# #143 – Pharmaceuticals

Date Issued: 04/15/2005
Date Last Revised: 09/03/2017

**Purpose:**

This procedure and the department's pharmacy agreement shall establish procedures for the storage, ordering, administration and documentation of patient care medications. The department's pharmacy program is medical director based and all procedures shall be established, reviewed, and revised by the service medical director.

**General Criteria:**

1) Personnel shall complete the tasks described in this procedure.
2) The EMS Service Director shall be the Assistant Chief.
3) Medications will be stored and controlled as outlined in this procedure and in accordance with applicable Iowa code and administrative rules.
4) The medical director for the department shall manage and control the pharmacy program for the department. This shall include the review of internal pharmacy records to assure compliance.
5) The medical director shall form and supervise a **Pharmacy Team** to manage this program. The team shall consist of a minimum of 3 people and shall report to the Fire Chief and the Medical Director.
6) Pharmacy error or omission forms shall be utilized to document errors and omissions as outlined in this policy.

**ORDERING / RECEIVING MEDICATIONS**

1) Inventory will dictate the need to order medications from the designated pharmacy.
2) Pharmacy team members shall identify medications that need to be ordered after reviewing inventory control software.
3) Medications shall be ordered from designated supply pharmacies.
4) The Medical Director shall provide a completed DEA222 form for applicable medications. Completed DEA222 forms shall be maintained on file indefinitely in a locked filing system.
5) Medications that are received into inventory:
    a) A pharmacy team member (other than that who made the order) shall receive the medications and process them as follows:
        i) Assure the order is correct.
        ii) Enter medications into the UCapIT pharmacy software
        iii) Stock the medications into the locked supply cabinet or UCapIT machine as appropriate

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**DOCUMENTATION OF MEDICATION ADMINISTRATION/DISPOSITION:**

1) Prior to administration check expiration date on medication.
2) Medication shall not be administered if it is expired, cloudy, discolored, or if the seal is broken.
3) The patient care report (PCR) will reflect the following information for each medication administered:
   a) Narrative: time, name of medication administered, and the name of the EMT or paramedic who administered it.
   b) Medication section: time, dose, medication name and route will be documented for each medication administered.
   c) Disposition of the remaining contents of Ativan, Fentanyl, Succinylcholine, Valium, Versed, or similar classification of medication:
      i) Wasted in the presence of a department staff member.
      ii) Medications drawn up but not administered shall be documented in the patient care report indicating "0" as amount administered.

**MEDICATION RESTOCKING**

1) Medications shall be restocked to ambulances from an UCapIT pharmacy vending machine.
   a) Personnel shall be required to access the machine utilizing a:
      i) Assigned access card
      ii) PIN code
   b) Paramedic qualified personnel shall have the ability to dispense all medications and equipment from the UCapIT machine. EMT level personnel shall be restricted as appropriate by protocol and scope of practice.
   c) Restocking medications administered to a patient shall require the EMT or paramedic to enter the PCR Number and apparatus number to dispense the medication.
   d) Restocking an expired medication shall require the EMT or paramedic to enter the year and code number "9-9-9-9" (i.e.: 14-9999) and apparatus number when dispensing the medication.
   e) Specific controlled substances shall require a second employee (EMT or paramedic) to scan their access code and enter their PIN prior to medications being dispensed.
   f) Once medications for restock have been dispensed, the EMT or paramedic shall secure them in the ambulance.

2) Ambulance:
    a. Medication box shall be stored in a locked cabinet that is secured by an electronic lock that requires an addressable key card to access the storage cabinet. A numbered seal system shall control access to the medication box.
    b. Numbered seal logs shall be maintained in each apparatus and monitored by the pharmacy team. Logs with document serial tag numbers, medications used, and employee updating the log.
2) Temperature monitoring and extreme temperatures
    a. Iowa Administrative Code 657, Chapter 11 defines "Extreme Temperature" as *"Greater than 40 degrees Celsius (104 degrees Fahrenheit) or -10 degrees Celsius (13 degrees Fahrenheit).*
    b. Thermometers shall be utilized to monitor the temperature in the medication box compartment of the ambulance.
    c. During hot and humid weather, the duty crew shall monitor thermometers and compartment temperature readings.
        i. If temperature in the medication box compartment exceeds 102 degrees Fahrenheit, the medication box shall be removed from the ambulance and placed in a lockable temperature controlled environment until the temperature drops below 102 degrees.
    d. If medications are exposed to extreme temperatures for more than two (2) hours, the Medications shall be properly disposed of and not administered to a patient.
3) Medication specific instruction:
    a. Ativan: When removed from refrigeration, a 60 day expiration date shall be noted on the sticker found on the vial.
    b. Succinylcholine: When removed from refrigeration, a 90 day expiration date shall be noted on the sticker found on the vial.
    c. The paramedic shall verify the manufactures and departments expiration date.
    d. When completing weekly full check of the ambulance, these medications shall be removed and restocked if they will expire before the next scheduled full check.
    e. IV fluids: Shall be stored at room temperature at all times (we do not use warmed IV fluids).

