

Drugs are to be administered only upon the order of a person lawfully authorized to prescribe. All such orders are to be in writing and signed by the person giving the order.

There are to be no standing orders for prescription drugs or treatments. Telephone orders may only be given to a pharmacist or licensed nurse.

Unless otherwise specified by the prescriber or limited by automatic stop orders, drugs are to be dispensed in thirty day quantities excluding Medicare or short stay residents in compliance with Medicare guidelines and excluding controlled substances, which are dispensed in smaller quantities as appropriate. Daily drug order and receipt records are to be maintained on file in the facility for one year.

PROCEDURES

1. Only professionals licensed in Pennsylvania or New York may prescribe drugs. ALL such orders are to be in writing and signed by the person giving the order. For the purposes of these procedures, all prescription and nonprescription medication, vitamin and mineral supplements, intravenous and irrigating solutions, biologicals and vaccines and alcohol-containing beverages are considered to be drugs.
2. EVERY drug order MUST specify ALL of the following:
   a. Name of the medication.
   b. Strength of the medication, if any.
   c. Exact dosage.
   d. Exact time or frequency of administration.
   e. Route of administration.
   f. If topical, exact site of application.
   g. PRN's are to specify the condition for which they are to be administered, for example: "As needed for pain," or "as needed for sleeplessness."
   h. If of an acute nature, expected duration of therapy.
3. Each new drug order is to be acknowledged by the charge nurse on duty at the time the order is received, or by the licensed nurse receiving the order, by entering the nurses' signature, the time and date immediately below the order.
4. The charge nurse on duty at the time the order is received, or any RN in the facility, is responsible for ALL of the following:
   a. Placing the order with the pharmacy papers to be transmitted via Facsimile to the pharmacy exactly as prescribed as soon as possible after receiving and noting it on the physician order sheet. Each medication prescribed for a resident must be requisitioned from the

pharmacy and available for use regardless of how infrequently it may be used. “Stat” orders and orders for emergency drugs not in the Emergency Drug Box MUST be telephoned to the pharmacy immediately upon receiving them.

b. Entering each newly prescribed medication on the resident’s current medication administration record. When a new order changes the dosage or dosage interval of an already prescribed medication, the previous entry on the resident’s medication administration record is discontinued by writing “DC’d” and the date following the last documented administration. The new order is then to be entered in the space designated for medication names and directions.

5. Daily drug order and receipt records and medication reorder forms are to originate at each nursing station. Medication orders from different nursing stations are not to be listed on the same order sheet. Each daily drug order and receipt record and medication reorder form is to be clearly marked as to the station from which it originated.

6. There are only four kinds of drug orders. They are new, handwritten orders; new orders received over the telephone or verbally in person; new, signed orders on a transfer sheet from a hospital or other health care facility; and drug reorders.

   a. New handwritten orders, entered on a physician’s interim/telephone order form and signed by the prescriber:

      i. The charge nurse on duty at the time the order is received is responsible for clarifying the order with the physician.

      ii. The nurse receiving the order is responsible for placing the order with the pharmacy papers to be transmitted to the pharmacy via Facsimile.

   b. New orders received over the telephone or verbally in person:

      i. Verbal orders for medications are to be handled in the same manner whether received over the telephone or in person (such as when the physician is leaving the facility). Only a licensed pharmacist or nurse may receive a verbal order for a drug and only a licensed pharmacist or nurse may enter the order into the resident’s chart.

   c. New, signed orders, on a transfer sheet from a hospital or other health care facility:

      i. When a transfer sheet containing medication orders bears a physician’s signature and indicates the medication is to be continued in the facility, the licensed nurse receiving the order is responsible for verifying the order over the telephone with the

resident's attending physician before drugs are administered and documenting the telephone verification on the admission orders by signing on the line indicated "Verification of Above Orders". Remember to include the date and time also.

ii. Where no physician's signature appears on the transfer sheet, admission orders must be obtained over the telephone from the resident's physician before drugs are administered, and then signed by the resident's physician.

d. Drug reorders:

i. Each medication prescribed for a resident must be available for use at least twenty-four hours in advance of exhausting the supply on hand regardless of how infrequently it may be used.

e. In general, the nursing staff is responsible for monitoring the supply and reordering the following types of medications:

i. Topical medications.
ii. Ophthalmic medications.
iii. Otic medications.
iv. Liquid medications.
v. Injectable medications.
vi. Suppositories, rectal and vaginal.
vii. Nasal sprays.
viii. PRN medications.
ix. Schedule II Narcotics.
x. Any medication which is packaged in a dispensing card, that is administered on a routine basis.

f. Scheduling new medication orders on the medication administration order.

i. NON-EMERGENCY MEDICATION ORDER: The first dose of medication is scheduled to be given after the next regularly scheduled pharmacy delivery to the facility. In the event that a non-emergency medication order is not available due to varying circumstances, including the pharmacy need to order the medication or the order is received after the cut off or late evening, the nurse should write "when available" on the order and the order should be scheduled to start after next regularly scheduled pharmacy delivery to the facility.

ii. EMERGENCY MEDICATION ORDER (MEDICATION CONTAINED IN EMERGENCY MEDICATION SUPPLY): Schedule appropriate number of doses to be administered prior to regularly scheduled pharmacy delivery. Thereafter, doses are scheduled according to the facility policy.

iii. EMERGENCY MEDICATION ORDER (MEDICATION NOT CONTAINED IN EMERGENCY MEDICATION SUPPLY):An emergency order is placed with the provider pharmacy, and the medication is scheduled to be given as soon as received or within 3-4 hours of completion of order, whichever is sooner. Subsequent doses are scheduled according to facility policy.

Reordering Drugs With Peel-Off Labels 16.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

PURPOSE:
To ensure optimum communication between the facility and the pharmacy.

- Nursing will be responsible for ordering:
- Topical medications
- Ophthalmic medications
- Otic medications
- Liquid medications
- Injectable medications
- Suppositories (rectal and vaginal)
- Nasal sprays
- PRN medications
- Schedule II narcotics
- Routine meds (tablets and capsules) packaged in a dispensing card

1. Place peel off stickers from label on the bar coded reorder form, starting at #1 and working numerically. Place label over “reorder label”. If a reorder sticker is not available, write the request on the lines; “Patient, Drug, Strength, Rx #” on the reorder form.
2. Fax reorder form to the pharmacy
3. Keep reorder form at facility for reference until order is received to insure that all medication are received or notification of why the medication is not sent is received.

Reordering Drugs With Peel-Off Labels, Refill Too Soon 16.01

Effective Date: August 3, 2010

Revision Date:

PURPOSE:

To define the process for the communication by the pharmacy to the facilities for medications that cannot be refilled because they have been reordered too soon.

1. If the peel off label is pulled and sent to the pharmacy before it is time to be refilled it is considered to be a “refill too soon” medication.
2. The pharmacy will notify the nursing facility using the “Refill Too Soon Packing List” for all medications that are “refill too soon”. The Refill Too Soon Packing List will be faxed to the nursing facility on a daily basis.
3. The charge nurse or designee, should review the list to insure that none of the medications are needed.
4. If a medication is needed, the charge nurse should obtain authorization from the appropriate person in the facility (Administrator, Director of Nursing, Assistant Director of Nursing), complete the Refill Too Soon Packing List Authorization and fax the List back to the pharmacy. The Pharmacy will bill the facility for doses needed until the next refill due date.
5. The pharmacy will automatically fill the medications listed on the Refill Too Soon Packing List on the refill due date.

Alterations On Pharmacy Labels 17.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

PROCEDURES

To maintain continuity and integrity of medication labels, and to insure medications are labeled in accordance with state and federal guidelines.

1. Pharmacy may use transparent “highlighter” to emphasize a dosage or quantity (i.e. when order is “take 2 capsules” and 2 capsules will not fit in one bubble.
2. Initials and/or number of the person filling the medication may appear on the label in ink.
3. No other corrections, additions, or deletions are to be made on the label or the print.

Receiving Drugs 18.00

Effective Date: February 11, 1998

Revision Date: April 16, 2013

POLICY

Medications are to be received from the issuing pharmacy promptly and must be recorded by the licensed nursing staff.

PROCEDURES

1. Prompt and timely availability is interpreted as follows:
   a. Drugs ordered from the pharmacy on an emergency or “stat” basis are to be received and administered not more than 3-4 hours after the order is completed in the pharmacy.
   b. All other drug orders are to be received and available for administration after the next regularly scheduled pharmacy delivery.
2. Medication delivered to the facility from any pharmacy MUST be received by a licensed nurse.
3. Each delivery is made with a medication delivery report, which is to be signed by the nurse receiving the order. One copy is maintained at the nursing station and one by the pharmacy.
4. The licensed nurse receiving the medication is responsible for verifying medication received.
5. If an ordered medication is not received and there is no explanation from the pharmacy, the pharmacy is to be contacted by telephone as soon as possible to determine why the medication was not sent.
6. If an ordered medication is received which is incorrect in any way, it is the responsibility of the nurse to inform the nursing supervisor so that s/he may telephone the pharmacist immediately.
7. If a resident intends to purchase medications from an outside provider, Form 083PA must be completed.

Medication Labels 19.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

Prescription drugs are to be labeled in accordance with Federal and State laws and in accordance with standards of pharmacy practice. No person other than the pharmacist is to modify or change any of the information on the prescription label. The nurse receiving the drug is responsible for insuring all drugs coming from any pharmacy are properly labeled.

PROCEDURES

1. The licensed nurse receiving medication is responsible for assuring that each item, regardless of which pharmacy supplies it, is properly labeled in accordance with the following procedures. Any drug improperly labeled is to be rejected and returned to the pharmacy which issued it.
2. Labels are to be permanently affixed to the outside of the prescription container. Under no circumstances should medicine be accepted by the nurse if the label is inserted into the vial.
3. All prescription medications, regardless of the source, are to be labeled as follows:
   a. Exact directions for use.
   b. Name of the resident.
   c. Name of the prescriber.
   d. Date the drug is dispensed.
   e. Name, address, telephone and DEA number of the issuing pharmacy.
   f. Prescription number as issued by the pharmacy.
   g. Brand and/or generic name of the drug.
   h. Strength of the drug. In the case of medication for injection, the strength per milliliter (cc) is to appear on the label. For example, if morphine 5mg is ordered and the pharmacy supplies it in a ampule containing 10mg/ml, the directions on the label should read: Give 5mg (0.5ml)...etc. Liquid medications are to be labeled with the strength per teaspoonful expressed in milliliters. For example: 250mg/5ml. Directions for use for liquid medications will also be expressed in milliliters. For example: Give 5ml (250mg)...etc.
   i. Quantity.
   j. Pharmacist’s initials.
   k. Where appropriate, precautionary labels indicating storage requirements, special shaking or handling procedures, etc.
   l. Expiration date.
4. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels are to be returned to the issuing

pharmacy for relabeling or be destroyed in accordance with the procedures for drug destruction.

5. The drug label is not to be altered, modified, or marked in any way resulting in any change in the original meaning nor are contents to be transferred from one container to another.
6. If the pharmacy makes a typing error on a label, or the directions for use change and it is impractical to return the medication to the pharmacy for relabeling, the pharmacy is to provide a corrected label on the container. Only the pharmacist may place a label on the medication container.

Medication Dosage Or Frequency Changes 20.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

Appropriate use of “Directions Changed Refer to Chart” stickers for medication dosage or frequency changes pursuant to physician’s order.

PURPOSE:

ICP advocates the cost effective use of medication and encourages the use of “Directions Changed, Refer to Chart” stickers when the directions for use change, but the medication can still be safely used. Medications to consider using this sticker on would be insulins, liquids, ointments, ophthalmics, otics, tablets, capsules, oral solids, vaginal and rectal dosage forms and any controlled substances.

PROCEDURES

1. If the directions for use or dosage strength change on a medication as per physician’s order, the nurse should:
   a. Discontinue the previous order on the Medication Administration Record or Treatment Administration Record then transcribe the new order on the appropriate record. This will ensure that the medication is administered properly for efficacy and resident safety.
   b. Place a “Directions Changed, Refer to Chart” sticker on the medication on the right side of the pharmacy prescription label to cover the prior directions.
   c. Mark “DO NOT SEND” on the physician’s order sheet (if there is a sufficient supply of the medication at the facility). Nurses are permitted to exhaust the current supply of medication as a cost effective measure as long as the previous steps have been taken. For this reason, no time restriction is placed on the use of the “Directions Changed, Refer to Chart” stickers,
   d. Send the order to the pharmacy (even if there is a sufficient supply of medication at the facility) so the current order can be entered into the computer system to maintain an accurate medication record.
   e. When the medication is reordered by the nursing staff, a new supply, and label that will reflect the current directions for use, will be sent by the pharmacy.

Storing Drugs 21.00

Effective Date: February 11, 1998

Revision Date: April 2, 2007

POLICY

Drug and biologicals are to be stored in a secure and orderly manner under proper temperatures and are to be accessible only to licensed nursing and pharmacy personnel.

PROCEDURES

1. Drugs are to be dispensed by the pharmacy in containers which meet official requirements for stability; they are to be kept and stored in these containers. No drug is to be transferred from one container to another.
2. All medications intended for oral administration are considered internal, and all medications not intended for instillation into an orifice are labeled “FOR EXTERNAL USE ONLY” and are considered external medication. Externals include ointments for skin irritation or medications for application to the skin or a wound involving a nursing treatment procedure, such as a dressing change. Internals include injectables, eye drops and eye ointments, and ear drops intended for instillation into ear canal.
3. Drugs for internal use are to be stored separately from drugs for external use. Both are to be stored separately from poisons. Drugs intended for internal use are to be kept and stored in the locked medication cart (except those requiring refrigeration).
4. Germacides, disinfectants and other household substances are to be stored separately from drugs.
5. All controlled drugs in Schedules II, III, IV, and V of the controlled substances act are to be stored in the medication cart in the separately locked drawer designated for that purpose.
6. Drugs are to be stored at proper temperatures. Drugs requiring storage at room temperatures are to be stored at a temperature of not less than 15 C (59 F) or more than 30C (86F). A medication requiring storage in a cool place may be stored in the refrigerator unless otherwise specified on the label. A thermometer is kept in the refrigerator containing medications to measure probe temperatures.
7. Expiration dates are to be checked on all medications before administration. An expired product should never be administered and should be returned to Pharmacy for replacement. If an expiration date on a product only displays a month and year, that product expires on the LAST day of that month.

Medication Carts 22.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

All drugs for internal use are to be stored in a medication cart except for those requiring refrigeration or those in back-up storage areas. Only licensed nursing and pharmacy personnel are to have access to the medications stored in the cart.

PROCEDURES

1. There should be at least one mobile and lockable medication cart for internal medications and one treatment cart at each nursing station. A storage drawer at the bottom or on the side holds large, bulky containers and a locked drawer holds controlled substances.
2. Non-drug items are not to be kept in the cart. Soufflé cups, paper towels, tongue blades and other items used in passing medications are stored on top of the cart. Controlled drugs in Schedules II are to be stored only in the separately locked drawer in the cart.
3. The medication nurse on duty at the time is responsible for the security of the cart's contents. The cart MUST be locked and secure at ALL times when not in use. During periods between passes the locked carts are to be secured by storing them in the locked medication room.
4. A Kardex or binder is kept on each cart and contains the resident's current medication administration records. The controlled substance proof-of-use records are kept in a separate binder. The resident's medication administration records are arranged in the same sequence as the resident medications in the cart.
5. The medication nurse on duty at the time is the only person to have access to the controlled drug drawer.

Equipment And Supplies 23.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

The facility is to maintain the necessary equipment and supplies for the provision of pharmaceutical services.

PROCEDURES

1. The equipment and supplies necessary for storing, preparing and administering drugs are:
   a. A refrigerator with a thermometer.
   b. Lockable drug cabinets, drawers, and rooms.
   c. Lockable medicine carts with a well-lighted dose preparation area, provided by the pharmacy.
   d. Drug preparation counter space with a convenient water source.
   e. Safety syringes, safety needles, medicine cups, soufflé cups, spoons and straws or other small containers which are accurately calibrated.
2. The medication or wing nurse on duty is responsible for keeping the med room refrigerator, med room locked cabinets, drawers and counter space; and the medicine carts clean and orderly.
3. Equipment not working properly should be brought to the attention of the charge nurse who is responsible for reporting it to the Director of Nursing, Assistant Director of Nursing, or Administrator.

Administering Drugs 24.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

All medications are to be administered only as prescribed, and only by licensed medical or nursing personnel.

PROCEDURES

1. Only licensed medical and nursing personnel are allowed to prepare, administer and record medications.
2. Medications are to be administered at the time they are prepared. No drugs are to be pre-poured. All current medications and dosage schedules are to be listed on the resident's current medication administration record.
3. Residents are to be identified before the administration of a drug. When in doubt about the identity of a resident, the nurse is to verify the resident's identity by (1) checking the resident's identification band; (2) referring to the photograph, in the MAR; (3) checking with a responsible person familiar with the resident.
4. Only the licensed nurse who prepares the medication may administer it. That same nurse is then responsible for recording the administration in the resident's medication administration record at the time it is given, and before the next resident's medicines are administered.
5. Medications are to be administered within the time frame of one our before and one hour after the prescribed time for administration. This does not apply to medications ordered at specific times in regard to meals (i.e. thirty minutes before meals). For example, if a medication is ordered daily, and scheduled to be administered at 9AM it may be given between 8Am and 10AM. Unless otherwise specified by the prescriber, routine medications are to be administered according to the schedule stated in policy number 24.01.
6. The nurse administering the medication is to initial the resident's medication administration record in the space provided under the date, and on the line for that drug, dose and that time of administration after the medication is administered. The nurse is responsible for verifying the initials.
7. In addition to documenting administration of the drug on the front of the resident's PRN medication administration record; whenever medications are given on an as needed (PRN) basis, the nurse administering the dose is responsible for entering all of the following on the reverse side of the resident's medication administration record:
   a. Date and time
   b. Degree of pain and location of pain
   c. Effectiveness of medication

d. Comments
e. Initials of nurse

8. If a dose of regularly scheduled medication is withheld or refused, the nurse is to initial and circle the initials on the front of the resident's medication administration record in the space provided for that dosage administration. An explanatory note is then to be entered on the reverse side of the record in the space provided for expanded documentation.
9. Medications supplied for one resident are never to be administered to another resident.
10. Residents are not allowed to self-administer any medication unless specifically authorized to do so by their attending physician, and then only in accordance with the procedures for bedside medication.
11. During the routine administration of medications, the medication cart is to be brought to the doorway of the resident's room with the drawers facing inward. However, when PRN medications are administered at odd hours, it is not necessary to take the cart to the resident's doorway.
12. The dose may be prepared in the cart storage area and taken immediately to the resident's bedside, leaving the cart locked and secured in its storage area.
13. An adequate supply of disposable containers is to be maintained on the medication cart for the administration of drugs. No disposable container used in the administration of drugs is ever to be reused.
14. The nurse is responsible for checking to see that the drug and dosage schedule on the resident's medication administration record matches the labels on the drug's container. If the drug container is marked with a signal-type label indicating a recent change in directions for use, or there is any reason to question the dosage or the dosage interval, the nurse is to check the physician's orders for the correct dosage schedule.
15. The Medication Pass Audit form defines proper standards of practice for administration of meds.

