AUTOMATED DISPENSING CABINETS – MEDICATION REMOVAL AND ADMINISTRATION

POLICY

Medication administration must be within the employee’s professional scope of practice.

All medication orders will be reviewed by a pharmacist prior to administration of the drug except in situations in which the physician controls the ordering, preparation, and administration of the drug (e.g. in OR/Anesthesia, Emergency Department, Women’s Hospital Post Partum Units) or when the delay in medication administration would result in harming the patient.

Review of the physician’s order by the pharmacist is a critical step in ensuring safe and effective drug therapy. Pharmacists’ review of medication orders includes checking the order against known allergies, reviewing appropriateness of prescribed dose and evaluating potential for drug interactions. When the medication is not reviewed by a pharmacist it is the nurse's responsibility to perform these checks prior to administering the medication.

PROCEDURES

Refer to the Quick Reference Guide for how to perform the tasks.

REMOVING MEDICATIONS FROM ADC

PROFILED NURSING UNITS

1. In clinical areas where ADCs are designated as “Profiled”, medication orders are reviewed by a pharmacist who creates a medication profile that is visible in the ADC as patient’s Active Medication Orders. Only medications that are stocked in the ADC are displayed on the Active Medication Orders list. Patient specific medications stored in patient drawers are not included.

NON PROFILED NURSING UNITS

2. In clinical areas where ADCs are designated as “Non-profiled”, all medications will be removed under Stocked Medication screen as orders are not processed by a pharmacist (e.g. Operating Room, Emergency Department, Intensive Care Unit)

3. Medications are removed under the patient who will receive the medication.

4. Medications are removed for one patient at a time.

5. Only the required amount of medication is removed for each administration time.

6. Distractions should be reduced whenever possible (i.e. do not answer phone or participate in social exchanges with colleagues, patients or family members at or near the ADC).

7. Medications removed from ADC are checked that the name, concentration, dose, and dosage form on the label matches the name, concentration, dose and dosage form described on the physician’s order or MAR. In addition, medications are checked for the expiry date on the package.

REFRIGERATED ITEMS IN NON-ADC FRIDGES

8. Items stored in unlocked fridges will be set up as Remote Stock.

REFRIGERATED ITEMS IN FRIDGES WITH FLEXLOCK

9. Items stored in fridges with FlexLock are accessed via standard medication removal procedures.
MULTI-DOSE MEDICATIONS CHARGED OUT BY BOTTLE OR OTHER TYPE OF CONTAINER
10. Multi-dose medications charged out per whole container (e.g. acetaminophen liquid) are removed from ADC under one patient and then used for multiple patients. Containers are kept outside ADC until used up.

MULTI-DOSE MEDICATIONS CHARGED OUT BY MILLILITER
11. Multi-dose medications charged out by milliliter (e.g. ranitidine liquid in select areas) are removed dose by dose and the bottle is returned to the ADC bin.

OVERRIDE/STOCKED MEDICATIONS

12. Override medications are medications on Profiled Nursing Units that can be accessed by nursing staff before they are reviewed by a pharmacist. Override medications are found under “Stocked Medications”. Patient safety is considered in all decisions involving Override medications.

13. Override medications include the following categories of medications:
   • PRN medications for multiple routes or not entered on medication profile (e.g. acetaminophen liquid, emla cream, lanolin cream)
   • Select Stat medications (e.g. antibiotics used in the sepsis protocol, some antipsychotic medications)
   • Emergency medications (e.g. antidotes, rescue medications)
   • All narcotic and controlled drugs

14. Requests for additions to the Override List will be made to the Nursing-Pharmacy Liaison Committee. Contact a member of the committee or a Pharmacy Supervisor.

CRITICAL OVERRIDE/STOCKED MEDICATIONS

15. After pharmacy hours, ADCs on Profile Units are switched to critical override status (from 11:30 PM to 7:00 AM), when all medications stored in ADCs can be accessed without a pharmacist checking the order.

RETURNED MEDICATIONS

16. Medication removed from an ADC and not used will be returned to the ADC provided the medication is in the original packaging.

17. Returned medications are never placed back to their original bin in ADC. They can only be placed in the Return Bin.

18. Medications removed and not in the original packaging will be wasted.

19. The Return Bin is emptied at regular intervals by the Pharmacy Department.

20. Items too large to fit in the Return Bin will be placed in the “Return to Pharmacy” bin located in the Med Room for pharmacy to retrieve. If the item is a narcotic or controlled drug, it must be hand delivered to the Pharmacy Department.
TEMPORARY PATIENTS

21. Patients are listed on the ADC screen on a Local List – list of patients in a specific nursing area, or on a Global List – list of patients in the hospital.

22. If a patient is not listed on the Local or Global List, they can be entered manually as a temporary patient:
   - Patient’s name is entered as LAST name, FIRST name.
   - For Patient ID, enter the MRN
   - If the MRN is not available, enter UNKNOWN

23. Temporary patients will stay in the system for four hours.

REFERENCES