**EXPIRED MEDICATIONS:**

1) Expired medications shall be immediately removed from service.
2) Expiration dates:
    a) If the date is a complete date (i.e.: 2/1/2014) the medication cannot be used after that date.
    b) If the date is a month and year (i.e.: 2/2014) the medication can be utilized until the last day of that month.

3) Expired medications shall be placed in the "parrot door" located on the front of the UCapIT machine.
4) Pharmacy team members shall document the expired medications on the expired medication form and secure them in the expired medication lock box within the UCapIT machine.
5) Expired medications will be disposed of on an "as needed" basis by returning them to Mercy North Pharmacy.
   a) The pharmacy team member shall assure the expired medication form is completed.
   b) The pharmacy representative shall verify the medications being returned are expired and the sheet matches the amount of medications being returned.
   c) Both the team member and pharmacy representative shall sign the sheet.
   d) The completed sheet shall be kept on file in a locked pharmacy cabinet for no less than 2 years.

**PHARMACY CONTROL MEASURES:**

1) The pharmacy team shall be designated to monitor and complete the control measures.

   Medication Box: A *"Numbered Seal Log"* will be maintained in each apparatus. The Paramedic will document the number of the tag removed and replaced and identify the reason the tag was changed.

   Numbered seal log shall be replaced on the first of the month and turned into the pharmacy team.
2) Security.
   a) Addressable key cards shall be issued to personnel. The key card shall code appropriate access for dispensing medications and equipment from the UCapIT machine. An electronic record shall be maintained by the department.
   b) Electronic locks requiring an addressable, electronic key to gain access shall be utilized to secure all medication storage cabinets in the ambulance.
   c) An extra key shall be kept in the ambulance for emergency use only.
      - This key shall be secured by a numbered tag. A numbered tag log sheet shall be kept in the unit binder.
      - The member utilizing the unit key shall update the tag log sheet and document on Incident Report form date time and reason for use of this key.
      - This key will only access the unit's medication cabinet lock.

      i) The electronic locks shall be downloaded on a random basis to monitor access history.

      ii) Any discrepancy shall be documented and reported to the Medical Director and the Fire Chief.

3) Inventory control measures:
   a) UCapIT software shall maintain the inventory of medications in the supply cabinet and machine. This software shall be monitored and inventory managed by the pharmacy team.
   b) Ambulance:
      i) Each ambulance shall have a full inspection on a weekly basis.
      ii) Full inspection shall be completed by day crew personnel on assigned days.
      iii) Numbered seals will be removed and a complete inventory of the medication box will be completed by the paramedic.
      iv) A new numbered seal will be placed once the inventory has been completed and recorded in the unit's binder.
   c) Daily ambulance check shall be completed that will document the numbered seal on the medication box. This number shall be compared to the unit numbered seal log to verify it is correct.
   d) Monthly inventory and outdate check:
      i) All expiration dates of medications in response units shall be checked and documented on a scheduled, monthly basis.
      ii) Medications expiring within the next 30 days will be identified and replaced.
      iii) Complete pharmacy inventory, including the UCapIT machine, shall be conducted the first full week of each month by the pharmacy team.
4) Medication control sheets will be reviewed by pharmacy team members to assure they have been completed appropriately.
5) Completed pharmacy forms will be forwarded to the officer assigned to the pharmacy team. All completed forms shall be maintained on file in a locked pharmacy filing system for review by the medical director.

**DISCREPANCIES**

1) Any time a discrepancy in pharmacy records is noted, the Assistant Chief and Fire Chief shall be notified immediately. Examples of a discrepancy includes but is not limited to:
   a) Incorrect numbered seal
   b) Broken seals
   c) Inaccurate documentation on pharmacy record
   d) Missing medications
   e) Improperly or incorrectly vended medications

3) If the discrepancy involves an incorrect seal number, broken or missing seal, the box shall be inventoried and contents shall be verified.
4) The pharmacy team or Assistant Chief shall complete a written report and initiate a review of the discrepancy. Once complete, the completed forms shall be submitted to the Fire Chief and the Medical Director for review and follow-up.

**REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCE:**

1) Upon suspicion of any loss or theft of a controlled substance, the Fire Chief (or designee) and the medical director shall be notified immediately.
2) The Medical Director or Fire Chief or designee shall notify the DEA, Iowa Bureau of Emergency and Trauma Services and the Polk City Police Department.
3) The Medical Director, Fire Chief or pharmacy team member shall report in writing to the Iowa Pharmacy Board on forms provided by the board or as directed by the board, any theft or significant loss of any controlled substance. The report shall be submitted to the board office within two weeks of the discovery of the theft or loss. A copy of the report shall be maintained at the primary program site and the Designated Pharmacy.

**TRAINING**

EMT's and Paramedics will receive appropriate training in this procedure, pharmacy agreement, and the medications carried by this department as identified below:

1) Initial orientation to the department.
2) Annual protocol in-service.
3) When new medications are added to the system.