Medication Administration Times – Bradford Manor 24.01

Effective Date: August 1996

Revision Date: November 18, 2008

Medications will be administered at the Bradford Manor at the following times a day, unless specifically ordered otherwise by the physician:

C/D Halls					
Q.D.	0800				
B.I.D.	0800			2000	
T.I.D.	0800	1200		2000	
Q.I.D.	0800	1200	1600	2000	
H.S				2000	
Diuretics	0800		1600		
Coumadin			1700		
Lanoxin			1600		
Exceptions:					
Cardiac Meds, anticonvulsants, bronchodilators and antibiotics which are to be Q8H:					
	0800		1600		0000
Cardiac Meds, anticonvulsants, bronchodilators and antibiotics which are to be Q6H:					
	0000	0600	1200	1800	
A/B Halls					
Q.D.	0900				
B.I.D.	0900			2100	
T.I.D.	0900	1300		2100	
Q.I.D.	0900	1300	1700	2100	
H.S.	2100				
Diuretics	0900		1700		
Coumadin	1700				
Lanoxin	1700				
Exceptions:					
Cardiac Meds, anticonvulsants, bronchodilators and antibiotics which are to be Q8H:					
	0900	1700	0100		
Cardiac Meds, anticonvulsants, bronchodilators and antibiotics which are to be Q6H:					
	0000	0600	1200	1800	
Insulin					
Q.D.	0600 with sites				
B.I.D.	0630	1600 with sites			
Patches					
Nitroglycerin	on 0600		off HS with sites		

*Meds ordered TID and HS will follow appropriate QID schedule (except antibiotic start time can be adjusted if inappropriate to start on designated schedule)

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600)

Medication Administration Times – Corry Manor 24.01

Effective Date: August 1996

Revision Date: December 2010

Medications will be administered at the Corry Manor at the following times a day, unless specifically ordered otherwise by the physician:

A, B, D Hall (Right side of wing)				
Q.D.	0800			
B.I.D.	0800		1600	
T.I.D.	0800	1200	1600	
Q.I.D.	0800	1200	1600	2000
Diuretics	0800	1200		
Coumadin	HS			
A, B, D Hall (Left Side of Wing)				
Q.D.	9000			
B.I.D.	9000		1700	
T.I.D.	9000	1300	1700	
Q.I.D.	9000	1300	1700	2100
Diuretics	9000	1300		
Coumadin	HS			
C Hall (Rooms 32-37)				
Q.D.	0800			
B.I.D.	0800		1600	
T.I.D.	0800	1200	1600	
Q.I.D.	0800	1200	1600	2000
Diuretics	0800	1200		
Coumadin	HS			
C Hall (Rooms 38-47)				
Q.D.	9030			
B.I.D.	9030		1730	
T.I.D.	9030	1330	1730	
Q.I.D.	9030	1330	1730	2130
Diuretics	9030	1330		
Coumadin	HS			

All lanoxins 1st medication pass on 2nd shift

Eye Drops				
B.I.D.	0600	HS		
T.I.D.	0600	1300	HS	
Q.I.D.	0600	1300	1800	HS

Inhalers				
B.I.D.	0600	HS		
T.I.D.	0600	1300	HS	
Q.I.D.	0600	1300	1800	HS

Antibiotics to be taken around the clock

Medication Administration Times – Corry Manor 24.01

B.I.D.	0800 / 2000	or	0900 / 2100		
T.I.D.	q 8 hours	ex:	0600	1400	2200
Q.I.D.	q 6 hours	ex:	2400	0600	1200 1800

Q 6 hours	1200	1800	2400	0600
Q 8 hours	0600	1400	2200	

Dining Room				
(AC)	1st	0700	1100	1630
	2nd	0830	1230	1830
(PC)	1st	0830	1230	1830
	2nd	0930	1330	1930

Pain medication: If ordered for routine administration, please provide with correct spacing: ex: TID (q8h) 0600-1400-2200

Patches		
Nitroglycerin	on 0600	off HS
All other patches	on 0600	

*Meds requiring specific times (ex: Haldol at 1600) should specify the frequency with the specific time (ex: Haldol qd at 1600)

Medication Administration Times – Edinboro Manor 24.01

Effective Date: August 1996

Revision Date: October 20, 2009

Medications will be administered at the Edinboro Manor at the following times a day, unless specifically ordered otherwise by the physician:

B/D Halls					
Q.D.	0800				
B.I.D.	0800		1600		
T.I.D.	0800	1200	1600		
Q.I.D.	0800	1200	1600	2000	
Diuretics	0800	1200			
Coumadin			1800		
Lanoxin			1600		
A/C Halls					
Q.D.	0930				
B.I.D.	0930		1700		
T.I.D.	0930	1300	1700		
Q.I.D.	0930	1300	1700	2100	
Diuretics	0930	1300			
Coumadin			1800		
Lanoxin			1700		
Ferrous Sulfate					
Q.D.	0600				
B.I.D.	0600		1600		
Dilantin (B hall)					
B.I.D.	0800		2000		
T.I.D.	0600	1400	2200		
Aricept	H.S.				
Serzone	H.S.				
Eye Drops					
Q.D.	0600				
B.I.D.	0600		1600		
T.I.D.	0600	1100	1600		
Q.I.D.	0600	1100	1600	HS	
Q 6 hours while awake	0800	1400	2000		
Q 8 hours while awake	0600	1400	2200		
Dining Room					

(AC)	1st	0700	1100	1630	
	2nd	0800	1200	1800	
(PC)	1st	0800	1200	1800	
	2nd	0900	1300	1900	

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600).

*Antibiotics will be evenly scheduled around the clock when possible.

Medication Administration Times – Fairview Manor 24.01

Effective Date: August 1996

Revision Date: September 25, 2013

Medications will be administered at the Fairview Manor at the following times a day, unless specifically ordered otherwise by the physician:

A Hall 1-10 B Hall 21-31	**c Hall 42-52**	**D Hall 63-75**		
Q.D.	0800			
B.I.D.	0800		1600	
T.I.D.	0800	1200	1600	
Q.I.D.	0800	1200	1600	2000
Diuretics	0800		1600	
Coumadin	HS			
Lanoxin	1600			

A Hall 11-20	**B Hall 32.41**	**c Hall 53-62**	**D Hall 76-85**	
Q.D.	0900			
B.I.D.	0900		1700	
T.I.D.	0900	1300	1700	
Q.I.D.	0900	1300	1700	2100
Diuretics	0900		1700	
Coumadin	HS			
Lanoxin			1700	

Q 6 hours	0000	0600	1200	1800
Q 8 hours	0600	1400	2200	

Dining Room

	(AC)	1st	0700	1030	1630
		2nd	0800	1200	1800
	(PC)	1st	0800	1200	1800
		2nd	0900	1300	1900

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600).

**Antibiotics will be evenly scheduled around the clock when possible.

Medication Administration Times – Hempfield Manor 24.01

Effective Date: August 1996

Revision Date: December 6, 2007

Medications will be administered at the Hempfield Manor at the following times a day, unless specifically ordered otherwise by the physician:

A, B, C, and D Halls

Q.D.	0800 - 0900				
B.I.D.	0800 - 0900	1600			
B.I.D antibiotics	0800 - 0900				2000
T.I.D.	0800 - 0900	1200		1600	
T.I.D. antibiotics	0000	0800 – 0900		1600	
Q.I.D.	0800 - 0900	1200		1600	2000
Q.I.D antibiotics	000	0600		1200	1800
Diuretics	0800 - 0900			1600	
QD vitamin	0800	1600		(as ordered)	
Coumadin					2000
Lanoxin					2000
Q 6 hours	0000	0600		1200	1800
Q 8 hours	0600	1400		2200	
Q 8 hours antibiotics	0000	0800		1600	
Q 12 hours	0800 – 0900			2000 - 2100	

Dining Room

(AC)	1st	0700	1100	1630
	2nd	0730	1200	1800
(PC)	1st	0800	1200	1800
	2nd	0900	1300	1900

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600)

Room Splits are as follows:

11 to 81	0800 or 2000	82 to 162	0900 or 2100
171 to 241		242 to 322	
331 to 411		412 to 482	
491 to 571		572 to 642	

Medication Administration Times – Sweden Valley Manor 24.01

Effective Date: August 1996

Revision Date: November 28, 2018

Medications will be administered at the Sweden Valley Manor at the following times a day, unless specifically ordered otherwise by the physician:

Right Side – A, B, C, and D Halls					
Q.D.	0800				
B.I.D.	0800		1600		
B.I.D antibiotics	0800			2000	
T.I.D.	0800	1230	1600		
Q.I.D.	0800	1230	1600	2000	
Diuretics	0800	1230			
QD vitamin			1600		
Coumadin				2000	
Lanoxin			1600		
Left Side – A, B, C, and D Halls					
Q.D.	0930				
B.I.D.	0930		1700		
B.I.D antibiotics	0930			2100	
T.I.D.	0930	1330	1700		
Q.I.D.	0930	1330	1700	2100	
Diuretics	0930	1330			
QD vitamins			1700		
Coumadin				2100	
Lanoxin			1700		
Q 6 hours	2400	0600	1200	1800	
Q 8 hours	0600	1400	2200		

Dining Room					
(AC)	1st	0730	1130	1630	
	2nd	0730	1200	1800	
(PC)	1st	0930	1230	1830	
	2nd	0930	1330	1930	

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600

Medication Administration Times – Warren Manor 24.01

Effective Date: August 1996

Revision Date: October 6, 2017

Medications will be administered at the Warren Manor at the following times a day, unless specifically ordered otherwise by the physician:

Right Side – A, B, C, and D Halls						
Q.D.		0800				
B.I.D.		0800		1700		
B.I.D antibiotics		0800			2000	
T.I.D.		0800	1200	1600		
Q.I.D.		0800	1200	1600	2000	
Diuretics		0800	1200			
QD vitamin				1600		
Coumadin					2000	
Lanoxin				1600		
Left Side – A, B, C, and D Halls						
Q.D.		0900				
B.I.D.		0900		1700		
B.I.D antibiotics		0900			2100	
T.I.D.		0900	1300	1700		
Q.I.D.		0900	1300	1700	2100	
Diuretics		0900	1300			
QD vitamins				1700		
Coumadin					2100	
Lanoxin				1700		
Q 6 hours		2400	0600	1200	1800	
Q 8 hours		0600	1400	2200		
Dining Room						
(AC)	1st	0600	1100	1630		
	2nd	0730	1200	1800		
(PC)	1st	0800	1200	1800		
	2nd	0900	1300	1900		

*Meds requiring specific times (ex: Lasix at 1600) should specify the frequency with the specific time (ex: Lasix qd at 1600)

Medication By Injection 25.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

PROCEDURES

1. Have you washed your hands?
2. Have you selected the length and gauge of the needle according to the:
   a. Site of Injection
   b. Weight and tissue turgor of the Resident
   c. Drug being administered
3. Have you checked the label of the medication three (3) times?
   a. Against the medication sheet
   b. Before filling the syringe
   c. After filling the syringe
4. Have you explained the procedure to the resident?
5. Have you provided for privacy?

AFTER ADMINISTERING REMEMBER TO:

1. Withdraw the needle at the same angle as it was administered.
2. Alcohol sponge and gently massage the site.
3. Use the container provided for disposing of the safety needle and syringe. Do not recap the needle.
4. Record on the MAR.

Administering Drugs - Points To Remember 26.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

6 RIGHTS OF MEDICATION ADMINISTRATION

The following "rights" are to be considered with every dose of medication administration to each resident:

1. Right Drug
2. Right Dose
3. Right Route
4. Right Time
5. Right Resident
6. Right Form

MEDICATION CART CONTROL

1. Keep cart locked when it is not in your line of sight.
2. Maintain cleanliness and order.
3. Maintain control of keys; keys may be released only to the RN charge nurse or an LPN who is assuming responsibility for the team of residents.

INFECTION CONTROL PRACTICES

1. Hand washing must be done:
   a. Prior to preparing the medication cart for use
   b. Prior to beginning medication rounds
   c. Between residents
   d. or
   e. use waterless wash between residents with soap and water scrub after every 5th resident
   f. At the end of medication round
2. Wear gloves when administering / manipulating any feeding tube, eye drops, injections; wash hands with soap and water prior to donning and removing gloves.
3. Ensure placement of a puncture resistant Sharps container on the medication cart prior to beginning medication rounds.
4. Replace sharps container when the one in use is 3/4 full. Dispose of filled container in hazardous waste container.
5. Dispose of all safety needles and safety syringes in the Sharps container on the medication cart.

INJECTIONS

1. Follow directions to ensure appropriate type and amount of diluent is used when required.
2. Choose size of needle based upon:
   a. Type of medication to be administered
   b. Muscle mass of resident
   c. Site to be used for administration
   d. Method of administration recommended

PRN Medication 30.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

Medications ordered to be administered on a PRN (as-needed) basis are to be available for use at all times in quantities sufficient to meet the resident's needs.

PROCEDURES

1. The nurse receiving an order for a drug to be administered on a PRN basis is responsible for assuring that the order specifies the condition(s) for which the drug is to be given; for example, "as needed for severe pain."
2. The medication nurse on duty at the time PRN medication is ordered is responsible for informing the pharmacy whether the medication is expected to be used for a short or a long period of time.
3. The charge nurse on duty at the time the resident's physician visits is responsible for asking the physician to:
   a. consider changing any PRN medication which has been administered on a regular basis for more than two (2) weeks to a routine order, and
   b. discontinue PRN medication which has not been administered in at least the past sixty (60) days.
4. In addition to documenting administration of the drug on the front of the resident's medication administration record; whenever medications are given on an as needed (PRN) basis, the nurse administering the dose is responsible for entering all of the following on the reverse side of the resident's medication administration record:
   a. Date and time
   b. Degree of pain and location of pain
   c. Effectiveness of medication
   d. Comments
   e. Initials of nurse

Bedside Medications 31.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

Bedside storage of medication is allowed only upon the specific order of the resident's physician.

PROCEDURES

1. The Director of Nursing services is responsible for instructing all licensed and non-licensed nursing personnel that drugs discovered at the bedside are to be reported to the charge nurse on duty for removal, unless they are specifically ordered to be stored there by the resident's physician. The charge nurse is to inform the director of nursing services of such removal at the earliest possible time. The director of nursing services or a delegate is responsible for informing or reminding families or visitors of this procedure and related policy when necessary.
2. Medications may be ordered for bedside use only for those residents who are alert and can follow instructions for use. Special care and judgment is to be exercised to assure that less responsible residents do not have access to bedside medication. When not in use, bedside medication is to be stored in locked bedside drawer.
3. The resident must be instructed on the proper use of bedside medication. Instructions are to include:
   a. how to use the medication;
   b. when to use it;
   c. how often it may be repeated;
   d. how to store it when not in use; and
   e. notifying the nurse each time a dose is taken.
4. The medication nurse is to check on the use of the bedside supply at least once during the day and evening shifts.
5. When nursing personnel other than the medication nurse are notified by the resident that s/he has taken one or more doses from the bedside supply, they are to report it to the medication nurse on duty, who is responsible for charting it. Each dose used is to be recorded in the same manner as a "PRN" on the reverse side of the resident's medication administration record. Initialing and documenting this on the MAR does not indicate that the medication nurse administered the medication, but only that the resident indicated the medication was used.
6. When sublingual nitroglycerin is ordered for use at bedside, the pharmacy is to dispense it in an original manufacturer's container in quantities not to exceed twenty-five (25) tablets, where available, but never to exceed one hundred (100) tablets under any circumstances. Sublingual nitroglycerin tablets must never be transferred from the manufacturer's container to another container. The nurse opening the supply for the first time is responsible for

writing the word “opened” and the date of opening on the label or on a piece of tape and affixing the tape to the container, being careful not to cover information on the label. Once opened and dated, a fresh supply of nitroglycerin tablets is to be ordered from the pharmacy at least annually and the unused tablets destroyed in accordance with the procedures for drug destruction.

7. The resident’s medication administration record is to reflect which drugs are stored at the bedside.
8. Drugs stored at the bedside are to be reordered in the same manner as other drugs.
9. Candy, cough drops, mouthwash, aftershave lotions, colognes and perfumes, A&D ointment, Vaseline, hair sprays, dentifrices, lotions and skin creams such as Noxzema, and deodorants are not considered medications and may be stored at the bedside in small quantities in accordance with the facility’s procedures for personal items.

Controlled Drugs 32.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

Drugs with high abuse potential are subject to special handling, storage, disposal and recordkeeping.

PROCEDURES

1. The Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, commonly referred to as the controlled drug act, created the following drug schedules based on the potential for abuse:
   a. Schedule I contains drugs with very high abuse potential and no accepted medical purpose; for example, heroin.
   b. Schedule II contains drugs with accepted medical purpose but very high abuse potential, such as narcotics, amphetamines and rapidly acting barbiturates.
   c. Schedule III contains drugs with somewhat less abuse potential such as narcotic/analgesic combinations, some narcotic cough preparations, intermediate acting barbiturates and some hypnotics.
   d. Schedule IV contains drugs with less abuse potential than Schedule III and includes long acting barbiturates, hypnotics and benzodiazepines.
   e. Schedule V contains drugs with little potential for abuse, some of which do not require prescriptions in a retail pharmacy.
2. Controlled drugs in Schedule II are subject to special handling, storage, disposal and recordkeeping. Such drugs are to be accessible ONLY to authorized licensed nursing and pharmacy personnel. The director of nursing services is responsible for the control of such drugs.
3. Drugs listed in Schedule II are to be stored in the medication cart in the locked drawer designated for that purpose, separate from all other drugs. The key to the separately locked schedule drugs is not the same key that is used to gain access to other drugs. The medication nurse on duty at the time will maintain possession of the key to the controlled drug drawer.
4. The licensed nurse receiving and checking in a drug listed in Schedule II is to prepare a controlled drug audit for that medication. Thereafter, a physical inventory of that medication will be made at the change of each shift by two persons who are authorized to administer the medication in accordance with the procedures for drug administration. Usually, that will be the medication nurse going off duty and the medication nurse coming on duty.
5. Any discrepancy in the count of a controlled drug is to be reported to the director of nursing services as soon as possible. The

director is responsible for investigating and making a reasonable effort to reconcile all reported discrepancies. If a discrepancy is irreconcilable, the director is to document the details on the audit record, including the possible shift or persons responsible for the discrepancy, and the efforts made to reconcile it. If a major discrepancy or a pattern of discrepancies occur, or there is obvious criminal activity, the director is to notify the administrator and the pharmacist immediately.

6. Proof-of-use records, in the form of a declining inventory record, are to be maintained for all Schedule II drugs. The licensed nurse receiving and checking-in such a drug is to complete a proof-of-use record for that medication, as provided by pharmacy. No more than one prescription is to be entered on any page of a declining inventory record.
7. Each line on the proof-of-use record is to represent one (1)dose. If more than one (1) sheet is needed for the number of doses checked in, then a sufficient number of sheets are to be prepared and each copy is to be numbered.(For example, 1 of 3, 2 of 3, 3 of 3). A special proof of use form is completed for scheduled drug topical patches. see Policy 32.03 – Procedure for Completion of Scheduled Drug Record Topical Patches
8. Immediately after a dose is administered, the licensed nurse administering the drug is to enter all of the following information on the proof-of-use record:
   a. Date and time of administration
   b. Dose administered
   c. Signature of the nurse administering the dose
9. If a dose is removed from the container for administration, but refused by the resident or not given for any reason, it should not be put back into the container. Rather, it is to be destroyed in the presence of two (2) licensed nurses, and the disposal must be documented on the proof-of-use record on the line representing that dose.
10. Current proof-of-use records and controlled drug audit records are to be kept on the medication cart in the narcotic book. When completed, the audit and proof-of-use records are to be kept on file in the facility for three(3)years by the director of nursing services.
11. Should any persons(s) enter the facility for the purpose of stealing controlled drugs, the medicine nurse’s first concerns are to be for personal safety and the safety of the residents and other staff members. Under no circumstances is the medicine nurse to refuse to give the controlled drugs to persons who are threatening to do bodily harm. After the person(s) leaves the facility, the nurse on duty is to immediately notify the following persons and inform them of the incident:

Controlled Drugs 32.00

a. Police Department
b. Administrator
c. Director of Nursing Services
d. Consultant Pharmacist

Controlled Drugs - Scheduled Drug Record Topical Patches 32.01

Effective Date: March 29, 2012
Revision Date: August 20, 2019

POLICY
Procedure for Completion of **"Scheduled Drug Record Topical Patches".**

PROCEDURES
Please refer to the attached form titled **"Scheduled Drug Record Topical Patches"** Form 590pa.

