

OREGON STATE HOSPITAL

POLICY

SECTION 10: Medications **POLICY: 10.004**

SUBJECT: Override Process for Medications
in Emergency Situations

POINT PERSON: Director of Pharmacy

APPROVED: Dolores Matteucci **DATE: MAY 5, 2023**
Superintendent

SELECT ONE: New policy Minor/technical revision of
existing policy
 Reaffirmation of existing policy Major revision of existing policy

I. PURPOSE AND APPLICABILITY

A. To ensure medications are always readily and safely available for use at Oregon State Hospital (OSH), this policy:

1. Establishes situations when is it appropriate for staff to retrieve and administer emergency medications from Automated Dispensing Cabinets (ADC) and Emergency Kits (E-Kits) outside of established routine medication dispensing and administration processes;
2. Establishes procedures for staff to retrieve emergency medications outside of established routine medication dispensing and administration processes during appropriate situations as defined in this policy; and
3. Defines medications that may be retrieved and administered outside established routine medication dispensing and administration processes.

B. This policy applies to all staff who order, dispense, or administer medications.

II. POLICY

A. Routine medication dispensing and administration processes are established in related OSH policies and Pharmacy and Nursing department protocols, including, but not limited to those listed in section VI of this policy.

B. OSH recognizes that not following established routine medication and administration processes carries risk and may bypass safety checks. Therefore:

1. Staff may bypass Pharmacy medication review and administer emergency medications without a pharmacist's verification **only** in an emergency situation.
 - a. Emergency situations include emergency medical conditions, behavioral emergencies, or other situations when waiting for a pharmacist's verification to administer a medication may be detrimental to a patient.
 - b. A practitioner must determine that delaying medication administration to wait for a pharmacist's verification may be detrimental to the patient. The medication order and determination to bypass Pharmacy review must be documented in the patient's electronic medical record by STAT medication order.
2. Pharmacy staff must review emergency medication administration within the next business day after medication administration.
3. Other non-emergency situations, including urgent situations, do not warrant bypassing Pharmacy medication review and verification. Urgent situations may include, but are not limited to, newly received medication orders that must be reviewed and verified quickly by Pharmacy staff to meet patient needs (e.g., a patient requests a pain medication for a headache). Staff may contact the Pharmacy or on-call pharmacist after hours to request order prioritization in such situations.
- C. Staff must follow Procedures A to retrieve emergency medications from ADCs and from E-Kits when authorized in emergency situations.
- D. Emergency medications are as listed in Attachment A and Attachment B. Medications not listed on Attachment A or Attachment B require Pharmacy verification before administration, even in emergency situations.
- E. Staff must complete incident reports as appropriate per OSH policy 1.003, "Incident Reporting."
- F. Staff must complete medication variance reports per department protocols (Nursing 2.080 Medication Errors and Pharmacy protocol 13.003 Medication Error Reporting) when there are any errors with the medication administration process in emergency situations.
- G. Oregon State Hospital (OSH) follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and

relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.

H. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

- A. "Automated Dispensing Cabinet (ADC)" means a secure and computerized medication storage cabinet interfaced with the electronic health record and designed to control distribution of medication.
- B. "Behavioral emergency" in this policy means a situation in which a patient presents an imminent danger of harm to self or others, and a practitioner has determined that delaying medication administration could be detrimental to the patient.
- C. "Emergency Kit (E-Kit)" means a secure, portable container that stores specific medications that are used to treat patients in emergency situations.
- D. "Emergency medical condition" is as defined in OSH policy 8.002, "Emergency Care Provided by OSH." Emergency medical condition is as defined in 42 C.F.R. §489.24 and means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the health of the individual in serious jeopardy;
 2. Serious impairment to bodily functions; or
 3. Serious dysfunction of any bodily organ or part.
- E. "Emergency medication" means a medication that is authorized to be retrieved and administered to a patient prior to Pharmacy review and verification in an emergency situation.
- F. "Medication(s)" mean those chemical compounds that may be administered to humans to aid in the diagnosis, treatment, or prevention of disease or other abnormal condition as well as to relieve pain or suffering.
- G. "Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).

- H. "STAT medication order" means a medication that is authorized to be administered on override in an emergency situation or within 30 minutes if the medication is not on the approved override list.
- I. "Urgent situation" in this policy means a situation where a practitioner has determined that delaying medication may not be detrimental to a patient, but quick staff action is still necessary to meet patient needs.

IV. PROCEDURES

Procedures A Emergency Use of Medications from Automatic Dispensing Cabinets (ADCs) and Emergency Kits (E-Kits)

V. ATTACHMENTS

Attachment A Emergency Medications Stocked in Automatic Dispensing Cabinets (ADCs)

Attachment B Emergency Medications Stocked in Emergency Kits (E-Kits)

VI. RELATED OSH POLICIES AND PROTOCOLS

2.018 Complete Medical Record

6.055 Medication Management

6.062 Epinephrine Outside the Secure Perimeter

8.002 Emergency Care Provided by OSH

8.038 Code Blue Medical Emergency

Medical protocol 1.002 Orders

Nursing protocol 2.060 Medication Administration

Nursing protocol 2.070 Medication – Administration of PRN

Nursing protocol 2.080 Medication Errors

Nursing protocol 2.090 Medication Storage and Security

Nursing protocol 2.100 Security, Control, Documentation of Controlled Medications

Nursing protocol 2.115 Orders – Practitioner

Nursing protocol 2.125 After-Hours Access to Patient Medications

Nursing protocol 2.154 Communication with OSH Providers Regarding Patient Medical Issues

Nursing protocol 2.155 SBAR Communication

Pharmacy protocol 1.007 ADC User Acceptance Form (UAF), Processing, and ADC Utilization

Pharmacy protocol 1.010 ADC Inventory Maintenance

Pharmacy protocol 1.011 ADC (OmniTech) Monitoring Standard Work

Pharmacy protocol 4.008 Drug Utilization Review

Pharmacy protocol 5.001 Emergency Medication Kits Tackle Box

Pharmacy protocol 5.002 Emergency or After-Hours Provision of Medication

Pharmacy protocol 5.008 Emergency Medication Inventory in ADC

Pharmacy protocol 13.003 Medication Error Reporting

Pharmacy protocol 13.015 Medication Orders – Required Elements

Pharmacy protocol 15.003 Order Verification and Dispensing

Pharmacy protocol 15.005 Override Medications

Pharmacy protocol 16.010 Patient Specific Medication

Pharmacy - Automated Dispensing Cabinet (ADC) User Access and Acceptance Form [Form]

VII. REFERENCES

42 C.F.R. § 482.23(c)(1).

42 C.F.R. § 482.25(b).

42 C.F.R. § 489.24.

Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for behavioral health and human services. MM 03.01.03. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for behavioral health and human services. MM 05.01.01 (EP1). Oakbrook Terrace, IL: Author.

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Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for behavioral health and human services. MM 06.01.01 (EP3). Oakbrook Terrace, IL: Author.

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Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for hospitals, MM 06.01.01 (EP3). Oakbrook Terrace, IL: Author.

Oregon Administrative Rule § 309-035-0215(5).

Oregon Administrative Rule § 333-071-0530.