ARTICLE XII

PHARMACY

12.1 General Rules

(a) All medications distributed by the Pharmacy and administered to patients within the hospital must be approved by the Food and Drug Administration, with the exception of drugs approved for investigational use by the Institutional Research Board (IRB) in full accordance and consistent with the Hospital's Policy on Investigational Drugs and state and federal law. All drugs maintained by the Pharmacy must be obtained through licensed distributors. It is urged that the generic name be used when possible when ordering drugs. A formulary with the drugs available from the Pharmacy shall be available through the electronic medical record, and such formulary updated at least annually.

(b) Only registered nurses, registered pharmacists, pharmacy technicians, authorized dentists, or physicians may add drugs to solutions intended for intravenous use. Each dose of every drug administered must be individually recorded on the patient's chart by the nurse who administered the drug or who witnessed administration by the authorized dentist, physician, podiatrist, or prescribing practitioner. In a case of the latter, the nurse should indicate the name of the authorized dentist, physician, podiatrist, or prescribing practitioner who administered the drug.

12.2 Medication Brought to the Hospital By Patient

(a) Drugs brought to the Hospital by a patient should be identified as to drug name and strength by an appropriately credentialed physician, dentist, podiatrist, or a pharmacist. The drug name and strength must be noted in the patient's chart. These drugs should be sent home with the patient's representative.

(b) The use of a drug(s) brought from home by a patient may be permitted provided the drug has been identified pursuant to subsection (a) above and is specifically ordered by the attending physician, dentist, podiatrist, or prescribing practitioner in the following situations:

1. use as an interim dose(s) until a supply is obtained by the Pharmacy; or
2. use in those situations when the drug cannot be obtained by the Pharmacy or must be ordered in an unusually large quantity or is extremely expensive; or
3. use if the patient's medication is contained in the original manufacturer's sealed package or blister package (e.g., birth control pills); and or

4. IND drugs after IRB approval.

(c) In situations where drugs or medications brought into the Hospital by a patient cannot be identified, and if, in the judgment of the attending physician, dentist, podiatrist, prescribing practitioner, or critical care physician, omitting a dose might cause the patient harm, an interim dose(s) may be given as ordered by the physician, dentist, podiatrist, or prescribing practitioner until an alternative treatment is initiated.

12.3 Adverse Drug Reactions

All adverse drug reactions shall be reported to the prescribing and attending Practitioner. Any adverse drug reaction attested to by the Practitioner shall be immediately noted on the patient's medical record. The attending physician shall be made aware of Adverse Drug Reaction (ADR). When the attending physician is unavailable, the covering physician will be notified.

12.4 Who May Administer Drugs

(a) Any person administering medication shall be appropriately licensed/certified or under the supervision of appropriately licensed personnel.

(b) All registered nurses shall be permitted to give medications by any route, including intravenously; per their scope of practice and job description. Any exceptions to this provision must be approved by the Clinical Services Committee.

(c) Individuals with specific authorization to administer diagnostic agents by intravenous infusion or intravenous push in nuclear medicine and radiology may do so under the supervision of a physician pursuant to state law. A list of individuals authorized to perform this function shall be maintained in the respective Radiology departments.

12.5 Self-Administered Drugs

(a) The self-administration of medications by adult in-patients will be permitted only when specifically ordered by the attending physician, dentist, podiatrist, or prescribing practitioner and shall be routinely limited to these categories of medications:

(1) Antacids

(2) Anti-anginal Agents

(3) External Medications such as Creams, Lotions, Ointments

(4) Eye, Ear and Nose Drops

(5) Oral Contraceptives

(6) Analgesics by PCA Pump

(7) Nicotine supplements

(8) Herbal supplements will be discontinued during the hospital stay

(9) Patients on Rehab

(b) Physicians, dentists, podiatrists, other prescribing practitioners and nursing personnel must assess the patient's ability to administer his own medications. The physician, dentist, podiatrist, or prescribing practitioner must indicate on the electronic medical record that approval has been granted for the self- administration of medication.

(c) Nursing personnel will make every effort to make certain that these medications are kept within close reach of the patient but not accessible to the general patient populations.

(d) Nursing personnel will monitor the administration of the medication and will insure that it is properly stored.

(e) The self-administration of other medication by adult in-patients is discouraged unless it is a part of their treatment plan. All medication ordered for the patient must be administered by nursing personnel in accordance with written medication policy except as above. An exception to this rule is the approved self-medication program for the Rehabilitation Unit where self-administration serves as a training program and as a motivator for self-care for the patient.

12.6 Stop Orders

Clinical Services Committee may identify high risk medications that are automatically discontinued.

12.7 Use of Investigational Drugs

(a) Drugs approved by the Food and Drug Administration for investigational use may only be used in the Hospital with the approval of the Institutional Research Board (IRB) and Clinical Services Committee. The IRB and Clinical Services Committee shall not approve the use of any investigational drug until the Practitioner proposing the use of the drug has informed the IRB and Clinical Services Committee concerning the pharmacologic and therapeutic properties of the drug, the general protocol for the use of the drug, an informed consent procedure and form, as well as any other pertinent information.

(b) If an investigational drug is approved for use by the IRB and Clinical Services Committee that approval shall be given for a time period determined by the IRB and Clinical Services Committee, which shall be consistent with time periods specified by Federal regulations. If it is desired that the time period for use of an investigational drug be extended, the Practitioner desiring the extension must seek new approval from the IRB and Clinical Services Committee as provided in sub-section (a) above of this section.

(c) Before an approved investigational drug may be used, the Practitioner must first obtain the written informed consent of the patient or patient's legal representative.

(d) All investigational drugs will be controlled through the Pharmacy where they shall be dispensed only in accordance with the specific procedures set forth by the Clinical Services Committee unless otherwise set forth by the protocol. A complete dispensing record will be kept in the Pharmacy. The Pharmacy shall also be responsible for communicating all pertinent information concerning an investigational drug to nurses involved in the use of the drug prior to its administration to a patient.

12.8 Dispensing From Emergency Department

Medications are not routinely dispensed from the Emergency Department. To provide Emergency Department patients adequate pharmaceutical care, medication not to exceed a twenty-four (24) hour supply may be dispensed by the Emergency Room Physician when a pharmacy is not available. Medications shall be provided in accordance with proper packaging and labeling.

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