1. Section A: will be completed by pharmacist dispensing the patches
2. Section B : The nurse receiving the medication completes this section
   a. " amount received" = # of patches received
   b. " Received by" = nurse receiving the patches signs her/his name
3. Section C: in descending order the date/time applied and nurse signature should be completed for each applied patch.
4. Section D: when the patch is removed, the date and time, signature of the nurse and the witnessing nurse should be completed. Patches should be destroyed by using Rx Destroyer or some other method which meets DEA requirements and renders medication unavailable and unusable.
5. **Please Note: if the patch is not on the resident when it is time to remove it, the Director of Nursing should be immediately notified**.
6. Section E – complete this section when the order for this medication is discontinued and remaining patches are destroyed. The amount destroyed should match the # of patches remaining in section C.
7. **Please Note: if there is a discrepancy the Director of Nursing should be notified immediately.**

Ordering Controlled Substances 34.00

Effective Date: February 11, 1998
Revision Date: February 24, 2012

POLICY

The pharmacy will fill orders for CII and CIII-V medications pursuant to a valid prescription.

PROCEDURES

1. When the pharmacy receives an order from the facility for a CII drug, a valid prescription must accompany the order. Prescriptions for CII drugs must comply with **Policy 54.00 – Contents of a Valid Prescription for Controlled Substances.**
   The pharmacy is permitted to fill partial quantities of the prescribed CII drug until the quantity on the prescription is dispensed or until 60 days expire from the date of issuance on the prescription.
   The pharmacy will work with the nursing facility and physician to obtain prescriptions for CII medications. If the prescription is expired or the quantity is exhausted, the pharmacy will notify the physician and / or the nursing facility that a new prescription is required if the medication is to be continued.
   The prescriber must sign all CII prescriptions. The prescriber may write the prescription or an agent of the prescriber may prepare a CII prescription for the prescriber's signature.
2. When the pharmacy receives an order from the facility for a CIII-V drug, a valid prescription must accompany the order. Prescriptions for CIII-V drugs must comply with **Policy 54.00 – Contents of a Valid Prescription for Controlled Substances.**
   The pharmacy is permitted to fill partial quantities of the prescribed CIII-V drug until the quantity on the prescription is dispensed or until 180 days expire from the date of issuance on the prescription.
   The pharmacy will work with the nursing facility and physician to obtain prescriptions for CII-V medications. If the prescription is expired or the quantity is exhausted, the pharmacy will notify the physician and / or the nursing facility that a new prescription is required if the medication is to be continued.
   Prescriptions for CIII-V Drugs may be obtained as follows:
   a. The prescriber may write and sign a prescription
   b. An agent of the prescriber may prepare a prescription for the prescriber's signature
   c. The prescriber or their agent may communicate the prescription verbally to the pharmacist

Controlled Medications Disposal 35.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

POLICY

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations.

PROCEDURES

1. The director of nursing and consultant pharmacist are responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.
2. When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, as with any medication, it is not placed back in the container. It is destroyed in the presence of two (2) licensed nurses, and the disposal is documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules and doses of controlled substances wasted for any reason.
3. Schedule II-V medications remaining in the facility after a resident has been discharged, or the order discontinued, are disposed of in the facility by two licensed nurses.
4. Credit is not issued for any controlled drug.
5. Controlled substances cannot be returned to the pharmacy unless they are refused on delivery or dispensing error has been made by the pharmacy.

Drug Recall 36.00

Effective Date: February 11, 1998
Revised Date: April 1, 2005

POLICY

In the event of a drug recall, the facility will respond in a timely, efficient manner to ensure the safety of the residents.

PROCEDURES

1. The pharmacy will notify the facility of drug recalls in writing.
2. The Director of Nursing or designee will inspect drug supplies for the recall item.
3. If the recall item is in stock, it will be removed from inventory and returned according to recall notice.
4. A copy of the recall notice will be filed in the Director of Nursing's office along with how much was returned.

Discharge Medications 37.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

POLICY

Upon discharge from the facility, the resident's drugs are to go with the resident, or be returned to the pharmacy.

PROCEDURES

1. A drug may go with the resident ONLY upon the physician's order specifying which drugs are to go. For example, the doctor may order, "Send all medications with the resident," or "Send (name of a specific medication) with the resident." If schedule II-V drugs are to be sent home with a resident, the order must state the specific narcotic to be sent. The nurse is responsible to assess the use of PRN medications to determine if they should be sent with the resident prior to obtaining an order from the physician.
2. If the physician orders a drug(s) to go with the resident, the charge nurse is responsible for making certain that the medication's label is complete and for reviewing the directions for use with the resident or the resident's responsible party. If they have any questions about the medication(s) which the nurse is unable to answer, the nurse is responsible for calling the pharmacist for the information before releasing the medication.
3. The nurse is responsible for counting the medication and entering ALL of the following information on the medication destruction record or MAR in the resident's chart:
   a. Date
   b. Prescription number, if any
   c. Name and strength of each drug
   d. Quantity or amount
4. The nurse is then responsible for stating to the resident or the responsible party words to the effect that:
5. "Your signature indicates that you do not want this medication(s) in a child-resistant container. If you do want a child-resistant container, you may take these drugs to the issuing pharmacy for repackaging."
6. Then, the nurse releasing the medication AND the person receiving the medication must sign the record.
7. When a resident is discharged or leaves the building for a hospital stay, all meds should be kept in the facility for 15 days before disposal.
8. The facility should retain the white copy of the "Disposal of Meds" duplicate form after completion. The yellow copy should be returned to pharmacy with the medications.

Pass Medication 38.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

The nurse on duty is responsible for assuring that a resident has all medication he/she needs before leaving the facility on pass or therapeutic leave.

PROCEDURES

1. When a physician gives an order for a resident to go out on pass, the charge nurse on duty at the time is responsible for reviewing the resident's drug orders and directions for use with the resident's physician. It may be possible to alter administration time if the resident's physician concurs and gives an order to do so. Such an order must be recorded and signed as any other order, in accordance with the procedures for physician's medication orders.
2. All drugs provided to the resident or the resident's responsible party for administration while the resident is out on pass are to be properly labeled with full directions for use.
3. The nurse on duty at the time is responsible for reviewing the current drug orders and directions for use with the resident or the responsible party prior to the time the resident leaves the facility. If the resident or the responsible party has any questions about the medication(s) which the nurse is unable to answer, the nurse is responsible for calling the pharmacist for the information before releasing the medicine.
4. If the pharmacy has advance notice of the resident's intent to go out on pass, the pharmacy may dispense a portion of the resident's medication in a separate container, specifically for use when the resident is out on pass. In no case may a licensed nurse, a member of the administrative staff, or an aide repackage any drugs. If the pharmacy does not have advance notice of the resident's intent to leave the facility, the resident's current supply of medications may be released.
5. A notation to the effect that medication(s) was given to the resident or the responsible party is to be made on the reverse side of the resident's current medication administration record along with the number of each drug being sent with the resident. No narcotics should be sent, unless specified by the physician. Nurses are not to document on the front of the medication administration record that doses were actually consumed unless they witnessed the administration; however, the licensed nurse on duty at the time the resident returns to the facility may enter in the nurse's notes a summary of the responsible party's report on compliance with the instructions for use if a problem is suspected. The nurse should document the number of doses

Pass Medication 38.00

returned and verify the accuracy of the medication administration while on leave.

Discontinued Drugs 39.00

Effective Date: February 11, 1998
Revision Date: April 1, 2005

POLICY
Disposition of discontinued medications will occur in an appropriate manner

PURPOSE
ICP advocates the cost effective use of medication and considers the appropriate disposition of the discontinued medication of prime importance.

PROCEDURES
1. Discontinued medications will be disposed of in the following manner:
2. If the directions change, but the medication can still be used, refer to the policy for “Directions Changed, Refer to Chart” stickers.
3. If the medication cannot continue to be used with the use of a “Directions Changed Refer to Chart” sticker, the drug’s container is to be marked immediately by the nurse receiving the order to show that the drug has been discontinued and the date of discontinuance. It should then be placed in the designated are in the medication room to await return to the pharmacy or disposal by the facility (see A & B below):
    a. All Controlled Substances (II-V) must be retained at the facility and disposed of according to facility policy.
    b. All other medications (Non-Controlled Substances) may be returned to the pharmacy. These medications must be accompanied by a completed Drug Release form. A copy of this form is to be entered into the resident’s permanent record.

Third-Party Non-Formulary Drugs 40.00

Effective Date: February 11, 1998
Revision Date: August 1, 2012

POLICY

The pharmaceutical services agreement entered into by the facility is to stipulate the means by which the pharmacy supplier will attempt to secure coverage when any non-covered (non-formulary) medication is ordered for a resident eligible for drug-related benefits under any third-party program.

PROCEDURES

Where residents are eligible for drug-related benefits under any third-party program, and medication is ordered for which the program will not pay, the pharmacist supplier will consult with the resident's physician, as allowed by the provisions of the program, to seek a change in the medication to a covered (formulary) item.

The pharmacy will fax the attached from to the facility with the top portion completed.

There are 3 options listed in the lower portion of the form:

1. Switch to a covered item if an alternative product is available.
2. Have the pharmacy initiate the prior authorization process and send a supply of the non-covered medication which will be billed to the facility.
3. Have the pharmacy initiate the prior authorization process only. (the facility should obtain an order from the physician to hold the non-covered medication until the prior authorization is obtained)

For # 2 and # 3 the facility is to provide a contact person for pharmacy to gather information as required.

Once the facility completes one of the lower sections the form must be faxed back to the pharmacy.

The pharmacy will work with the facility contact, the insurance company and the physician to obtain the prior authorization.

Intravenous Drugs 41.00

Effective Date: February 11, 1998

Revision Date:

POLICY

See separate policy and procedure manual for intravenous therapy.

Irrigating Solutions 42.00

Effective Date: February 11, 1998

Revision Date: August 1, 2012

POLICY

Irrigating solutions are to be used in accordance with their labeled directions for storage, use and expiration.

PROCEDURES

1. All bottles of irrigation solution, when opened, are to be immediately labeled with the date and time opened, the date and time of expiration and the initials of the nurse opening the container.
2. Irrigating solutions which have been prepared by the pharmacy are to bear an expiration date and time; in no circumstances is that time to exceed seventy-two (72) hours unless specified by pharmacy standard of practice
3. Any irrigating solution prepared in the facility expires after twenty-four (24) hours and must be disposed of at that time.
4. Irrigating solutions intended for one-time use only, that is, those without preservatives and packaged in the manufacturer's sealed original containers, are to be disposed of twenty-four (24) hours after the seal has been broken.
5. When expired, the unused portion of irrigating solutions is to be poured down the drain.

Unusual Occurrences 43.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

A record of unusual occurrences or serious errors which are observed in the medication system, either on the part of the pharmacy supplier or in the administration of medications, is to be maintained, monitored and reported.

PROCEDURES

1. Licensed nurses who observe such errors are to:
    a. Take whatever immediate action is necessary to protect the resident's safety and welfare.
    b. Report the incident IMMEDIATELY to the director of nursing or the acting director.
    c. Complete an incident report in accordance with the procedures for such a report.
    d. Where appropriate, such as in the case of a medication error or adverse drug reaction, report the incident to the resident's physician. Where serious or potentially life-threatening, it is to be reported immediately.
2. The Director of Nursing is responsible for maintaining a record of incident reports on file in the facility, and for sharing medication-related incident reports with the Pharmacy Quality Assurance at their next regularly scheduled meeting for their information, recommendations or actions, if any.

Medication Errors And Drug Reactions 44.00

Effective Date: February 11, 1998
Revision Date: April 1, 2005

POLICY

Medication errors and drug reactions are to be reported to the attending physician as soon as possible.

PROCEDURES

1. Notify the attending physician of a medication error or drug reaction.
2. Make an entry of the incident on the resident's clinical record, if significant.
3. The charge nurse should make a report of the incident and deliver this report to the director of nursing, or her office.
4. Observe the resident carefully.
5. Chart documentation must be detailed and changes in the resident's condition reported to the attending physician when significant.
6. Errors made by the pharmacy will be communicated to them as soon as possible after the incident occurs.

Patient Product Information 45.00

Effective Date: February 11, 1998

Revision Date: April 1, 2005

POLICY

Patient package inserts are to be available to the resident or the responsible party whenever the resident receives a drug for which an accompanying patient package insert is mandated by law.

PROCEDURES

1. Federal law requires that residents receiving certain drugs have access to specially prepared sheets of information called patient package inserts, or PPI's. The information in PPI's is intended to explain to the resident, in easy to understand language, the benefits and risks associated with the use of a drug or class of drugs. Residents receiving the following drugs are to have access to a PPI which meets the requirements for the drug:

Drug Class	Examples of Drugs Within the Class
Estrogen	Conjugated Estrogens Premarin Birth Control Pills

2. A supply of all required PPIs is to be maintained at each nursing station, and a PPI provided to each resident or their responsible party upon request (a supply of required PPIs can be obtained from the pharmacy).

Physician's Drug Samples 46.00

Effective Date: February 11, 1998
Revision Date: April 1, 2005

POLICY

Physician's Drug Samples may not be used.

Investigational Drugs 47.00

Effective Date: February 11, 1998
Revision Date: April 1, 2005

POLICY

Investigational drugs, drugs not approved by the State or Federal Food and Drug Administration, may not be used.

Psychoactive Medication Alert Forms 49.00

Effective Date: June 2, 2010

Revised Date:

POLICY

The Pharmacy will notify the nursing facility whenever a psychoactive medication is ordered at a dose or "potential" dose above the recommended dose for use in the elderly. Notification will be provided for Anxiolytic Medications, Hypnotic Medications, and Antipsychotic Medications.

1. The Pharmacy will fax Alert Forms to the nursing facility charge nurse for anxiolytics, hypnotics, and antipsychotic medications whenever the dose exceeds or has the potential to exceed the maximum recommended dose in the elderly.
2. The charge nurse or designee will notify the attending physician or covering physician of the Medication Alert Form.
3. The charge nurse or designee will document on the form that the physician was notified and document the physician response to the Alert Form in the nurses notes and write appropriate orders based on the physician response.
4. The charge nurse will sign and date the form once completed and turn the form into the Director of Nursing.
5. Further review of the outcome for each alert will occur via the appropriate committee including but not limited to the behavior committee, the interdisciplinary committee, the quality assurance committee.

Designating An Agent Of The Prescriber For Communicating Controlled Substance Prescriptions To Pharmacies 50.00

Effective Date: October 12, 2010

Revised Date:

POLICY

To comply with DEA policy requiring a written agreement to establish an agency relationship between a prescribing practitioner and nurse employed by a long term care facility

1. Assessment and consent - In the absence of an employer-employee relationship, the DEA-registered practitioner may designate an individual his agent, provided the practitioner assesses the level of control they are able to exercise over the agent, the agent's licensure, level of training, experience, and other factors to determine if the individual is a suitable agent and to ensure the individual will not engage in activities that exceed the scope of an agency relationship.
2. Multiple agency – Prescribers may choose to establish agency relationships with multiple agents, in multiple locations. Likewise, individuals designated as agents may establish multiple agency relationships with multiple prescribers.
3. Written agreement
   a. The Designating Agent of Prescriber for Communication Controlled Substance Prescriptions to Pharmacies (FORM 610) is completed by the prescriber and appointed nurse who will act on the prescriber’s behalf.
   b. Both the prescriber and nurse agent sign the form
   c. The form is also signed by two witnesses
4. Distribution of the completed agreement
   a. The original signed agency agreement is kept by the individual prescriber
   b. A copy of the completed agency agreement is distributed to :
      i. the agent (nurse)
      ii. the agent’s employer (facility)
      iii. the pharmacy
5. Revocation of Agency
   a. The prescriber may revoke the agency agreement at any time by completing the revocation section at the end of the agreement.
   b. When revoking the agency relationship, the prescriber provides a copy of the revocation to:
      i. The former agent
      ii. The facility employer
      iii. The pharmacy
6. Record keeping

Designating An Agent Of The Prescriber For Communicating Controlled Substance Prescriptions To Pharmacies 50.00

a. As recommended by the DEA, the agreement is kept by all parties during the term of the agency agreement and for a two year period following termination or revocation of the agency.

Duties An Agent May Perform On Behalf Of A Prescriber 50.01

Effective Date: February 24, 2012

Revised Date:

POLICY

After a formal agency relationship has been established (see Policy 50.00), an agent of the prescriber may legally carry out three general duties on their behalf:

- An agent may prepare written prescriptions (Schedule II or Schedule III-V) for review and signature by the prescriber.
- An agent may transmit by facsimile written prescriptions (Schedule II or Schedule III-V) that have been signed by the prescriber.
- A prescriber may issue oral prescriptions (Schedule III-V only) to an authorized agent, and the agent may verbally communicate (by telephone) this prescription information to the pharmacy.

An agent may not perform duties that must legally be performed by a prescriber. For example, an agent may not sign written prescriptions on behalf of a prescriber nor may an agent communicate emergency oral Schedule II prescriptions to a pharmacy.

PROCEDURE

1. Once agency agreements have been completed and received by the ICP, prescribers' agents may:
2. call in verbal prescriptions for Schedule III-V controlled substances to the pharmacy. Please see attachment A for an example of proper documentation.
3. Prepare schedule II controlled substance prescriptions for the prescribers signature
4. Fax written prescriptions to the pharmacy (Schedule II and Schedule III-V)

Acetaminophen Dosing 51.00

Effective Date: October 12, 2010

Revised Date:

PURPOSE:
To establish the standard of care for acetaminophen dosing

POLICY
The maximum recommended daily dose of acetaminophen is 4000mg. All medications containing acetaminophen including routine and PRN orders are included in the total daily calculation.

PROCEDURE
1. The dispensing pharmacy will assess each order containing acetaminophen to insure that the dosing does not exceed the maximum recommended dose for the individual order.
2. When a medication contains acetaminophen the label which the pharmacy applies to the prescription will include the following warning “Should Not Exceed 4000mg of Acetaminophen Daily”
3. The pharmacy will include the following warning on Stock bottles of Acetaminophen : “Should Not Exceed 4000mg of Acetaminophen Daily”
4. The consultant pharmacist will review daily acetaminophen usage during the monthly Medication Regimen Review. The consultant pharmacist will include routine and PRN medications which contain acetaminophen in the calculation of the daily acetaminophen usage. The consultant pharmacist will report any dosing irregularities to the Director of Nursing and the attending physician. The pharmacist will make recommendations for dosing changes as appropriate.
5. The nursing staff will review the daily acetaminophen usage as medications containing acetaminophen are administered. The nursing staff will insure that the maximum daily dose of 4000mg of acetaminophen in not exceeded. The nursing staff will notify the attending physician and request order changes as appropriate.

Emergency Drug Supply – C-II, C-III-V, and Refrigerator Boxes 53.00

Effective Date: February 24, 2012

Revised Date:

POLICY

Portable emergency drug boxes containing a limited supply of doses of medications requiring refrigeration and controlled substances are to be maintained by the pharmacy. The boxes will be available at all times for emergency medication not otherwise obtainable in the required time. The pharmacy will provide a separate box for CII medications, CIII-V medications, and medications requiring refrigeration.

