Policy Statements

Current hospital policy defines a procedure for administering medications outside of approved guidelines in special circumstances after evaluation and approval by a physician, nurse, and pharmacist. Special circumstances may include; a medication required to be given by a dose, route, concentration, or rate that is not approved in the hospital or in a particular area of the hospital. This procedure will specify the method of administration, and patient monitoring requirements while the medication is being administered. In addition the procedure will identify any additional resources that will be needed to administer and monitor this medication safely in this setting.

Purpose

Hospital medication policies are created to identify the safest use of medications with the anticipated patient requirements, considering the resources that would be expected to normally be available within the organization. Occasionally there are circumstances that arise when a medication is requested to be administered outside of the usual guidelines or in a specific area designated for administration. In these circumstances, a mechanism for incorporating the perspectives of Nursing, Medicine, and Pharmacy and documenting the details of how to safely administer the medication and monitor the patient is required.

Procedure

Physician (Prescriber) Responsibilities

- Physician identifies a patient circumstance in which a patient specific authorization is required.
- Physician notifies nursing and pharmacy staff involved in patient care and presents request.
- When the patient is being transferred, both the physician responsible in the transferring area of care and the physician accepting the patient, must discuss and develop the ongoing care plan for the patient. Two physician signatures are required in this circumstance.
- Physician(s) sign the authorization form (appendix A), outlining the ongoing care plan.

Nursing Responsibilities

- Nursing representative (the Clinical Nurse Leader or delegate involved in ongoing care setting) will evaluate the implications for nurse management of the patient in discussion with physician and pharmacist.
- Sign the authorization form (appendix A).

Pharmacists Responsibilities

- Clinical Pharmacist for ongoing care setting will identify and document any administration and monitoring requirements in consultation with physician and nurse.
- Clinical Pharmacist for ongoing care setting (or delegate) will sign the authorization form (appendix A); provide a copy for the chart and a copy for the pharmacy dispensary.
PATIENT SPECIFIC AUTHORIZATION FOR ADMINISTRATION
(FORMERLY INTERIM POLICY)

DOCUMENT TYPE: POLICY

INTERIM MEDICATION AUTHORIZATION

Name: ____________________________ Date: ____________________________

MRN: ____________________________ Ward: ____________________________

Weight: ____________________________

Medication name and dose: ____________________________

Medication route: ____________________________

Change from existing policy: ____________________________

Rationale for change from existing policy: ____________________________

Guidelines for medication use in this patient:
Administration guidelines (eg. dilution, rate, special instructions):

Monitoring requirements: ____________________________

Special precautions: ____________________________

Policy change discussed with and agreed to by:

Physician (ongoing care unit): ____________________________
Print Name: ____________________________
Signature: ____________________________

Physician (transferring unit): ____________________________
*where applicable
Print Name: ____________________________
Signature: ____________________________

Clinical nurse leader: ____________________________
Print Name: ____________________________
Signature: ____________________________

Clinical pharmacist: ____________________________
Print Name: ____________________________
Signature: ____________________________

**This Interim Medication Authorization applies to the stated patient only and for this
hospital admission only**
Version History

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<td>09-Apr-2019</td>
<td>C-0506-11-60287 Patient Specific Authorization for Administration</td>
<td>Approved at: Pharmacy Therapeutics &amp; Nutrition Committee</td>
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