

Standard Intent:

When emergency arise, the immediate availability and accessibility of emergency medications becomes very crucial. The hospital should have a process to secure such medications from theft or loss. Medication-loaded crash carts and emergency medical bags are commonly used in hospital setting. Hospitals are expected to ensure availability and security of adequate and valid supply of all emergency medications. Collaboration between nursing and pharmacy is strongly recommended to monitor emergency medication and replenish them in timely fashion after being consumed. The use of tamper-evident plastic seals allows for quick access to the contents of a crash cart or emergency medical bag as they can be easily broken by hand.

MM.16 The hospital has a safe and secure system for managing medications in the patient care areas.

- MM.16.1 The hospital implements a multidisciplinary policy and procedure on medications assignment as floor stocks in limited quantities according to the needs of each service unit.
 - MM.16.2 Anesthesia reversal agents are available in operating rooms and areas where moderate or deep sedation is performed.
 - MM.16.3 Oxytocics are available in the labor and delivery unit.
 - MM.16.4 Benzodiazepine and narcotics antagonists are available in all patient care areas where benzodiazepines and narcotics are stocked.
 - MM.16.5 All medications in the patient care areas are well separated and properly labeled.
 - MM.16.6 Concentrated electrolytes are not allowed in patient care areas (unless patient safety necessitates their immediate use). All necessary precautions and separate locked cabinet with proper signage are in place to prevent inadvertent administration of concentrated electrolytes.
-

Standard Intent:

In addition to emergency medication, patient care units in different areas of the hospital should keep limited stock of urgent medications such as anesthesia reversal agents in areas where anesthesia is administered; STAT doses of benzodiazepine and narcotics anti-dotes where benzodiazepine and narcotics are stocked and used; STAT doses of pain killers or antispasmodics or anti-emetics where waiting for pharmacy dispensing would have negative impact on patient management. Cytotoxics should be stocked in labor and delivery units. To prevent medication errors, adult doses should not be stocked in pediatric units as much as possible.

Floor stock may include simple pharmaceuticals that do not require immediate and intensive pharmacy intervention such as plain intravenous fluids such as normal saline and dextrose 5% water. Concentrated electrolytes pose a fatal threat to patients. When they are available on a patient care unit, it is far too easy for someone to accidentally administer the concentrated material without first diluting it in solution, especially during an emergency. Concentrated electrolytes shall not be allowed in patient care units unless absolutely necessary to have it in certain nursing units while the pharmacy is closed. In such case all necessary precautions should be taken to prevent serious medication errors secondary to its use. Several reports of medication errors have been linked to floor stock pharmaceuticals. Floor stock pharmaceuticals should not be considered a replacement of pharmacy services.

MM.17 There is a system to identify all medications brought into the hospital by patients or their families.

- MM.17.1 The hospital implements a multidisciplinary policy and procedure on handling medications brought into the hospital by patients or their families (patient's own medications).
- MM.17.2 Patient's own medications are checked for integrity and properly labeled if permitted for use, by a qualified pharmacist.
- MM.17.3 There is proper documentation of patient's own medications in the medical record (ordering, dispensing, and administration records).
- MM.17.4 When patient's own medication is not permitted, both patient and prescriber are informed.

Standard Intent:

The medications prescribed for and administered to patients while they are hospitalized are typically provided by the hospital's pharmaceutical care department. However, there are times when it may be necessary for a patient to bring his or her own medications into the hospital to take accurate medication reconciliation. Since the integrity and quality of medications brought from home can't always be guaranteed, it is generally discouraged to utilize such stock during hospital stay. In rare occasion, the prescribed drug may not be on the hospital's formulary and the hospital has no therapeutic alternative, the patients' personal medications may be used to avoid an interruption in therapy. In such case, a qualified pharmacist must evaluate quality and integrity of patient own medication before being approved for use and both patient and treating physician should be informed. All unused (not prescribed) patient's own medications shall be returned to the patient family or kept in the pharmacy until the time of patient discharge. Proper storage condition has direct effect of safety and efficacy of medications.