PROCEDURE

1. The emergency drug supplies are not to serve at a back-up supply but for use in true emergencies only. The Refrigerator Box is stored in the Refrigerator in the Medication room. The CII and C-III-V boxes are stored under double lock in the Medication Cart or Medication Room. Licensed nurses expected to handle drugs are to familiarize themselves with the location and contents of each box.
2. The entire contents of the emergency drug box are listed on the box itself. The Director of Nursing is responsible for seeing that each staff physician (as well as the physician's office) receives a current list of drugs in the emergency supply.
3. A physician's order is required to justify the use of any drug from the emergency drug supply. A prescription is also required for removal of any controlled substance from the emergency drug box. A controlled substance may not be removed from the emergency drug boxes unless a valid prescription exists.(**see Policy 34.00** – Ordering Controlled Substances)
   a. For C-II medications, the prescription must be written and signed by the prescribing physician. (**see Policy 54.00** Contents of a Valid Prescription for Controlled Substances) In an emergency situation, the prescriber may call an emergency supply of a CII medication directly to the pharmacist.
   b. For C-III-V medications, the physician may write the prescription, an agent of the prescriber may obtain the prescription and communicate the prescription to a pharmacist, or the physician may call the pharmacist and issue an oral prescription. (**see Policy 50.00** Designating An Agent Of The Prescriber for Communicating Controlled Substance Prescriptions To Pharmacies and **Policy 50.01** – (Duties of an Agent of the Prescriber)
4. The C-II Box, the CIII-V Box and controlled substances in the Refrigerator Box may NOT be removed until it has been determined that a valid prescription exists. The Schedule II and Schedule III-V Emergency Box forms. (Forms 1028a and 1028b) provided by the pharmacy and posted in the Med Room(s) should be utilized to

determine if a prescription exists. The nurse should contact the pharmacy if they do not know for certain that a prescription exists. The pharmacist on call should be paged if the pharmacy is closed.

5. Once it has been determined that a valid prescription exists, **TWO** nurses must be present when the emergency drug box is opened.
   a. If the RED lock is present, both nurses must verify the contents of the box when the lock is removed. ANY discrepancy must be immediately reported to the Director of Nursing and the Pharmacist. NOTE – if the pharmacy is closed, the nurse should page the pharmacist on call via the emergency on call line to report the discrepancy. Both nurses must also verify that the medication being removed is accurate.
   b. If a YELLOW lock is present, both nurses must verify that the medication being removed is accurate.
   c. Upon removal of the medication, a nurse must enter a full record of the medication taken from the box on the "Emergency Drug Box Usage (C/R)" form including :
      i. Date
      ii. Lock # removed
      iii. Medication including strength removed
      iv. Qty of medication removed
      v. Resident name to whom the medication was administered
      vi. Initials of both nurses who accessed the box

A new yellow lock should be applied to the box and the New Lock # should be recorded on the Emergency Drug Box Usage (C/R) form. The completed form should be placed inside the sleeve on the emergency drug box.

6. After use of a drug from the emergency drug box, the nurse enters a record of the order and administration into the resident's medical record (MAR).
7. The nurse must notify the pharmacy immediately via phone or fax that the box has been utilized and the box will be replaced on the next business day. If the pharmacy is closed the nurse may leave a message for the pharmacist on the Non-Urgent On-Call Line.

Contents Of A Valid Prescription For Controlled Substances 54.00

Effective Date: February 24, 2012

Revised Date:

POLICY

The pharmacy will dispense controlled substances to residents at the facility pursuant to a valid prescription for controlled substances.

PROCEDURE

1. All Prescriptions for controlled substances must contain the following information:
   a. Name and address of the Patient
   b. Name , Strength and Dosage form of the Drug
   c. Quantity of Drug and Number of Authorized Refills
   d. Directions for Use
   e. Name and Address of the Prescriber
   f. Registration Number of the Prescriber
2. C-II Prescriptions
   a. NO REFILLS are permitted
   b. The quantity may be up to a 60-day supply
   c. The prescription must be written
      i. The prescription may be prepared by the prescriber or an agent of the prescriber and must be signed by the prescriber
      ii. In an emergency, the prescriber may phone an emergency supply of medication to the pharmacist until a written prescription can be provided. The prescriber must provide a written prescription to the pharmacy for the emergency verbal supply within seven days.
3. CIII-V
   a. Up to Five refills are permitted
   b. The prescription may be written or verbal
      i. if verbal, the prescription may be communicated by the prescriber or an agent of the prescriber to the pharmacist

Exchanging Emergency Drug Boxes For Refrigerator, CII AND CIII-V . 55.00

Effective Date: February 24, 2012

Revised Date:

POLICY

Emergency Drug Boxes for Refrigerator, CII and CIII-V drugs will be exchanged on an as needed basis when the box is opened for use or the contents are expired.

PROCEDURE

The nurses who open the Refrigerator, CII and CIII-V boxes will notify the pharmacy immediately via phone or fax or via the after –hours Non-Urgent phone line if the pharmacy is closed.

1. The pharmacy will send a new box on the next regular delivery. The box will be in a white bag with a Pick-up – Delivery form (in duplicate) attached.
   a. Pick Up portion – the nurse giving the used box to the driver should complete the:
      i. Yellow Lock Number
      ii. Signature of Nurse Releasing the Box:
      iii. Date and Time that the box was given to the driver

   The driver will sign the “Signature of Driver Receiving Box
   b. Delivery Portion – the nurse receiving the new box should verify that the Red Lock # on the box matches the red lock # on the Delivery portion of the form and complete the:
      i. Signature of Nurse Receiving Box
      ii. Date and Time

   The driver will sign the “Signature of Driver Releasing Box
   c. The nurse receiving the new box should also remove the Emergency Drug Box Log from the sleeve of the New Box and complete the line on Top of the Form:
      i. Received By:
      ii. Lock Color:
      iii. Lock #:
      iv. Date:

   Following completion, the Log should be placed back in the sleeve.
   d. The Nurse returning the used box should remove the Emergency Drug Box Log from the sleeve of the used box and complete the bottom of the form:
      i. Released to driver by
      ii. Lock #
      iii. Color

NOTE – The Boxes are color coded. If a yellow labeled box is delivered a yellow labeled box should be returned. If a green labeled box is delivered a green labeled box should be returned. If a blue labeled box is delivered, a blue labeled box should be returned.

2. The nurse should retain the duplicate copy of the Pick-Up/Delivery form and return the original to the pharmacy in the tote.

Medications From Home 56.00

Effective Date: February 5, 2013

Revised Date:

POLICY

A resident may bring medications from home into the facility for use under the following conditions:

1. Short term stay (respite)
2. Medication not available from the pharmacy (ie: specialty vitamins only available from physician)

The following criteria must be met:

1. The medications are in the original packaging from the dispensing pharmacy preferably in blister cards) or manufacturer (OT C medications)
2. The medications are in date
3. The medications are verified to be correct based on discussion with a pharmacist
4. The medications are not damaged or defective
5. The attending physicians approves use of the medications and a physician order is written (ie: may use home medications or family to provide")

Medications which are classified as Controlled Substances may NOT be brought into the facility from home.

Medications are counted when accepted by the facility. The nurse documents the quantity of each medication received at admission and returned to the resident / family at discharge.

The facility will refuse the use of medication from home if any of the criteria listed above are not met.

Use Of Rx Destroyer For Controlled Substance Disposal 57.00

Effective Date: February 25, 2015

Revision Date:

POLICY

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations.

PROCEDURE

1. The director of nursing and consultant pharmacist are responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.
2. RX Destroyer may be used to destroy controlled substances in compliance with Policy 35.00
3. RX Destroyer should be utilized according to manufacturer specifications.
4. RX Destroyer specifications for use can be found at www.rxdestroyer.com/directions - a summary of directions for controlled substances is listed below.

Directions (from the RX Destroyer web-site)

1. Load medications into bottle
2. Gently invert bottle twice
3. Store and keep using
4. Bottle is full when contents is within 1-inch from top (Do not overfill)
5. Discard bottle and its contents into common garbage
   - Check Federal & State Guidelines on how to determine if medications are hazardous waste and how to dispose of them.
   - DO NOT place P-list and U-list hazardous pharmaceuticals in container.
   - NOT recommended for all levels of effervescent medications.

Medication Regimen Review Of Short-Stay Residents And Residents With Acute Changes 58.00

Effective Date: March 12, 2015

Revision Date:

POLICY

To address any irregularities for those residents who's anticipated length of stay is less than 30 days or those who experience an acute change in condition.

PROCEDURE

1. Facility will notify pharmacy of those residents that are short stay or have had an acute change in condition by completing Medication Regimen Review Request (Form 301) and faxing to ICP. Examples of changes in medical condition may include:
   a. Unexplained weight loss or weight gain
   b. Difficulty swallowing
   c. Unexplained bleeding or bruising
   d. Urinary retention or incontinence
   e. Seizure activity
   f. Excessive sedation
   g. Insomnia
   h. Rash or pruritus
   i. Respiratory difficulty
   j. Gastrointestinal bleeding
   k. Falls or dizziness
   l. Depression or mood disturbance
   m. Mental status changes (worsening confusion or cognitive decline)
   n. Dehydration or fluid/electrolyte imbalance
   o. Headaches, muscle pain, or nonspecific aching
   p. Bowel function changes or constipation
2. A consultant pharmacist will review the resident's drug regimen before the anticipated discharge date.
3. Any irregularities will be addressed by a written recommendation, made to the physician or nursing staff.

Intravenous (IV) to Oral (PO) Conversion for Antibiotic Therapy .. 83.00

Effective Date: June 20, 2017

Revision Date:

POLICY

To notify nursing facilities of patients who are on IV therapy who may be a candidate for conversion to PO therapy if select criteria are met.

Process:

1. IV antibiotic orders are received by ICP pharmacy via fax, eMAR interface, or telephone.
2. ICP will dispense the IV antibiotic order to the facility.
3. If the IV antibiotic is listed below, the ICP pharmacist will initiate FORM 783 (Potential Candidate-Antibiotic IV to PO conversion) and fax the form to the facility as well placing the original form with the IV being dispensed.
    - Ciprofloxacin (Cipro)
    - Doxycycline (Vibramycin)
    - Levofloxacin (Levaquin)
    - Linezolid (Zyvox)
    - Metronidazole (Flagyl)
    - Minocycline (Minocin)
    - Moxifloxacin (Avelox)
4. The form will be directed to the attention of the Antibiotic Stewardship Leader/Director of Nursing.
5. The designated facility individual will then have nursing assess if the patient is a candidate for conversion to PO therapy.
6. The form contains inclusion and exclusion criteria to help determine if the resident may be a potential candidate for conversion to PO therapy.

    Inclusion Criteria:
    - Tolerating oral fluids and soft or regular diet
    - Patient receiving other oral medication
    - Afebrile
    - Received at least 48 hours of IV therapy

    Exclusion Criteria:
    - Unable to swallow or refuses oral medication
    - Unable to sufficiently absorb oral medications (malabsorption syndromes-i.e. short bowel syndrome, small bowel obstruction, motility disorder, severe diarrhea, GI obstruction)

- Severe nausea or vomiting
- Recent failure on oral formulations
- Sepsis
- Endocarditis
- Immunocompromised patients (i.e. neutropenia, organ transplant, HIV, sickle cell anemia, asplenia)
- Meningitis
- Osteomyelitis
- Severe cellulitis
- Pancreatitis
- Recent GI bleed

7. If nursing determines the patient is a potential candidate for conversion to PO therapy the prescriber is contacted.
8. The following conversion table may be used to help guide the prescriber in selecting the appropriate PO dose

Medication	IV:PO Equivalence	IV dose	PO dose
CIPROFLOXACIN	1 : 1.25	200mg q 12 hours	250mg BID
		400mg q 12 hours	500mg BID
		400mg q 8 hours	750mg BID
DOXYCYCLINE	1 : 1	100mg bid	100mg BID
LEVOFLOXACIN	1 : 1	250mg q 24 hours	250mg daily
		500mg q 24 hours	500mg daily
		750mg q 24 hours	750mg daily
LINEZOLID	1 : 1	600mg q 12 hours	600mg BID
METRONIDAZOLE	1 : 1	250mg q 6 hours	250mg QID
		500mg q 6 hours	500mg QID
		500mg q 8 hours	500mg TID
MINOCYCLINE	1 : 1	200mg q 12 hours	200mg BID
MOXIFLOXACIN	1 : 1	400mg q 24 hours	400mg daily

9. If the prescriber agrees to convert the patient to PO therapy a new order should be obtained and sent to pharmacy.

Psychotropic Medications Ordered on an As Needed "PRN" Basis 86.00

Effective Date: September 21, 2017

Revision Date:

Policy:

To reduce the usage of unnecesary or inappropriate psychotropic medications, PRN orders for psychotropic medications are only used when the medication is necessary, and PRN use is limited.

Definitions:

Psychotropic drug - any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

(i) Antipsychotics
(ii) Antidepressants
(iii) Anti-anxiety agents
(iv) Hypnotics

Process:

In certain situations, psychotropic medications may be prescribed on a PRN basis, such as while the dose is adjusted, to address acute or intermittent symptoms, end of life care, or in an emergency. However, residents must not have PRN orders for psychotropic medications unless the medication is necessary to treat a diagnosed specific condition. The attending physician or prescribing practitioner must document the diagnosed specific condition and indication for the PRN medication in the medical record.

Anti-Psychotic Medications

1. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
2. PRN orders for anti-psychotic drugs written with no stop date indicated will be automatically discontinued in 14 days.
   a. The 14 day discontinuation date will be indicated on the prescription label.
   b. Pharmacy will send a notification (FORM 784) to the facility indicating the automatic discontinuation.
   c. Facility staff will contact the prescriber to arrange for appropriate follow-up after the discontinuation.
3. The required evaluation of a resident before writing a new PRN order for an antipsychotic entails the attending physician or prescribing practitioner directly examining the resident and assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed. As part of the evaluation, the attending physician or prescribing practitioner should, at a minimum, determine and document the following in the resident's medical record:
   a. Is the antipsychotic medication still needed on a PRN basis?

b. What is the benefit of the medication to the resident?
c. Have the resident's expressions or indications of distress improved as a result of the PRN medication?

4. Report of the resident's condition from facility staff to the attending physician or prescribing practitioner does not constitute an evaluation.
5. After the required evaluation and documentation, the attending physician or prescribing practitioner may write a new PRN antipsychotic order if appropriate. The new order is subject to the 14 day restriction, as above.

Non-antipsychotic Psychotropic Medications (Antidepressants, Hypnotics, Anti-anxiety Agents)

1. PRN orders for non-antipsychotic, psychotropic drugs are limited to 14 day with the following exception. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
2. PRN orders for non-antipsychotic psychotropic medications written with no duration will be dispensed without a discontinue date.
    a. Pharamacy will send a notification (FORM 785) to the facility indicating if the PRN order is to be extended beyond 14 days, the attending physican or prescriber should document their rational in the resident's medical record indicating the duration for the PRN order.

Medication Regimen Review of Short-Stay Residents and Residents with Acute Changes 87.00

Effective Date: April 17, 2018

Revision Date:

Policy:
To address any irregularities for those residents who's anticipated length of stay is less than 30 days or those who experience an acute change in condition.

Process:

1. Facility will notify pharmacy of those residents that are short stay or have had an acute change in condition by completing Medication Regimen Review Request (Form 301) and faxing to ICP or contacting the consultant pharmacist directly. Examples of changes in medical condition may include:
   a. Unexplained weight loss or weight gain
   b. Difficulty swallowing
   c. Unexplained bleeding or bruising
   d. Urinary retention or incontinence
   e. Seizure activity
   f. Excessive sedation
   g. Insomnia
   h. Rash or pruritus
   i. Respiratory difficulty
   j. Gastrointestinal bleeding
   k. Falls or dizziness
   l. Depression or mood disturbance
   m. Mental status changes (worsening confusion or cognitive decline)
   n. Dehydration or fluid/electrolyte imbalance
   o. Headaches, muscle pain, or nonspecific aching
   p. Bowel function changes or constipation
2. A consultant pharmacist will review the resident's drug regimen and medical record before the anticipated discharge date. If the facility does not use electronic health records, they will securely email the required documents, which may include but not be limited to the history and physical, discharge medication list, recent labs, etc.
3. Any irregularities will be addressed by a written recommendation, made to the physician or nursing staff.

HCF

ADMISSION ORDERS

New Admission_____ Date_____

Readmission_____ Facility_____ Physician_____

Resident's Name_____ Sex_____ Birthdate_____

Admission Date_____ Admission No._____ Wing_____ Room_____ Bed #_____
(Med Rec)

ALLERGIES_____

MEDICATIONS ORDERED State name, strength, route & frequency
Check box for Do Not Send

SUPPORTING DIAGNOSIS
for each medication

❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____

ADDITIONAL DIAGNOSIS

❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____

PRN MEDICATIONS: State reason for giving ALL meds
Check box for Do Not Send

❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____
❒_____ _____

TREATMENTS:
Specify type, frequency, affected area and reason if PRN. Include cleaning order and time limit on all skin treatments.
Be specific on all skilled observations to be made.

____VS Monthly ____TPR Monthly ____Wt. Monthly & PRN ____BP Weekly ____Weekly Skin Assessment x 4 Weeks

_____
_____
_____
_____
_____
_____
_____
_____
_____

Form No. N-0066 PA (Front)

DIET _____

_____ May participate in special meals if not medically contraindicated
_____ Salt Substitute
_____ Alcoholic beverages permitted
_____ Supplement/Facility Nourishment
Type_____
Amount_____
Frequency_____
_____ Restrict Fluids to _____CC/24 hrs.
_____ I & O q shift
_____ Tube Feeding: N/G-Gastro size_____
_____ Change PRN to maintain patency
_____ Irrigate PRN to maintain patency
Formula_____ Freq _____
Pump/Gravity_____ Calories _____
Water: Flush-Amount_____ Freq _____
Meds-Amount_____ Freq _____
Total CC/24 hrs._____
Check Placement: Freq_____
Check Residual: Freq_____
_____Head of Bed elevate 30 degrees

SPECIALTY PRODUCTS

_____ Specialty mattress to bed to prevent skin breakdown
_____ Pressure reducing cushion to wheelchair to prevent skin breakdown
_____Other_____
_____
_____

FREE TEXT

_____ May _____ May not self medicate due to____
_____
_____ May use generic equivalents
_____ May go out on pass
Prognosis_____
Rehab Potential_____
Level of Care_____

Resident Name_____

LAB/DIAGNOSTIC ORDERS

_____ Chest X-ray _____ CBC Freq _____
_____ Two-step Mantoux _____ Pneumovac
_____ Fingerstick – Freq _____ FBS Freq _____
_____ Other (Specify type & frequency)
_____
_____
_____

MOBILITY

_____ Amb. w/wo Assist/Assist. Device
_____ W/C-G/C
_____ Bedrest
_____ Transfer via lift or pivot
_____ May ambulate self
_____ Wt. Bearing _____leg: Full / Part / None
_____ Other _____
_____
_____
_____
_____

SPECIALIZED THERAPIES

_____ PT Evaluation & Treatment
_____ OT Evaluation & Treatment
_____ ST Evaluation & Treatment
_____ Rehab Aide - specify modality & freq.
_____
_____
_____

ADDITIONAL FREE TEXT

_____ No Code
_____
_____
_____
_____
_____
_____
_____
_____

PHYSICIAN'S TEXT

Resident is _____ is not_____ capable of understanding rights/responsibilities due to_____
_____
Resident has been made aware of medical condition unless_____
Meds may_____ may not_____ be crushed unless contra-indicated.
Discharge Plan_____
_____I certify resident requires nursing facility services.

Physician's Name_____

Physician's Signature_____ Date_____

Nurse's Signature_____ Date_____

Form No. N-0066 (back) Rev. 8/11

INSTITUTIONAL ICP Care Pharmacy™

175 Canal Street · Sharpsville, PA 16150-2236 · 888.203.8965 · Fax 888.431.4924

Attention Charge Nurse

Antipsychotic Medication Alert

Date:_____

Resident Name:_____ Facility: _____

This resident has an order for:

Medication:_____

Directions:_____

The Maximum recommended daily dose in the elderly to manage Behavioral Symptoms related to Dementing Illnesses is:

- ☐ Abilify (aripiprazole) 10mg
- ☐ Clozaril (Clozapine) 50mg
- ☐ Zyprexa (Olanzapine) 7.5mg
- ☐ Seroquel (Quetiapine) 150mg
- ☐ Risperdal (Risperidone) 2mg
- ☐ Geodon (Ziprasidone) – not customarily used for the treatment of behavioral symptoms
- ☐ Haldol (Haloperidol) 2mg
- ☐ Thorazine (Chlorpromazine) 75mg
- ☐ Trilafon (Perphenazine) 8mg
- ☐ Prolixin (Fluphenazine) 4mg
- ☐ Mellaril (Thioridazine) 75mg
- ☐ Stelazine (Trifluoperazine) 8mg
- ☐ Other :_____

Please Notify the Physician to consider the following options

1. Reduce the dose of the medication to:_____

2. Document the clinical rationale that requires the current dose to maintain or improve the resident's function

☐ Physician notified _____ _____
Nurse Signature Date

Rev 05/2010 Form 1002

ICP INSTITUTIONAL Care Pharmacy™

175 Canal Street · Sharpsville, PA 16150-2236 · 888.203.8965 · Fax 888.431.4924

Attention Charge Nurse

Anxiolytic Medication Alert

Date:_____

Resident Name:_____ Facility: _____

This resident has an order for:

Medication:_____

Directions:_____

The Maximum recommended daily dose in the elderly is:

☐ Lorazepam (Ativan) 2mg

☐ Alprazolam (Xanax) 0.75mg

☐ Oxazepam (Serax) 30mg

☐ Clonazepam (Klonopin) 1.5mg

☐ Diazepam (Valium) 5mg

☐ Clorazepate (Tranxene) 15mg

☐ Chlordiazepoxide (Librium) 20mg

Please Notify the Physician to consider the following options

1. Reduce the dose of the medication to:_____
2. Add the following parameters to the order: _____
3. Document the clinical rationale that requires the current dose to maintain or improve the resident's function

☐ Physician notified _____ _____

Nurse Signature Date

Rev 05/2010 Form 1003

ICP INSTITUTIONAL Care Pharmacy™

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Attention Charge Nurse

Hypnotic Medication Alert

Date:_____

Resident Name:_____ Facility: _____

This resident has an order for:

Medication:_____

Directions:_____

The Maximum recommended daily dose in the elderly is:

- ☐ Lorazepam (Ativan) 1mg
- ☐ Zolpidem (Ambien) 5mg
- ☐ Zolpidem CR (Ambien CR) 6.25mg
- ☐ Oxazepam (Serax) 15mg
- ☐ Zaleplon (Sonata) 5mg
- ☐ Temazepam (Restoril)15mg
- ☐ Ramelteon (Rozerem) 8mg
- ☐ Eszopiclone (Lunesta) 1mg
- ☐ Diphenydramine (Bendryl) 25mg (Note – not medication of choice in the elderly)
- ☐ Hydroxyzine (Vistaril / Atarax) 50mg (Note – not medication of choice in the elderly)
- ☐ Flurazepam (Dalmane) 15mg (Note – not medication of choice in the elderly)
- ☐ Other :_____

Please Notify the Physician to consider the following options

1. Reduce the dose of the medication to:_____
2. Document the clinical rationale that requires the current dose to maintain or improve the resident's function

☐ Physician notified _____ _____
Nurse Signature Date

Rev 05/2010 Form 1001

HCF

"CONFIDENTIAL: FOR USE BY CONTINUOUS QUALITY IMPROVEMENT COMMITTEE ONLY"

ASEPTIC DRESSING TECHNIQUE OBSERVATION TOOL N-5

Date:_____ Observer:_____

Nurse Observed:_____

		YES	NO	COMMENTS/FOLLOW-UP
1.	Clean work area with disinfectant and/or soap and water.			
2.	Doctor's order verified.			
3.	Necessary equipment assembled.			
4.	Expiration dates of solutions and ointments checked.			
5.	Resident informed of procedure to be done and privacy provided.			
6.	Soiled dressing and disposable gloves removed.			
7.	All waste discarded in plastic bag and bag placed in appropriate container.			
8.	Hands washed.			
9.	Scissors cleaned, if used.*			
10.	Aseptic moisture barrier field set up.			
11.	Gloves put on correctly.			
12.	Treatment performed as ordered.			
13.	Dressing applied and gloves removed.			
14.	Hands washed.			
15.	Scissors cleaned, if used.*			
16.	Treatment record signed.			
17.	Equipment/supplies, etc. stored properly.			
18.	Clean work area with disinfectant and/or soap and water.			
19.	Description of wound/ulcer etc. completed weekly on treatment record.			

***Note**: **If scissors are used for multiple residents, must be cleaned with disinfectant after completion of treatment. Scissors dedicated to an individual resident may be cleaned with alcohol and stored with their supplies.**

ICP INSTITUTIONAL Care Pharmacy™

175 Canal Street · Sharpsville, PA 16150-2236 · 888.203.8965 · Fax 888.431.4924

Change Of Medication To Emergency Box

Date _____

Facility _____

Dear Dr. _____

The pharmacy's current Policy and Procedure manual requires your review and approval when medications are added or deleted from inventory in the emergency drug box. We are requesting that the following medication changes be made to the emergency drug box upon your approval.

Additions			**Deletions**		
Drug	Strength	Amt	Drug	Strength	Amt

Respectfully yours,
Institutional Care Pharmacy

_____ _____

Medical Director Director of Nursing

Rev 06/2010 Form 1008

Controlled Substance Reference Chart

Commonly used controlled substances listed by schedule:

C-2

- Actiq
- Adderall
- Adderall XR
- Amphetamine Salt Combo
- Amphetamine/Dextroamphet
- Avinza
- B & O Suppositories
- Belladonna & Opium
- Codeine Sulfate
- Concerta
- Demerol
- Dexedrine
- Dexmethylphenidate
- Dextroamphetamine Sulfate
- Dilaudid
- Dolophine
- Duragesic
- Exalgo
- Fentanyl
- Fentora
- Focalin
- Hycodan
- Hydrocodone Bitartrate/AC
- Hydrocodone Polistirex
- Hydrocodone/Acetaminophen
- Hydrocodone/Homatropine
- Hydrocodone/Ibuprofen
- Hydromorphone
- Hysingla
- Kadian
- Lisdexamfetamine
- Lorcet
- Lortab
- Lortab Elixir
- Meperidine HCl
- Methadone HCl
- Methadone HCl Intensol
- Methylin
- Methylphenidate HCl
- Methylphenidate HCl ER
- Morphine Sulfate
- Morphine Sulfate ER
- MS Contin
- MS IR
- Norco
- Nucynta
- Nucynta ER
- Opana
- Opium Tincture
- Oxycodone ER
- Oxycodone HCl
- Oxycodone/Acetaminophen
- Oxycodone/Ibuprofen
- Oxycontin
- Oxymorphone ER
- Oxymorphone Hydrochloride
- Paregoric
- Percocet
- Ritalin
- Ritalin LA
- Roxanol
- Roxicet
- Roxicodone
- Sublimaze
- Tapentadol
- Tapentadol ER
- Tussionex
- Tylox
- Vicodin
- Vicodin ES
- Vicodin HP
- Vicoprofen
- Vyvanse
- Zohydro

C3-5

- Acetaminophen/Codeine
- Adipex
- Alprazolam
- Ambien
- Ambien CR
- Androderm
- Armodafinil
- Ativan
- Briviact
- Buprenorphine
- Buprenorphine/Naloxone
- Butalbital/APAP/Caffeine/Codeine
- Butalbital/ASA/Caffeine
- Butalbital/ASA/Caffeine/Codeine
- Butrans
- Carisoprodol
- Cheratussin AC
- Cheratussin DAC
- Chlordiazepoxide HCl
- Chlordiazepoxide/Amitriptyline
- Clobazam
- Clonazepam
- Clorazepate Dipotassium
- Dalmane
- Depo-Testosterone
- Diastat
- Diazepam
- Diphenoxylate/Atropine
- Dronabinol
- Equanil
- Estazolam
- Eszopiclone
- Ezogabine
- Fiorinal
- Flurazepam HCl
- Fycompa
- Halcion
- Ketamine
- Klonopin
- Lacosamide
- Librium
- Lomotil
- Lorazepam
- Luminal
- Lunesta
- Lyrica
- Marinol
- Meprobamate
- Methyltestosterone

C-3-5

- Midazolam

C3-5

- Modafinil
- Niravam
- Nuvigil
- Onfi
- Oxandrin
- Oxandrolone
- Oxazepam
- Pentazocine/Naloxone HCl
- Phenergan W/Codeine
- Phenobarbital
- Phentermine HCl
- Potiga
- Pregabalin
- Promethazine/Codeine
- Prosom
- Provigil
- Restoril
- Robitussin AC
- Robitussin DAC
- Serax
- Soma
- Sonata
- Suboxone
- Talwin
- Temazepam
- Testosterone
- Tramadol
- Tranxene
- Triazolam
- Tylenol w/Codeine
- Valium
- Viberzi
- Vimpat
- Xanax
- Xanax XR
- Zaleplon
- Zolpidem Tartrate

Designating Agent of Prescriber For Communicating Controlled Substance Prescriptions to Pharmacies

(Name of registered individual practitioner) (Address as it appears on certificate of registration) (DEA registration number)

I, _____ (name of registrant), the undersigned, who is authorized to prescribe controlled substances in Schedules II, III, IV, and V under the Controlled Substances Act, hereby authorize _____ (name of agent), to act as my agent only for the following limited purposes:

1. To prepare, for my signature, written prescriptions for controlled substances in those instances where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05).
2. To convey to a pharmacist by telephone oral prescriptions for controlled substances in Schedules III, IV, and V in those instances where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05).
3. To transmit by facsimile to a pharmacy prescriptions for controlled substances in those instances where I have signed the valid prescription.

This authorization is not subject to further delegation to other persons. Both the undersigned DEA-registered individual practitioner and the undersigned agent understand and agree that the practitioner is solely responsible for making all medical determinations relating to prescriptions for controlled substances communicated by the agent pursuant to this agreement, and for ensuring that all such prescriptions conform in all other essential respects to the law and regulations. The undersigned agent understands he or she does not have authority to make any medical determinations. The undersigned DEA-registered prescribing practitioner further understands that the prescribing practitioner must personally communicate all Schedule II emergency oral prescriptions to the pharmacist.

Both the undersigned practitioner and agent understand that the agent may not call in an emergency oral prescription for a Schedule II controlled substance on behalf of the practitioner.

This agency agreement shall be terminated immediately if and when any of the following occur:

1. The undersigned practitioner no longer possesses the active DEA registration specified in this agreement.
2. The undersigned agent is no longer employed in the manner described in this agreement.
3. The practitioner or the agent revokes this agency agreement by completing the revocation section at the end of this document or by executing a written document that is substantially similar to the revocation section at the end of this document.

(Signature of practitioner)

I, _____ (name of agent), hereby affirm that I am the person named herein as agent and that the signature affixed hereto is my signature.

I further affirm that I am a _____ □(title), licensed in the State of _____ , (where applicable) and (if applicable) am employed by/under contract with _____ (name of employer or contracting entity). I agree to abide by all the terms of this agreement and to comply with all applicable laws and regulations relating to controlled substances.

(Signature of agent) (State license number of agent where applicable)

(Name of employer/contracting entity where applicable) (Address of employer/contracting entity where applicable)

Witnesses:

1._____ 2._____

Signed and dated on the_____ day of _____(month) _____, (year), at _____.

Revocation Section

The foregoing agency agreement is hereby revoked by the undersigned. The agent is no longer authorized to communicate Schedule II, III, IV and V controlled substance prescriptions to a pharmacy on my behalf. A copy of this revocation has been given to the agent this same day.

(Signature of registered practitioner revoking power)

Witnesses:

1._____ 2._____

Signed and dated on the_____ day of _____(month) _____, (year), at _____.

Original – prescriber
Copies – agent, employer (facility), pharmacy

Rev 10/2010 Form 610

ICP INSTITUTIONAL Care Pharmacy™

175 Canal Street · Sharpsville, PA 16150-2236 · 888.203.8965 · Fax 888.431.4924

Emergency Drug Box Usage

Facility: _____ Lock Color: _____ Lock #: _____

Checked By: _____ Date: _____ Returned By: _____

Received By: _____ Lock #: _____ Color: _____

Date	Lock#	New Lock #	Medication	Qty	Resident Name	Nurse

Released To Driver By: _____ Lock#: _____ Color: _____

Rev 08/01/2011

Form 1036

ICP INSTITUTIONAL Care Pharmacy™

175 Canal Street · Sharpsville, PA 16150-2236 · 888.203.8965 · Fax 888.431.4924

Emergency Drug Box Usage (C/R)

Facility: _____ Lock Color: _____ Lock #: _____

Checked By: _____ Date Checked: _____

Received By: _____ Lock Color: _____ Lock #: _____ Date: _____

Date	Lock#	New Lock #	Medication	Qty	Resident Name	Nurse x 2

Released To Driver By: _____ Lock Color: _____ Lock#: _____

Released At ICP By: _____ Lock Color: _____ Lock#: _____

Rev 08/01/2011 Form 1037

HCF

MEDICATION ADMINISTRATION AUDIT

"CONFIDENTIAL: FOR USE BY CONTINUOUS QUALITY IMPROVEMENT COMMITTEE ONLY"

Nurse Evaluated_____ Observer_____

Date_____ Time_____

IF NO, PLEASE COMMENT ON BACK

		YES	NO
1.	Cart and supplies clean.		
2.	Cart completely locked, when unattended.		
3.	Opposite side of cart locked during med pass.		
4.	Top of cart free of meds, hand sanitizer, etc.		
5.	Water fresh & cold for each pass.		
6.	Applesauce labeled, covered & dated within 24 hrs.		
7.	Otics, opthalmics & topical ointments & patches stored separately from internal meds.		
8.	Date opened stickers used and expiration dates not exceeded. All multidose vials are good for 30 days. Eye gtts and Nitrostat good for 6 months.		
9.	Name of medication correlates between MAR and Pharmacy label.		
10.	Each resident identified prior to medication administration.		
11.	Apical pulse and/or BP checked & charted when indicated - med held, if appropriate.		
12.	Unit dose packets not opened until time of administration.		
13.	Medication dosage, form, instructions verified.		
	a. Reads label		
	b. Reads MAR		
	c. Re-reads label		
14.	Medication given - correct dose		
	- correct dosage form		
	- correct route		
	- correct time (1 hr before/after)		
15.	Meds administered are labeled for the resident receiving them.		

MEDICATION ADMINISTRATION AUDIT PAGE 2

		YES	NO
16.	All directions observed - i.e., shake well, dilute, give with x amount water, AC, PC, give with food, etc. Insulin rolled NOT shaken.		
17.	MAR labeled with thickened liquid consistency.		
18.	Liquids poured/measured on a flat surface and at eye level.		
19.	Meds crushed in packets or between souffle cups.		
20.	Residents receiving crushed meds have physician's orders.		
21.	Nurse remains till all meds are swallowed.		
22.	Meds not left at bedside.		
23.	Sufficient fluids offered/given following oral medications.		
24.	Gloves worn when administering eye drops and hands washed with soap & water following glove removal. *Opthalmic technique		
25.	Five minute intervals between individual eye drops (same product) and fifteen minute intervals between different opthalmic medications.		
26.	Eye drops, injections, nitropatches, etc., administered in a private setting.		
27.	Inhalers administered correctly - spacers used correctly two minute interval between puffs.		
28.	Gloves worn & hands washed, if contact with residents mouth necessary.		
29.	All meds charted at time of administration - PRN's & narcotics as well.		
30.	Hands cleansed with sanitizer after each resident.		
31.	Hands washed with soap and water after every 5 residents.		
32.	Correct handling/disposal of needles & syringes.		
33.	Check apicals in privacy and prior to opening lanoxin packet.		
34.	Nurse knows reason for med.		
35.	Keep MAR closed when not in use.		

COMMENTS/SUGGESTIONS:_____

_____

_____

_____

Signature and date of nurse evaluated_____

*Opthalmic technique - eye gtts make full contact with eye.
*Refer to LTC guidance to Surveyors.

HCF

MEDICATION INCIDENT REPORT

"CONFIDENTIAL: FOR USE BY QUALITY ASSURANCE COMMITTEE ONLY"

Resident _____ Med. Rec. # _____ Physician _____ Room _____

Date of Incident _____ Time of Incident _____ A.M. _____ P.M. _____

This report is to be initiated by person making the incident or person involved in the incident. Please check areas which pertain to incident.

_____ Incorrect Drug
_____ Incorrect Dosage
_____ Incorrect Route
_____ Incorrect Resident
_____ Incorrect Time
  _____ Drug given too early
  _____ Drug given too late
  _____ Incorrect day
_____ Unordered Drug
_____ Omission of a Drug
_____ Omission of Drug on Med Sheet
_____ Improper labeling of multi-dose vial
_____ Pharmaceutical Error
  _____ Drug not available from Pharmacy within 24 hours
  _____ Different dosage sent from Pharmacy
_____ Data Entry
_____ Medication time ordered and administered improperly
_____ Physician's order transcribed incorrectly
_____ Injection abscess
_____ Needle broken off in tissue
_____ Drug allergy
_____ Extra Dose

Physician's order as written: _____

_____

Order given was: Verbal _____ Telephone _____ Written _____

Medication given _____ Dosage _____ Route of administration _____ Time _____

How incident was discovered _____

By whom _____ Date discovered _____ Time _____
(Name/Title)

Cause for incident _____

_____

Actual effect of the incident when observed _____

_____

Physician Notification: Telephone _____ Date _____ Time _____

Physician's name _____ Order concerning incident _____

_____

Corrective Action _____

_____

Report Completed By: _____ Date _____

Reviewed by

Director of Nursing	Date	Nurse/Staff Involved	Date
Attending Physician	Date	Administrator	Date
Pharmacy Consultant	Date	Medical Director	Date

Recommendations _____

_____

Form No. **N-0037** HCF Rev. 10/02

HCF

MEDICATION PASS VIA FEEDING TUBE AUDIT TOOL N-4

"CONFIDENTIAL: FOR USE BY CONTINUOUS QUALITY IMPROVEMENT COMMITTEE ONLY"

Nurse Evaluated_____ Observer_____

Date_____ Time_____

PLEASE COMMENT ON "No's" ON REVERSE SIDE	YES	NO
1. Appropriate supplies organized in advance.		
2. Washes hands.		
3. Resident identified and informed of procedure.		
4. Resident positioned properly and privacy provided.		
5. Position and patency of tube checked prior to meds being given.		
6. Medications verified with order.		
a. Label		
b. MAR		
c. Label		
7. Medication administered correctly and in liquid form whenever possible		
a. Meds given separately		
b. Feeding held 1 hour ac + pc Dilantin		
c. Syringe rinsed free of meds		
8. Nurse aware of correct water flush order.		
9. Tube flushed with at least 30 ml warm water before and after last med.		
10. Syringe labeled/dated for 24 hours.		
11. Removed gloves - Wash hands.		
12. Medications charted.		
13. Water amount charted.		
14. HOB elevated 30 degrees.		

*Refer to list of medication not to be crushed.

Signature of nurse evaluated_____

Metric Doses with Approximate Apothecary Equivalents

Liquid Measure		Weight			
Metric	Approximate Apothecary Equivalents	Metric	Approximate Apothecary Equivalents	Metric	Approximate Apothecary Equivalents
1000 mL	1 quart	30 g	1 ounce	30 mg	1/2 grain
750 mL	1-1/2 pints	15 g	4 drams	25 mg	3/8 grain
500 mL	1 pint	10 g	2-1/2 drams	20 mg	1/3 grain
250 mL	8 fluid ounces	7.5 g	2 drams	15 mg	1/4 grain
200 mL	7 fluid ounces	6 g	90 grains	12 mg	1/5 grain
100 mL	3-1/2 fluid ounces	5 g	75 grains	10 mg	1/6 grain
50 mL	1-3/4 fluid ounces	4 g	60 grains (1 dram)	8 mg	1/8 grain
30 mL	1 fluid ounce	3 g	45 grains	6 mg	1/10 grain
15 mL	4 fluid drams	2 g	30 grains (1/2 dram)	5 mg	1/12 grain
10 mL	2-1/2 fluid drams	1.5 g	22 grains	4 mg	1/15 grain
8 mL	2 fluid drams	1 g	15 grains	3 mg	1/20 grain
5 mL	1-1/4 fluid drams	750 mg	12 grains	2 mg	1/30 grain
4 mL	1 fluid dram	600 mg	10 grains	1.5 mg	1/40 grain
3 mL	45 minims	500 mg	7-1/2 grains	1.2 mg	1/50 grain
2 mL	30 minims	400 mg	6 grains	1 mg	1/60 grain
1 mL	15 minims	300 mg	5 grains	800 ug	1/80 grain
0.75 mL	12 minims	250 mg	4 grains	600 ug	1/100 grain
0.6 mL	10 minims	200 mg	3 grains	500 ug	1/120 grain
0.5 mL	8 minims	150 mg	2-1/2 grains	400 ug	1/150 grain
0.3 mL	5 minims	125 mg	2 grains	300 ug	1/200 grain
0.25 mL	4 minims	100 mg	1-1/2 grains	250 ug	1/250 grain
0.2 mL	3 minims	75 mg	1-1/4 grains	200 ug	1/300 grain
0.1 mL	1-1/2 minims	60 mg	1 grain	150 ug	1/400 grain
0.06 mL	1 minim	50 mg	3/4 grain	120 ug	1/500 grain
0.05 mL	3/4 minim	40 mg	2/3 grain	100 ug	1/600 grain
0.03 mL	1/2 minim				

Conversion Factors

To convert:

Milligrams per kilogram to milligrams per pound, multiply by .45
Milligrams per kilogram to grains per pound, multiply by .007
Milligrams per pound to grains per pound, multiply by .015
Grains per pound to milligrams per pound, multiply by 65
Grains per pound to milligrams per kilogram, multiply by 143
Fahrenheit degrees into Celsius, subtract 32, multiply by 5 and divide by 9
Celsius degrees into Fahrenheit, multiply by 9, divide by 5, and add 32

Weights, Measures and Equivalents

(conversions from 1 system to another are approximate)

1 kilogram = 1,000 grams
1 gram = 1,000 milligrams
1 milligram = 1,000 micrograms
60 milligrams = 1 grain
28.35 grams = 1 ounce
1 kilogram = 2.2 pounds
454 grams = 1 pound
1 millimeter = 0.04 inches
1 centimeter = .4 inches
2.5 centimeter = 1 inch
1 meter = 39.37 inches

1 liter = 1,000 cubic centimeters
1 liter = 1,000 milliliters
30 milliliters = 1 fluid ounce
20 drops = 1 milliliter
1 teaspoon = 5 milliliters
1 tablespoon = 15 milliliters
16 ounces = 1 pint
2 pints = 1 quart
4 quarts = 1 gallon
1 pint = 473 milliliters

NOTICE OF INTENT TO PURCHASE MEDICATIONS FROM AN OUTSIDE PROVIDER

I request the privilege of purchasing drugs from the pharmacy of my choice for:

_____, a resident at _____.

It is understood that residents are allowed free choice for a provider pharmacy as long as such pharmacy adheres to the following rules and the policy and procedures promulgated by the Pharmacy Services Committee to insure that all State and Federal regulations are met and that the safety and recovery of the patient is paramount. (See Pennsylvania Department of Health Long Term Care Regulations 211.9.)

1. Drugs shall be dispensed only pursuant to orders in the patient's records by a physician or other person licensed to prescribe in the State of Pennsylvania.
2. Drugs shall be dispensed only pursuant to medication orders transmitted to the pharmacy by a licensed person who is an employee and/or agent of the facility, via telephone or approved order from.
3. Drugs shall be shipped directly from the pharmacy to the nursing station. Shipment may be conveyed by:
   a. A pharmacist
   b. An independent agent of the pharmacist or pharmacy
   c. Independent delivery
   d. Parcel delivery (not U.S. Mail)
   e. A physician
   f. Resident's family may NOT transport medication from pharmacy to facility.
4. Medications will be dispensed in a 30 day supply.
5. The outside pharmacy shall furnish a copy of the resident's drug profile, the format of which has been approved by the facility's Pharmacy Services Committee, to the consultant pharmacist on a monthly basis.
6. In the absence of a specific order, automatic stop-order policies specified in the facility's Policy and Procedure Manual shall be followed. In no instance other than Schedule II Controlled Substances shall more than a thirty-day supply of medication be furnished.
7. All medications, whether non-prescription or prescription, shall be properly labeled in accordance with procedures of this facility.
8. Only licensed pharmacists shall dispense medications (including over the counter medications) for residents.
9. Records or receipts and disposition of controlled substances shall be maintained in sufficient detail to enable an accurate reconciliation.
10. No prescribed medications or over the counter medications can be kept at the resident's bedside unless the team determines the resident is capable of self-administration and the physician has written an order "medication may be left at bedside." The facility policy for self-administration of meds will be followed.

11. Copies of the stop-order policy, labeling procedures, and this agreement shall be forwarded to the provider pharmacy by the responsible party or agent signing this agreement.

12. No medications shall be brought to the patient's bedside, whether non-prescription or prescription, under any circumstances.

I understand that, although care is exercised to avoid misdirection, occasionally a medication order may be conveyed to the facility's regular provider pharmacy. I will be reasonable in accepting cost for any such orders directed to the regular provider pharmacy and not discovered in time to return the order for credit, as the law allows.

I also understand that if there is a delay in ordering drugs from an outside pharmacy, the facility must reserve the right to order from the facility's regular provider pharmacy as an emergency measure. The charge nurse will order all medications from facility's pharmacy at the expense of the resident until above requirements are met.

I understand that all injectable medication, initial antibiotic therapy, intravenous therapy and emergency "stat" orders will be obtained from the facility's provider policy.

I understand fully the above conditions and the reasons for this agreement. I also understand that the facility uses a "Unit-Dose-Drug" system for continuity, control and the saving of nurses' time in the ordering, handling and dispensing of drugs; therefore, ordering drugs outside the facility's normal channels may complicate the administration of medications or interfere with the health and welfare of the resident and the privilege may be withdrawn at any time.

My pharmacist has read this form and has signed below that he understands these responsibilities and agrees to comply with them.

I understand that should the chosen pharmacy not comply, the facility has the right to notify me of this noncompliance and to order medications from its normal source of supply.

SIGNED:

Patient Signature or Responsible Party Signature	*Date:*
Witness Signature	*Witness Signature*

I have read and understand may responsibilities as listed above and agree to comply with and perform these duties and responsibilities.

Pharmacist	*State License Number*
Telephone	*Emergency Phone Number*
Pharmacy	*Provider Number*

Dear Pharmacist:

The resident of our facility would like to obtain their medications from your pharmacy. This is possible providing the following requirements are met (PA Department of Health). We are required by our licensing agency to follow these specific regulations.

a. Medications are labeled to include all items noted on the attached labeling procedure.

b. A drug profile must be sent to the facility by the 20th of each month.

c. If your pharmacy will be delivering the mediation, the delivery must be made to the RN/LPN at the nurse's station. Deliveries will not be accepted at the reception desk.

Please see the attached for further information. If you have nay questions regarding these issues, please call the facility at _____ and ask for the Director of Nursing.

Thank you for your cooperation.

LABEL INFORMATION

All medication labels must contain the following information:

- Resident's Name
- Name of Prescribing Physician
- Prescription Number
- Federal Drug Enforcement Administration Number
- Name and Address of Pharmacy

Complete directions for use, as described by PA Department of Health regulations

- Required warning
- Name and strength of drug
- Prescription serial number
- Date originally dispensed
- Quantity of drug dispensed
- Initial or name of dispensing persons
- (the name of the manufacturer shall be on the label #1)
- The name of the distributor shall be on the label
- Expiration date

Medication Regimen Review Request

Date: _____

Facility: _____ Room: _____

Resident: _____ Physician: _____

Reason for request:

- ☐ New Admit
- ☐ Acute change in condition
  - O Falls – unsteadiness (near miss), Fall, lowered to floor
  - O Weight - decreased appetite, unplanned weight loss or gain
  - O Changes in behavior – new or increased behaviors, worsening dementia, insomnia or increased sedation
  - O Urinary Incontinence or retention
  - O Other: _____

Please provide as much information as possible as it relates to the change in condition. Information needed specifically for a fall review – vitals, recent medication changes, time of the fall, any PRNs given, what was the resident doing at the time of the fall.

_____

_____

_____

_____

_____

_____

_____

_____

ICP INSTITUTIONAL Care Pharmacy™

175 Canal St · Sharpsville, PA 16150 · 888.203.8965

Notification of Prior Authorization Requirements

Resident: _____ Date: _____

Facility: _____ Unit: _____

Prescriber: _____

Non-covered Medication: _____

Directions: _____

Estimated Cost: _____

ICP Use Only	
Ins	MSG

The above medication **requires prior authorization** for payment by the resident's pay plan.
Alternative medications without prior authorization requirements include: _____

Complete one of the following options and fax this form back to ICP at 888.431.4924.

Physicians' offices: Please fax form back to nursing facility for proper order communication.

☐ **Change order** - DC the original order and send:

Rx: _____

Sig: _____

Nurse's Signature _____ Date _____

Physician's Signature _____ Date _____

☐ **Dispense item and initiate prior authorization** - By signing below I authorize pharmacy to send the medication **at the facility's expense** pending approval of the payer's prior authorization requirements.
Send prior authorization information to: _____ (Facility Contact)

Signature _____ Date _____

☐ **Initiate prior authorization only** - Initiate the prior authorization process, but do not dispense the medication at this time.
Send prior authorization information to: _____ (Facility Contact)

Signature _____ Date _____

Rev 07/10/09 Form 473PA

Potential Candidate – Antibiotic IV to PO conversion..... Form 783

ICP Quality Service for Quality Care

1815 W County Road 54 | Tiffin, OH 44883
P. 877.447.5539 | F. 800.325.9826

175 Canal St | Sharpsville, PA 16150
P. 888.203.8965 | F. 888.431.4924

Potential Candidate- Antibiotic IV to PO conversion

NOTE TO ANTIBIOTIC STEWARDSHIP LEADER

Resident:_____ Facility:_____

IV Medication:

- ☐ Ciprofloxacin (Cipro)
- ☐ Doxycycline (Vibramycin)
- ☐ Levofloxacin (Levaquin)
- ☐ Linezolid (Zyvox)
- ☐ Metronidazole (Flagyl)
- ☐ Minocycline (Minocin)
- ☐ Moxifloxacin (Avelox)

The above resident **MAY** be a candidate for conversion to PO therapy. Please consider having the prescriber review the resident's therapy to see if the patient can be converted to PO if the following criteria are met:

Inclusion Criteria:

- Tolerating oral fluids and soft or regular diet
- Patient receiving other oral medication
- Afebrile
- Received at least 48 hours of IV therapy

Exclusion Criteria:

- Unable to swallow or refuses oral medication
- Unable to sufficiently absorb oral medications (malabsorption syndromes-i.e. short bowel syndrome, small bowel obstruction, motility disorder, severe diarrhea, GI obstruction)
- Severe nausea or vomiting
- Recent failure on oral formulations
- Sepsis
- Endocarditis
- Immunocompromised patients (i.e. neutropenia, organ transplant, HIV, sickle cell anemia, asplenia)
- Meningitis
- Osteomyelitis
- Severe cellulitis
- Pancreatitis
- Recent GI bleed

Nursing: Please notify prescriber if the resident is a candidate

Pharmacist:_____ Date:_____

Rev. 6/20/2017 Form 783

Antipsychotic PRN ..... Form 783

PRN ORDER FOR ANTI-PSYCHOTIC MEDICATION

(Greater than 14 days or no stop date indicated)

Date: [Date]

RESIDENT: [PatientName] **DOB**: [Birthdate]

FACILITY: [Facility_Name] **NURSING STATION**: [NSID]

PRESCRIBER: [Doctor] **DEA:** [DEA#]

MEDICATION: [Drug Name] **RX #**:[Rx No]

DIRECTIONS: [Sig]

A PRN order was received for a medication classified as an anti-psychotic medication for the above resident. CMS 483.45(e)(5) limits PRN orders for anti-psychotic medication to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

The above medication has been filled for a 14 day supply and a discontinue date of 14 days has been placed on the order.

The required evaluation of a resident before writing a new PRN order for an antipsychotic entails the attending physician or prescribing practitioner directly examining the resident and assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed. As part of the evaluation, the attending physician or prescribing practitioner should, at a minimum, determine and document the following in the resident's medical record:

- Is the antipsychotic medication still needed on a PRN basis?
- What is the benefit of the medication to the resident?
- Have the resident's expressions or indications of distress improved as a result of the PRN medication?

NOTE: According to CMS, report of the resident's condition from facility staff to the attending physician or prescribing practitioner does not constitute an evaluation.

If it is determined the medication should be continued a new 14 day order must be written and sent to pharmacy.

Nursing Rounds Checklist CQI-38 HCF N-6

HCF

"CONFIDENTIAL: FOR USE BY CONTINUOUS QUALITY IMPROVEMENT COMMITTEE ONLY"

NURSING ROUNDS CHECKLIST N-6

Completed by _____ Date _____

	YES	NO
ENVIRONMENT		
Nurses Station 1. Free of clutter and employee personal items		
2. Current reference manuals available, i.e.; PDR, Diet Manual, Procedure, Instructional Guide to Forms, etc.		
Medication/Treatment Room(s) 1. Door locked – oxygen & biohazard signs		
2. Cupboards – locked, if app. and clean		
3. Trash container covered		
4. Supplies stored off the floor		
5. Supplies stored below 24" from ceiling		
6. Free of employee's personal items		
7. Cleaning supplies stored separately and correctly labeled		
8. Emergency Drug Box – locked/contents listed on outside		
9. PRN cabinet – locked/list of contents on outside (OH)		
10. Pharmacy & Pharmacist Cons. License posted (OH)		
11. Emergency O2 tank – full, stored securely, gauge and tubing attached		
12. Refrigerator – clean thermometer present temp 37-41 degrees free of food specimens applesauce – covered & dates meds separate from other items		
Medication Cart 1. Shift _____ Time _____		
2. Clean and orderly		
3. Narcotic Count – current and complete		
4. Sharps container less than ¾ filled		

Form CQI-38 HCF

Medication Cart cont.	YES	NO
5. Pill crusher or pliers – clean		
6. Applesauce – covered & dated		
7. Repairs needed & reported		
8. Cart locked when unattended		
9. Internals/externals stored separately		
10. Free of expired meds		
11. Free of discharged resident's meds		
12. Stock meds labeled w/resident names (PA)		
Treatment Cart/Supplies 1. Clean and locked		
2. Free of internally – used supplies – i.e.; TF supplies		
3. Solutions dated/labeled when opened		
4. Irrigation solutions dated when opened and discarded after 24 hours		
5. Free of communal items		
6. Free of outdated/expired items		
7. Ointments – labeled/tubes not rolled – expired date can be seen		
Oxygen Storage/Use 1. Door locked		
2. Tanks secure		
3. Supplies not stored on the floor		
4. Supplies stored 24" from ceiling		
5. "No smoking" sign posted		
6. Filters on concentrators cleaned weekly		
7. Humidifiers and tubing dates and changed weekly		
8. Not adding water to water in humidifiers, if applicable		
9. Tubing stored in plastic bag when not in use		
10. Corrugated tubing off floor when in use		

Form CQI-38 HCF

Resident Pantry (PA)	YES	NO
1. Refrigerator – items dates/labeled thermometer temp. 36-46 degrees		
2. Free of excess food items		
Spoiled Utility Room(s) 1. Clean/free of inappropriate items		
2. Hopper/sink clean		
3. Biohazard cupboard locked		
4. Incont. Products bagged in trash and covered		
5. Goggles, aprons and gloves available		
6. Biohazard signs posted		
7. Disinfectant locked up and labeled appropriately		
8. Sharps container less than ¾ filled and in a locked area		
Resident Care Equipment 1. Catheters – if applicable		
a. Bag dated		
b. Tubing allows free drainage and off floor!		
c. Draining clear amber urine		
d. Measuring device - clean		
stored correctly		
labeled		
e. Only one catheter in a room		
2. Tube Feeding Pump & Pole – if applicable		
a. Clean		
b. Container labeled and dated		
c. Container labeled with time feeding hung		
d. Syringe dated/changed every 24 hours		
e. Head of bed elevated 30 degrees on TF residents		
3. Linens		
a. Soiled linen kept from touching staff's uniform		

Form CQI-38 HCF

Resident Care Equipment cont.	YES	NO
b. Gown worn if coming in contact with blood, urine, etc.		
c. Resident/shower rooms free of clean linens		
d. Linen barrels lined with plastic bag & not overflowing		
e. Linen free of stains and fraying		
f. Adequate supply of linen available		
4. Suction Machine – if applicable		
a. Clean/covered when not in use		
b. Catheter available and covered correctly		
c. Collection tubing plugged/covered		
d. No fluids in collection tubing		
e. Collection bottle clean		
f. Connecting tubing bet. motor & btl. chg./date every 6 months		
5. IV Pole/Pump – if applicable		
a. Clean		
b. Solution labeled with date and time hung		
c. Tubing dated & changed per policy		
6. Adaptive Equipment – if applicable		
a. Indicated on resident care form (bedside)		
b. Correctly applied – timely & clean:		
1. Restraint/enabler		
2. Splint		
3. Hand rolls		
4. Elbow/heel protectors		
5. Geri-gloves/tubi pads		
6. Ted hose		
7. Footboard/bed cradle		
8. Other		

Form CQI-38 HCF

Resident Care Equipment cont.	YES	NO
7. Ice/Water/Food -		
a. Ice chest(s) clean		
b. Scoops -		
1. Stored in covered container/dated		
2. Cleaned daily		
3. Covered when passing ice		
c. Water pitcher -		
1. Fresh water passed every shift		
2. Color coded correctly		
3. Water poured & within reach of resident		
4. Pitcher & glasses washed daily		
d. Food stored in air-tight container-dated/labeled		
1. Refrigerated, if necessary		
2. Discarded when necessary		
8. Personal Care Items -		
a. Labeled		
b. Stored correctly		
c. Free of residue – i.e.; soap scum, etc.		
d. Soap dishes – labeled and drainable		
e. Toothbrushes covered, stored appropriately		
f. Denture cups clean, labeled & stored correctly		
g. Urinals, clean, stored correctly with lid		
h. Supplies free of charge labels		
i. Clothing laundered by family stored in covered container lined with a plastic bag		
9. Shower Rooms -		
a. Thermometer available in showers/tubs		
b. Free of coat hangers		

Form CQI-38 HCF

Resident Care Equipment cont.	YES	NO
c. Free of communal items/personal care items		
d. Free of musty/foul odors		
e. Free of excess equipment		
f. Free of cracked tiles		
g. Free of soiled linen		
h. Disinfectant locked up and labeled appropriately		
10. Standard Precautions -		
a. Appropriate hand washing observed		
b. Gloves available used appropriately		
1. Hands washed when gloves removed		
c. Gowns & masks used appropriately		
d. Plastic bags/biohazard tags available		
e. Staff follows correct procedure for cleaning up spills		
f. Eye wash stations – water changed every 2 weeks if applicable		
1. Signs posted		
g. Blood spill kits accessible to all staff		
11. Isolation Procedure – per type of isolation		
a. Isolation room cleaned last on hallway/mophead bagged		
b. Disp. Gloves/gowns worn w/res. care/cleaning		
c. Using proper disinfectant solution		
d. Signs posted, if applicable		

ICP INSTITUTIONAL Care Pharmacy™

175 Canal Street • Sharpsville, PA 16150 • 888.203.8965

Reorder Form

Fax 1.888.431.4924

Facility: ______________________

Station: __________ Date __________

OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________	OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________
OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________	OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________
OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________	OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________
OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________	OPT RPh Reorder Label Patient ________ Drug/Strength ________ Rx # ________

PAROF

Rev. 10/2011 ICP-125PA

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Scheduled Drug Record Topical Patches ..... Form 590PA

ICP Quality Service for Quality Care
175 Canal Street • Sharpsville, PA 16150 • 888.203.8965

Scheduled Drug Record
Topical Patches

Page _____ of _____

RPh Signature: _____

Amount Received: _____

Received By: _____

	Applied		Removed and Destroyed		
Patch	Date/Time	Signature	Date/Time	Signature	Witness
5					
4					
3					
2					
1					

Destroy Patch By Flushing Into Sewer System (or other method meeting State Board of Pharmacy requirements)

Amount Removed For Destruction:	Date:
Nurse's Signature:	
D.O.N. (or designee) Signature:	

Rev 08/28/2014

Form 590pa

SIDE ONE

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Acamprosate	Campral®	Capsule/Tablet	1
Acetaminophen* (extended release)	Tylenol® Arthritis Pain, Tylenol® 8 Hour	Tablet	2
Acetazolamide* (extended release)	Diamox® Sequels®	Capsule	2
Albuterol* (extended release)	VoSpire ER®	Tablet	2
Alendronate*	Fosamax®, Fosamax Plus D™	Tablet	4
Alfuzosin	UroXatral®	Tablet	2
Alprazolam*	Niravam™	Tablet	14
Alprazolam* (extended release)	Xanax XR®	Tablet	2
Ambrisentan	Letairis	Tablet	11
Ammonium chloride* (enteric coated)	(Generic forms available)	Tablet	1
Amoxicillin and clavulanate* (extended release)	Augmentin XR®	Tablet	2
Aripiprazole* (ODT)	Abilify® Discmelt™	Tablet	14
Asenapine Maleate	Saphris®	Sublingual Tablet	6
Aspirin and dipyridamole	Aggrenox®	Capsule	2
Aspirin* (controlled release)	ZORprin®	Tablet	2
Aspirin* (enteric coated)	Bayer® Aspirin Regimen Adult Low Strength, Bayer® Aspirin Regimen Regular Strength, Easprin®, Ecotrin®, Ecotrin® Low Strength, Ecotrin® Maximum Strength, Halfprin®, St. Joseph Adult Aspirin, Sureprin 81™	Tablet	1
Atomoxetine	Strattera®	Capsule	4, 11, 13
Atropine, hyoscyamine, phenobarbital and scopolamine* (extended release)	Donnatal Extentabs®	Tablet	2
Benzonatate*	Tessalon®	Capsule	4, 9
Bisacodyl* (delayed release)	Doxidan®	Tablet	2, 17
Bisacodyl* (enteric coated)	Alophen®, Bisac-Evac™, Correctol®, Dulcolax®, Femilax™, Fleet® Stimulant Laxative, Modane®, Veracolate	Tablet	1, 17
Bismuth subcitrate potassium, metronidazole, tertracycline	Pylera®	Capsule	11
Brompheniramine* (extended release)	Bidhist, Lodrane® 12 Hour, Lodrane® 24, LoHist-12	Tablet	2, 8
Brompheniramine and pseudoephedrine* (extended release)	Bromfenex®, Bromfenex® PD, Lodrane® LD, Histex™ SR, Touro™ Allergy	Capsule	2
Brompheniramine and pseudoephedrine* (extended release)	Lodrane® 12 D	Tablet	2
Budesonide	Entocort® EC	Capsule	1
Bupropion HCL* (extended release)	Aplenzin™, Budeprion™ SR, Buproban™, Wellbutrin XL™, Wellbutrin® SR, Zyban®	Tablet	2
Carbamazepine* (extended release)	Carbatrol®, Equetro™	Capsule	2, 5
Carbamazepine* (extended release)	Tegretol® XR	Tablet	2
Carbenicillin	Geocillin®	Tablet	3
Carbidopa* and levodopa (ODT)	Parcopa™	Tablet	14
Carbidopa* and levodopa (sustained release)	Sinemet® CR	Tablet	2, 8
Carbidopa*, levodopa and entacapone	Stalevo®	Tablet	11
Carbinoxamine and pseudoephedrine* (extended release)	Palgic®-D, Rondec-TR®	Tablet	2
Cefuroxime*	Ceftin®	Tablet	3
Cetirizine and pseudoephedrine	Zyrtec-D 12 Hour™	Tablet	2
Chloral hydrate*	Somnote™	Capsule	3, 9
Chlorpheniramine* (extended release)	QDALL® AR	Capsule	2
Chlorpheniramine* (extended release)	Chlor-Trimeton®	Tablet	2
Chlorpheniramine and phenylephrine* (extended release)	Dallergy-JR®	Capsule	2
Chlorpheniramine and phenylephrine* (extended release)	Ed A-Hist®, Rescon® JR	Tablet	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Extendryl® JR	Capsule	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Dallergy®, Drize®-R, Durahist™ PE, Extendryl SR, Hista-Vent® DA, PCM Allergy, Ralix	Tablet	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	OMNIhist® II L.A., Rescon® MX	Tablet	2, 8
Chlorpheniramine and pseudoephedrine* (extended release)	Deconamine® SR, Dynahist-ER Pediatric®, Histade™, Kronofed-A®, QDALL®	Capsule	2
Cinacalcet	Sensipar™	Tablet	11
Ciprofloxacin*	Cipro®	Tablet	3
Ciprofloxacin* (extended release)	Cipro® XR, Proquin® XR	Tablet	2
Clarithromycin* (extended release)	Biaxin XL®	Tablet	2
Clorazepate* (sustained release)	Tranxene®-SD, Tranxene®-SD Half Str.	Tablet	2
Clotrimazole*	Mycelex® Troche	Troche	14
Clozapine* (ODT)	FazaClo®	Tablet	14
Colestipol*	Colestid®	Tablet	2
Cyclophosphamide	Cytoxan®	Tablet	12, 13
Dalfampridine	Ampyra™	Tablet	2
Darifenacin	Enablex®	Tablet	2
Dasatinib	Sprycel	Tablet	4, 11
Deferasirox	Exjade®	Tablet	7
Desloratidine* (ODT)	Clarinex® RediTabs®	Tablet	14
Desloratidine and pseudoephedrine	Clarinex-D® 12 Hour, Clarinex-D® 24 hour	Tablet	2
Desvenlafaxine (extended release)	Pristiq®	Tablet	2
Dexbrompheniramine and pseudoephedrine	Drixoral® Cold & Allergy	Tablet	2

Reorder From: **MED-PASS, Inc.** 800-438-8884 Form # **MP5950** (Rev. 01/12)

SIDE TWO

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Dexlansoprazole (delayed release)	Dexilant™	Capsule	2, 5
Dexmethylphenidate	Focalin® XR	Capsule	2, 5
Dextroamphetamine* (sustained release)	Dexedrine® Spansule®	Capsule	2
Dextroamphetamine and amphetamine* (extended release)	Adderall-XR®	Capsule	2, 5
Diclofenac* (enteric coated)	Voltaren®	Tablet	1
Diclofenac* (extended release)	Diclofenac Sodium ER, Voltaren® XR	Tablet	2
Diclofenac and misoprostol	Arthrotec®	Tablet	1
Diclofenac Potassium	Zipsor™	Capsule	9
Didanosine* (enteric coated)	Videx® EC	Capsule	1
Diethylpropion* (controlled release)	Tenuate® Dospan®	Tablet	2
Diflunisal	(Generic forms available)	Tablet	4
Digoxin*	Lanoxicaps®	Capsule	9
Diltiazem*	Cardizem®	Tablet	16
Diltiazem* (extended release)	Cartia XT, Dilacor® XR, Diltia® XT, Diltiazem ER	Capsule	2
Diltiazem* (extended release)	Cardizem® CD, Taztia™ XT, Tiazac®	Capsule	2, 5
Diltiazem* (extended release)	Cardizem® LA	Tablet	2
Diphenhydramine and pseudoephedrine* (ODT)	Benadryl® Allergy and Sinus Fastmelt™	Tablet	14
Disopyramide* (controlled release)	Norpace® CR	Capsule	2
Donepezil	Aricept® ODT	Tablet	14
Donepezil	Aricept® 23mg	Tablet	11, 18
Doxazosin* (extended release)	Cardura® XL	Tablet	2
Doxycycline	Oracea™	Capsule	2
Doxycycline	Doryx®	Tablet	1
Dronabinol	Marinol®	Capsule	9
Duloxetine	Cymbalta®	Capsule	1
Enalapril and felodipine	Lexxel®	Tablet	2
Ergocalciferol*	Drisdol®	Capsule	9
Ergoloid mesylates* (sublingual)	(Generic forms available)	Tablet	6
Ergotamine	Ergomar®	Tablet	6
Erythromycin*	Ery-tab®, PCE®	Tablet	1
Erythromycin* (enteric coated)	Eryc®	Capsule	1
Esomeprazole	Nexium®	Capsule	1, 5
Eszopiclone	Lunesta™	Tablet	11
Etodolac* (extended release)	Lodine® XL	Tablet	2
Etravirine	Intelence™	Tablet	10
Everolimus	Afinitor®, Zortress®	Tablet	10, 11
Ezogabine	Potiga™	Tablet	11
Felodipine	Plendil®	Tablet	2
Fesoterodine fumarate (extended release)	Toviaz™	Tablet	2
Fexofenadine and pseudoephedrine	Allegra-D®	Tablet	2
Finasteride	Propecia®, Proscar®	Tablet	12
Fluoxetine* (delayed release)	Prozac® Weekly	Capsule	2
Fluvastatin	Lescol® and Lescol® XL	Capsule/Tablet	2, 11
Gabapentin enacarbil	Horizant™	Tablet	11
Ganciclovir	Cytovene®	Capsule	4
Glipizide* (extended release)	Glipizide ER, Glucotrol® XL	Tablet	2
Griseofulvin* ultramicrosize	Gris-Peg®	Tablet	1
Guaifenesin* (extended release)	Humibid® Maximum Strength, Mucinex®	Tablet	2
Guaifenesin and dextromethorphan* (extended release)	Amibid DM, Guaifenex® DM, Mucinex® DM, Touro® DM, Tussi-Bid®	Tablet	2
Guaifenesin and dextromethorphan* (extended release)	Allfen®-DM, Mucophen® DM, Guia-D, Q-Bid DM, Respa-DM®, Z-Cof LA	Tablet	2, 8
Guaifenesin and phenylephrine* (extended release)	Crantex ER, Deconsal II®, Entex® ER, Entex® LA, Guaifed®, PhenaVent™	Capsule	2
Guaifenesin and phenylephrine* (extended release)	Aldex™, Ami-Tex LA, Crantex LA, Endal®, Liquibid®-PD, PhenaVent™ D, Prolex™-D, SINUvent® PE, XPECT-PE™	Tablet	2
Guaifenesin and potassium guaiacolsulfonate* (extended release)	Allfen, Humibid® LA	Tablet	2, 8
Guaifenesin and pseudoephedrine* (extended release)	Respaire®-120 SR, Respaire®-60 SR	Capsule	2
Guaifenesin and pseudoephedrine* (extended release)	Ami-Tex PSE, Guaifenex® GP, Guaifenex® PSE, Zephrex LA®, Maxifed®, Maxifed® G, Mucinex®-D, Nasatab® LA, PanMist®-LA, Touro® LA	Tablet	2
Guaifenesin and pseudoephedrine* (extended release)	Dynex®, Guaimax-D®, Profen II®, Profen Forte®, Zephrex-LA®	Tablet	2, 8
Guaifenesin, pseudoephedrine and dextromethorphan* (extended release)	Maxifed® DM, Medent-DM, Touro® CC, Touro® CC-LD	Tablet	2, 8
Guaifenesin, pseudoephedrine and dextromethorphan* (extended release)	Ambifed-G DM, Coldmist DM, Profen Forte™ DM, Profen II DM®, Pseudovent™ DM, Pseudo Max DMX	Tablet	2
Guanfacine	Intuniv™	Tablet	2
Hyoscyamine* (extended release)	Cystospaz-M®, Levsinex® Timecaps	Capsule	2
Hyoscyamine* (extended release)	Hyoscyamine ER, Symax™-SR	Tablet	2
Hyoscyamine* (extended release)	Levbid®	Tablet	2, 8
Hyoscyamine* (sublingual)	Levsin/SL®	Tablet	6
Ibandronate	Boniva®	Tablet	4
Ibuprofen*	(Generic forms available)	Tablet	3
Imatinib mesylate	Gleevec®	Tablet	10, 11
Indomethacin* (sustained release)	Indocin® SR, Indomethacin SR	Capsule	2
Iron salts* (timed release)	Fero-Grad 500®, Ferro-Sequels®, Slow FE®	Tablet	2

Reorder From: **MED-PASS, Inc.** 800-438-8884 Form # **MP5950** (Rev. 01/12)

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Isosorbide dinitrate* (sublingual)	Isordil® Sublingual	Tablet	6
Isosorbide dinitrate* (sustained release)	Dilatrate® SR	Capsule	2
Isosorbide dinitrate* (sustained release)	Isordil® Tembid, Isosorbide Dinitrate SR, Sorbitrate® SA	Tablet	2
Isosorbide mononitrate* (extended release)	Imdur®	Tablet	2, 8
Isotretinoin	Accutane®	Capsule	4
Isradipine	DynaCirc® CR	Tablet	2
Ketoprofen*	(Generic forms available)	Capsule	2
Lansoprazole*	Prevacid®	Capsule	1, 5
Lansoprazole* (granules)	Prevacid Packets for Suspension	Granules	1, 10
Lansoprazole* (ODT)	Prevacid® SoluTab™	Tablet	14
Levetiracetam	Keppra IR	Tablet	3
Levetiracetam	Keppra XR®	Tablet	2
Lithium* (controlled release)	Eskalith CR, Lithobid®	Tablet	2
Loratadine* (extended release)	Alavert™ Allergy and Sinus, Claritin-D®	Tablet	2
Loratadine* (ODT)	Alavert®, Claritin® RediTabs®, Triaminic® Allerchews™	Tablet	14
Lovastatin* (extended release)	Altoprev® ER	Tablet	2
Lubiprostone	Amitiza™	Capsule	9
Magnesium salts* (delayed release)	Mag 64™, Mag Delay®, Mag-Tab® SR	Tablet	2
Magnesium salts* (enteric coated)	Slow-Mag®, Maginex™	Tablet	1
Meprobamate	(Generic forms available)	Tablet	3
Mesalamine* (extended release)	Apriso™	Capsule	2
Mesalamine* (enteric coated)	Asacol®	Tablet	1
Mesalamine* (controlled release)	Pentasa®	Capsule	2
Metformin* (extended release)	Fortamet®, Glucophage® XR, Glumetza™	Tablet	2
Methenamine* (enteric coated)	Mandelamine®	Tablet	1
Methylphenidate* (extended release)	Metadate® CD, Ritalin® LA	Capsule	2, 5
Methylphenidate* (extended release)	Concerta®, Metadate® ER, Methylin® ER, Ritalin SR®	Tablet	2
Metoprolol* (extended release)	Toprol XL®	Tablet	2, 8
Metronidazole* (extended release)	Flagyl® ER	Tablet	2
Minocycline*	Minocin®	Capsule	4
Minocycline* (extended release)	Solodyn™	Tablet	2
Mirtazapine* (ODT)	Remeron Soltab®	Tablet	14
Morphine sulfate* (extended release)	Avinza®, Kadian®	Capsule	2, 5
Morphine sulfate* (extended release)	MS Contin®, Oramorph SR®	Tablet	2
Morphine sulfate and Naltrexone Hydrochloride	Embeda®	Capsule	2
Mycophenolate*	CellCept®	Capsule/Tablet	12
Mycophenolate* (delayed release)	Myfortic®	Tablet	1
Naproxen* (controlled release)	Naprelan®	Tablet	2
Naproxen* (enteric coated)	EC-Naprosyn	Tablet	1
Naproxen and pseudoephedrine	Aleve® Cold & Sinus, Aleve® Sinus & Headache	Tablet	2
Niacin and lovastatin	Advicor®	Tablet	2
Niacin* (extended release)	Niacin ER, Niaspan®	Tablet	2
Niacin* (controlled release)	Slo-Niacin®	Tablet	2, 8
Niacin ER and simvastatin	Simcor®	Tablet	2
Nicardipene* (sustained release)	Cardene SR®	Capsule	2
Nifedipine*	Procardia®	Capsule	9
Nifedipine* (extended release)	Adalat® CC, Afeditab™ CR, Nifedical XL, Nifediac™ CC, Nifedipine ER, Procardia XL®	Tablet	2
Nilotinib	Tasigna®	Capsule	11
Nimodipine	Nimotop®	Capsule	9
Nisoldipine	Sular®	Tablet	2
Nitrofurantoin Macrocrystals	Macrodantin	Capsule/Tablet	19
Nitrofurantoin	Furadantin	Capsule/Tablet	19
Nitrofuran/ Nitrofuran Macrocrystals	Macrobid®	Capsule/Tablet	19
Nitroglycerin*	Nitro-Time®	Capsule	2
Nitroglycerin* (sublingual)	NitroQuick®, Nitrostat®	Tablet	6
Olanzapine* (ODT)	Zyprexa® Zydis®	Tablet	14
Olanzapine and fluoxetine	Symbyax™	Capsule	11
Omeprazole	Prilosec®	Capsule	1
Orphenadrine	Norflex™	Tablet	2
Oxybutynin* (extended release)	Ditropan® XL	Tablet	2
Oxycodone* (extended release)	OxyContin®	Tablet	2
Oxymorphone* (extended release)	Opana® ER	Tablet	2
Paliperidone	Invega	Tablet	2, 11
Pancrelipase	Creon®, Lipram, Pancrecarb MS®, Pancrease® MT, Pangestyme™, Ultrase®	Capsule	1, 5, 15
Pantoprazole	Protonix®	Tablet	1
Papaverine	Para-Time SR®	Capsule	2
Paricalcitol	Zemplar®	Capsule	9
Paroxetine* (controlled release)	Paxil CR®	Tablet	2
Pazopanib	Votrient™	Tablet	11, 18
Pentoxifylline	Pentoxil®, Trental®	Tablet	2
Phendimetrazine* (sustained release)	Bontril® Slow Release	Capsule	2
Phenylephrine, pseudoephedrine, chlorpheniramine, atropine, hyoscyamine, scopolamine	Stahist™	Tablet	2
Phenytoin* (extended release)	Dilantin®, Phenytek™	Capsule	2
Pioglitazone and metformin	Actoplus Met™	Tablet	11
Piroxicam	Feldene®	Capsule	4

Reorder From: **MED-PASS, Inc.** 800-438-8884 Form # **MP5950** (Rev. 01/12)

SIDE FOUR

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Potassium bicarbonate and potassium chloride	K-Lyte®	Tablet	7
Potassium chloride*	microK®	Capsule	2, 5
Potassium chloride*	K-Dur®, K-Tab®, Kaon Cl®, Klor-Con®	Tablet	2
Potassium citrate	Urocit® K	Tablet	1
Pramipexole	Mirapex ER®	Tablet	2
Prednisolone* (ODT)	Orapred ODT™	Tablet	14
Procainamide* (extended release)	Procanbid®	Tablet	2
Propantheline	(Generic forms available)	Tablet	3
Propranolol* (extended release)	Inderal® LA, InnoPran XL™	Capsule	2
Pseudoephedrine* (extended release)	Contact® Cold, Dimetapp® 12-Hour Non-Drowsy Extentabs®, Sudafed® 12 hour, Sudafed® 24 Hour	Tablet	2
Pyridostigime* (sustained release)	Mestinon® Timespan®	Tablet	2
Quetiapine XR	Seroquel XR®	Tablet	2
Quinidine* (extended release)	Quinidine Gluconate ER, Quinidine Sulfate ER	Tablet	2
Rabeprazole	Aciphex®	Tablet	1
Raloxifene	Evista®	Tablet	3, 11
Ramelteon	Rozerem™	Tablet	11
Ranolazine	Ranexa™	Tablet	2, 11
Risedronate	Atelvia (risedronate sodium delayed-release tabs)	Tablet	2, 4
Risedronate, risedronate/calcium	Actonel®, Actonel® with Calcium	Tablet	4
Risperidone* (ODT)	Risperdal® M-Tabs™	Tablet	14
Ropinirol (ODT)	Requip®	Tablet	14
Selegiline* (ODT)	Zelapar™	Tablet	14
Sevelamer Sildenafil	Renagel® Revatio™, Viagra®	Tablet Tablet	13 11
Simvastatin and niacin ER	Simcor®	Tablet	2
Sodium bicarbonate* (granules)	Brioschi®	Granules	7
Sulfasalazine* (delayed release)	Azulfidine® EN-tabs®, Sulfazine EC	Tablet	1
Sumatriptan	Imitrex®	Tablet	13
Tamsulosin	Flomax®	Capsule	2
Temozolomide	Temodar®	Capsule	4
Terbinafine hydrochloride	Lamisil® Oral Granules	Oral Granule	11
Theophylline* (extended release)	Theo-24®, TheoCap™	Capsule	2
Theophylline* (extended release)	Quibron®-T/SR, Theochron®	Tablet	2
Theophylline* (extended release)	Uniphyl®	Tablet	2, 8
Thyphoid vaccine	Vivotif Berna®	Capsule	1
Tolterodine* (extended release)	Detrol® LA	Capsule	2
Topiramate*	Topamax® Sprinkle	Capsule	5
Tramadol* (extended release)	Ryzolt™, Ultram® ER	Tablet	2
Trandolapril and verapamil	Tarka®	Tablet	2
Divalproex Sodium*	Depakote® Sprinkle	Capsule	1, 5
Divalproex Sodium*	Depakote®	Tablet	1
Divalproex Sodium* (extended release)	Depakote® ER	Tablet	2, 11
Valproic acid*	Depakene®	Capsule	4, 9
Valproic acid*	Stavzor™	Capsule	2
Vandetanib	Caprelsa®	Tablet	11
Venlafaxine* (extended release)	Effexor® XR	Capsule	2, 5
Verapamil* (extended release)	Verelan®, Verelan® PM	Capsule	2, 5
Verapamil* (extended release)	Covera-HS®, Isoptin® SR	Tablet	2
Verapamil* (extended release)	Calan® SR	Tablet	2, 8
Vorinostat	Zolinza	Capsule	4, 11
Zileuton	Zyflo CR	Tablet	11
Zolpidem* (extended release)	Ambien™ CR	Tablet	2

**Alternate dosage forms (e.g., liquid, crushable immediate release tablets, non-enteric coated, topical patches) for the product are available. Dose, frequency of administration, and manufacturers may differ from the brand name listed.*

ODT = Orally Disintegrating Tablet

1. Enteric coated formulation.
2. Time release formulation.
3. Unpleasant taste.
4. Can irritate mucus membranes and/or skin.
5. Capsule may be opened and contents removed for administration without crushing, chewing, or dissolving.
6. Tablets are made to disintegrate under the tongue.
7. Tablets MUST be dissolved in liquid as recommended by the manufacturer.
8. Tablet is scored and may be broken in half, at the score line, without affecting release characteristics in most situations.
9. Liquid filled capsule.
10. Contents may be dissolved in water for administration.
11. Not recommended by manufacturer. No data available.
12. Women who are or may become pregnant should not handle crushed or broken tablets.
13. Miscellaneous
14. Product designed to dissolve in the mouth.
15. Once digestive enzyme capsules are opened onto food, swallow immediately to reduce irritation of mucosa. Follow-up with fluid. Contact with foods having pH > 5.5 can dissolve enteric coating.
16. Crushing diltiazem tablets will alter the controlled-release mechanism resulting in instant release of drug which may cause faster absorption, earlier time to max concentration, and higher max concentration. The duration of effect might be decreased necessitating more frequent dosing when tablets are crushed. Patients who are administered crushed tablets should be closely monitored for exaggerated effect.
17. Antacids and/or milk may prematurely dissolve the coating of the tablet.
18. The manufacturer reports altered absorption kinetics that may or may not be clinically significant.
19. Refer to individual product package insert for guidance on crushing.

This document is not all-inclusive and not all products may be available in all areas. Use of the document also requires health professionals to evaluate individual patient needs (i.e., the list should not be viewed as an absolute contraindication to crushing). References available upon request.

Content edited and updated by Charlie Waters, PharmD, BCPS, CGP, FASCP

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Medications and their Relationship to Food

Generic Name	Brand Name	Relation to Meals	Effect of Meals	Notes
Acarbose	Precose®	AC	Tx	21
Acetaminophen/codeine	Tylenol® with codeine	None	None	1
Alendronate	Fosamax®	MT	E-, R-	10A
Alfuzosin	Uroxatral™	PC	E-	
Alprazolam	Xanax®	PC	E+, R+	5, 14♦
Amiodarone**	Cordarone®, Pacerone®	C	E+, R+, GI	14
Amitriptyline	Elavil®	C or PC	GI	14
Amlodipine	Norvasc®	None	None	14♦
Amlodipine/atorvastatin	Caduet®	None	None	14
Amlodipine/benazepril	Lotrel®	MT	None	7
Amoxicillin	Amoxil®, Trimox®	None	None	1
Amoxicillin/clavulanate	Augmentin®	C	GI	
Ampicillin	Principen®	MT	E-, R-	24♦
Atorvastatin	Lipitor®	None	None	14
Atovaquone	Mepron®	C	E+	5
Azithromycin (suspension)	Zithromax® (suspension)	MT	E+	1, 12
Azithromycin (tablet/capsule)	Zithromax® (tablet/capsule)	MT	E-	1, 12
Benazepril	Lotensin®	None	None	7
Buspirone	BuSpar®	C	R-, E +	14
Captopril	Capoten®	MT	E-	7, 24
Carbamazepine	Tegretol®, Tegretol®-XR	C	E+	14, 18
Carvedilol	Coreg®	C	R-	
Cefprozil	Cefzil®	None	E-, R-	1
Cefuroxime	Ceftin®	C	E+	
Celecoxib	Celebrex®	None	R-, GI	1
Cephalexin	Keflex®	MT	R-	1, 24
Cetirizine/ pseudoephedrine**	Zyrtec-D 12 Hour™	None	E-, R-	14
Cetirizine	Zyrtec®	None	E-, R-	14
Chlorpropamide**	Diabinese®	C	Tx	9
Cimetidine**	Tagamet®	C or PC	E-, Tx	13
Ciprofloxacin	Cipro®, Cipro® XR	MT	R-	1, 12, 13
Clarithromycin	Biaxin®	None	R-	1, 14♦
Clarithromycin (extended release)	Biaxin® XL	C	GI	14♦
Clindamycin	Cleocin®	C	GI, R-	
Clonazepam	Klonopin®	None	None	1
Clopidogrel**	Plavix®	C	E+, R+♦ ♦	
Cyclobenzaprine**	Flexeril®	C	GI	
Cyclosporine	Neoral®, Sandimmune®, Gengraf®	None	None	14
Dexamethasone	Decadron®	C	GI	6
Diazepam**	Valium®	D-	None	1, 14, 18
Diclofenac	Voltaren®, Cataflam®	C	GI	4
Diclofenac/misoprostol	Arthrotec®	MT	E-, R-	4
Digoxin**	Lanoxin®	PC	R-	24
Diltiazem	Cardizem® CD, Tiazac®	D-	E+	5, 14♦
Divalproex	Depakote®, Depakote® ER, Depakene®, Depakote® Sprinkle®	C	R-, GI	24
Doxycycline	Vibramycin®, Vibra-Tabs®	MT or C	None	1, 12, 24
Dronedarone hydrochloride	Multaq®	C	E+	
Duloxetine	Cymbalta®	None	None	
Dutasteride	Avodart™	None	None	
Enalapril	Vasotec®	None	None	7
Erythromycin	Ery-Tab®, E.E.S.®	MT	E-	1
Esomeprazole	Nexium®	AC	E-	
Estrogen/ medroxyprogesterone	Prempro™	None	None	1
Eszopiclone	Lunesta™	None	R-	5
Etidronate	Didronel®	MT	E-, R-	
Famotidine	Pepcid®	C or PC	E+	
Felodipine	Plendil®	None	None	5, 14
Fenofibrate	TriCor®, Triglide™	C	E+	
Ferrous fumarate**	Ferro-Sequels®, Femiron®	MT	E-	1, 12
Ferrous sulfate**	Slow-FE®, Feosol®, Feratab®, Fer-Gen-Sol®	MT	E-	1, 12
Fexofenadine	Allegra®	None	None	14♦
Fexofenadine/ pseudoephedrine**	Allegra-D®	MT	R-	14♦
Fluconazole	Diflucan®	None	None	1
Fluvastatin	Lescol®	None	R-	14♦
Fosinopril	Monopril®	None	None	7
Furosemide	Lasix®	None	E-, R-	1, 24
Galantamine	Razadyne™, Razadyne™ ER	C	GI	
Gemfibrozil	Lopid®	AC	E-	8

Generic Name	Brand Name	Relation to Meals	Effect of Meals	Notes
Gemifloxacin	Factive®	None	None	12
Glimepiride	Amaryl®	C	Tx, R-	9
Glipizide	Glucotrol®, Glucotrol® XL	AC	Tx	8, 9
Glyburide	DiaBeta®, Micronase®, Glynase® PresTab®	C	Tx	9
Glyburide/metformin	Glucovance®	C	E-, Tx, GI	
Griseofulvin	Fulvicin®	C	E+	5, 18
Hydralazine	Apresoline®	C	E+, R+	
Hydrochlorothiazide (HCTZ)		None	E-	
Hydrocodone/acetaminophen	Vicodin®, Lortab®	None	None	1
Ibandronate	Boniva®	MT	E-	10B
Ibuprofen**	Motrin®, Advil®, Midol®	C	GI	4
Indomethacin**	Indocin®	C	GI, R-	4
Isoniazid (INH)		MT	E-, R-	11, 24
Isosorbide mononitrate	Imdur®	MT	E-	
Itraconazole (capsule)	Sporanox® (capsule)	C	E+	14♦, 20A
Itraconazole (solution)	Sporanox® (solution)	MT	E-, R-	14♦, 20B
Ketoconazole	Nizoral®	None	R-	14
Lansoprazole	Prevacid®	AC	E-, R-	9, 24
Lanthanum	Fosrenol™	C	GI	
Levodopa/carbidopa	Sinemet®, Sinemet® CR	MT	E-	1,15,16
Levofloxacin	Levaquin®	MT	None	1, 12
Levothyroxine	Levothroid®, Levoxyl®, Unithroid®, Synthroid®	AC or MT	E-	9
Linezolid	Zyvox®	None	None	1, 11
Lisinopril	Prinivil®, Zestril®	None	None	7
Lithium	Eskalith CR®, Lithobid®	C or PC	GI	6,17,18
Loratadine	Claritin®, Claritin® RediTabs®	MT	E+, R-	14
Loratadine/ pseudoephedrine**	Claritin-D®	MT	E+, R-	1
Lorazepam	Ativan®	C	GI	1, 14♦
Losartan	Cozaar®	None	E-, R-	14♦
Lovastatin	Mevacor®	C	None	14
Lubiprostone	Amitiza™	C	GI	1
Lurasidone	Latuda®	C	E+	
Medroxyprogesterone	Provera®	None	None	1
Metformin	Glucophage®	C	E-, R-, GI	
Metformin (extended release)	Glucophage® XR	C	GI	22
Metformin/glipizide	Metaglip™	C	Tx, GI	
Methadone	Methadose®, Dolophine®	None	None	14
Methylphenidate**	Concerta®	None	None	25
Methylphenidate**	Ritalin®, Metadate®	AC	E+	8
Methylprednisolone	Medrol®	C	GI	6, 14♦
Metoclopramide**	Reglan®	AC	Tx	8
Metoprolol	Toprol-XL®, Lopressor®	C	E+	18
Metronidazole	Flagyl®	C	R-, GI	24
Miglitol	Glyset®	AC	Tx	21
Minocycline	Minocin®, Dynacin®	C	GI	
Montelukast	Singulair®	MT	E-, R-	1
Moxifloxacin	Avelox®	None	None	12
Nabumetone**	Relafen®	C	E+	4
Naproxen**	Naprosyn®, Anaprox®, Pamprin®	C	GI	4
Nateglinide	Starlix®	AC	Tx, R-	23
Nefazodone	Serzone®	PC	E-, R-	6, 14
Nifedipine**	Procardia®, Procardia XL®, CC Adalat®	None	E-, R-	14
Nisoldipine	Sular®	None	None	5, 14
Nitrofurantoin**	Macrobid®, Macrodantin®	C	E+, R-, GI	18
Norfloxacin	Noroxin®	MT	None	12
Ofloxacin	Floxin®	MT	E-	12, 24
Omeprazole	Prilosec®	AC	R-	9, 14♦
Oxycodone	OxyContin®	None	None	1
Oxycodone/acetaminophen	Percocet®, Endocet®, Roxicet™, Tylox®	None	None	1
Pantoprazole	Protonix®	None	R-	
Paroxetine	Paxil®, Paxil CR®, Pexeva®	None	E+	1
Penicillin-V potassium	Veetids®	MT	E-, R-	
Phenytoin	Dilantin®	None	None	18 or 24
Pimozide	Orap®	None	None	14
Pioglitazone	Actos®	None	R-	
Potassium chloride	K-Dur®, Micro K®	C	GI	7
Pramlintide	Symlin®	C	Tx	
Pravastatin	Pravachol®	None	None	14♦
Prednisone	Prednisone Intensol™, Sterapred®	C	GI	6
Promethazine/codeine		None	None	1

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Medications and their Relationship to Food

Generic Name	Brand Name	Relation to Meals	Effect of Meals	Notes
Propoxyphene-N**	Darvon®	None	R-	1
Propoxyphene-N/ acetaminophen**	Darvocet-N®	None	R-	1
Propranolol	Inderal®	None	R-	18
Quetiapine	Seroquel®	None	E+	14
Quinapril	Accupril®	MT	E-, R-	7
Quinidine		MT	E+, R-	14, 17, 18
Rabeprazole	AcipHex®	None	R-	5
Ramelteon	Rozerem™	MT	E+, R-	5
Ramipril	Altace®	MT	R-	7
Ranolazine	Ranexa™	None	None	14
Repaglinide	Prandin®	AC	Tx, E-	23
Rifampin	Rifadin®	MT	E-	24
Risedronate	Actonel®	MT	E-, R-	10A
Risedronate Delayed Released Tablets	Atelvia™	PC	TX	10C
Rivastigmine	Exelon®	C	E-, R-, GI	
Rosiglitazone	Avandia®	None	E-, R-	
Rosuvastatin	Crestor®	None	None	14♦
Selegiline	Eldepryl®	None	None	6, 11
Sertraline	Zoloft®	None	E+	
Sildenafil	Viagra®	MT	E-, R-	5, 14♦
Simvastatin	Zocor®	None	None	14
Solifenacin	VESIcare®	None	None	
Spironolactone	Aldactone®	C	E+, R+	7
Spironolactone/ hydrochlorothiazide	Aldactazide®	C	GI, E+, R+	
Sucralfate	Carafate®	MT	Tx	
Sulfamethoxazole/ trimethoprim	Bactrim™, Septra®	MT	R-♦♦	1
Sumatriptan	Imitrex®	None	R-♦	
Tadalafil	Cialis®	None	None	14
Tamsulosin	Flomax®	PC	E-, R-	
Tegaserod	Zelnorm®	AC	E-, R-	
Temazepam**	Restoril®	None	None	14
Tetracycline	Sumycin®	MT	E-	12, 24
Theophylline	Elixophyllin®, Quibron®, Theo-24®, Theolair™	None	R-	1, 3, 6, 18
Ticlopidine**	Ticlid®	C	E+, GI	5, 12
Trazodone	Desyrel®	PC	R-	14
Triamterene/ hydrochlorothiazide	Dyazide®, Maxzide®	PC	GI	
Triazolam**	Halcion®	None	R-	14♦
Trospium	Sanctura™	MT	E-, R-	5
Valsartan	Diovan®	None	E-, R-	7
Valsartan/ hydrochlorothiazide	Diovan HCT®	None	E-, R-	
Vardenafil	Levitra®	None	None	5, 14
Verapamil	Calan®, Covera-HS®, Isoptin® SR, Verelan®	C	E-, R-	6, 14♦
Vilazodone	Viibryd	C	E+	
Warfarin	Coumadin®	MT	R-	19
Zafirlukast	Accolate®	MT	E-	
Zaleplon	Sonata®	MT	E-, R-	5
Zolpidem	Ambien®	MT	R-	

Notes

1. May be taken with food if GI upset occurs.
2. Recommended to be taken with meals to reduce the difference between peak and trough serum levels.
3. Giving theophylline with food may prevent some GI irritation and, though absorption is slower, it is still complete.
4. Non-Steroidal Anti-Inflammatory Drug (NSAID) class: If GI upset occurs, take with food or milk.
5. Do not take with or immediately after a high fat meal as it may alter absorption.
6. Avoid large amounts of caffeine-containing food/drinks/medications as these products may increase side effects.
7. Avoid large amounts of potassium-containing food or use of salt substitutes as these may increase potassium levels and/or side effects.
8. Should be taken approximately 30-45 minutes prior to a meal.
9. Administration in the morning is preferable.
10. Bisphosphonate class:
    A. Should be administered with plain water and on an empty stomach before the first meal of the day. Patient should sit up or stand (not lie down) for **30 minutes** after taking the medication.
    B. Should be administered with plain water and on an empty stomach before the first meal of the day. Patient should sit up or stand (not lie down) for **60 minutes** after taking the medication.
    C. Take in the morning immediately following breakfast with at least 4 oz. of plain water. Do not lie down for 30 minutes after taking.
11. Avoid food containing large amounts of tyramine or tryptophan (e.g., cheeses, sour cream, yogurt, pickled herring, chicken liver, canned figs, raisins, bananas, avocados, soy sauce, yeast extracts, meats prepared with tenderizers, and other aged foods).
12. Should be taken at least 2 hours before or 6 hours after antacids or other food products containing aluminum, calcium, iron, magnesium, or zinc (e.g., dairy products, multivitamins, etc).
13. Can increase serum levels of caffeine if taken together.
14. Avoid food/drinks containing grapefruit as it can block enzymes that metabolize the medication, potentially leading to increased concentrations of the medication.
15. Avoid high protein-containing meals.
16. Avoid large amounts of vitamin B6 (pyridoxine) as it can decrease efficacy.
17. An increase or decrease in dietary salt intake may alter the serum concentration of the medication. Maintain a consistent diet. Careful monitoring may be warranted.
18. Food may increase the serum concentration of the medication. Maintain a consistent diet. Careful monitoring may be warranted.
19. Dietary vitamin K can antagonize the action of the medication. Maintain a consistent diet. Careful monitoring may be warranted.
20A. Capsule absorption enhanced by food and/or cola
20B. Solution absorption decreased by food–take it on an empty stomach.
21. Should be taken at the start (with the first bite) of a main meal.
22. Administration in the evening is preferable.
23. Should be taken within 15 minutes of a meal, but time may vary from immediately preceding the meal to as long as 30 minutes before the meal.
24. Food may decrease the serum concentration of the medication. Maintain a consistent diet. Careful monitoring may be warranted.
25. Medication not affected by food but should be taken with water, milk, or juice.

♦ - **Weak effect (interaction unlikely to be clinically significant)**

♦♦ - **Information obtained from characteristics of this drug's therapeutic class**

Abbreviations

Relationship to Meals

C	With meals
MT	Empty stomach (1 hour ac/2 hours pc)
AC	Before meals
PC	Immediately after eating
D-	Data is not available or is conflicting
None	May be taken with or without food

Effect of Meal on Drugs

GI	Decreased GI distress
E+	Increased extent of absorption
E-	Decreased extent of absorption
R+	Increased rate of absorption
R-	Decreased rate of absorption
Tx	Take as indicated for therapeutic effect
None	Not applicable

** May not be recommended for use in the elderly population (based on medication alone or dose). These recommendations are taken from Fick DM, et al.

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