

TRINITY MEDICAL CENTER (E/W)

INTERDEPARTMENTAL POLICY

POLICY NO. TX-18 PAGE 1 OF 1 SUBJECT USE OF APPROVED DRUGS FOR  
DATE OF ORIGIN SEPTEMBER, 1999 NON-FDA APPROVED USE  
DATE OF REVISION MAY, 2004 FUNCTION CARE OF THE PATIENT  
DATE OF REVIEW MARCH, 2006 APPROVAL SIGNATURE ON FILE

USE OF APPROVED DRUGS FOR NON-FDA APPROVED USE (E/W)

I. **PURPOSE.** The Pharmacy will monitor the safe and effective use of medication in the Medical Center. It is the responsibility of the Pharmacy Department to notify the Medical Staff of any questionable or inappropriate use of medications.

II. **PROCEDURE.**

- A. The use of medication in a manner which is not consistent with Food and Drug Administration (FDA) - approved indication or supported in standard medical literature references shall be documented by the pharmacist in the Medical Center's Meditech Pharmacy module. (Mnemonic = unlabeled "not FDA approved" medication).

The prescribing physician shall provide literature or other documentation supporting the use of that drug for such indications.

The Pharmacy Department will provide the medication if supporting documentation is valid in determining the medication as safe and effective.

- B. All cases will be reported and reviewed by the Pharmacy and Therapeutics Committee.
- C. The Pharmacy reserves the right to withhold any medication if it is suspected that administration of the drug or dose may cause harmful effects to the patient. Situations where a medication is withheld shall be reported as soon as possible to the Director of Pharmacy and the Pharmacy and Therapeutics Chairperson.

**Approval:** Pharmacy & Therapeutics Committee - May 20, 2004; March 2006.  
Medical Executive Committee August 21, 2002

TRINITY MEDICAL CENTER (E/W)

INTERDEPARTMENTAL POLICY

POLICY NO. TX-59 PAGE 1 OF 2 SUBJECT HIGH-ALERT/HIGH-RISK DRUGS  
DATE OF ORIGIN MARCH, 2004  
DATE OF REVISION OCTOBER, 2007 FUNCTION CARE OF THE PATIENT  
DATE OF REVIEW \_\_\_\_\_ APPROVAL SIGNATURE ON FILE

HIGH-ALERT/HIGH-RISK DRUGS (E/W)

I. POLICY.

The Pharmacy & Therapeutics Committee, on an ongoing basis, reviews Medical Center medication utilization data, medication error patterns, adverse reaction report trends and other internal data, together with external information from the Institute for Safe Medication Practices (ISMP), the United States Pharmacopeia (USP), the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and other authoritative sources to identify high-risk/high-alert medications which require special management. Additionally, selection of medications for the Formulary will consider the overall risk potential of an agent and whether it should be considered high-alert/high-risk. Medications that the Pharmacy & Therapeutics Committee has deemed to be high-risk or high-alert are as follows:

- Controlled medications
- Concentrated electrolyte solutions
- Antineoplastic medications
- Insulin
- Look-alike/sound-alike medications
- Restricted use medications
- Medications administered via epidural or femoral nerve block catheter

II. PROCEDURE.

To reduce the risk of dispensing errors of designated high-risk, high-alert medications, each category is managed by specific policy, procedure, or specific guidelines.

<u>High-Risk/High-Alert Category</u>	<u>Policy/Procedure/Guideline</u>
<b>Controlled medications</b>	Interdepartmental Policy TX-17, "Controlled Substances"
<b>Concentrated electrolyte solutions</b>	Pharmacy Departmental Policy PH.28, "Concentrated Electrolytes Solutions"

FUNCTION CARE OF THE PATIENT

**Antineoplastic medications**

Pharmacy Departmental Policy  
PH-27, "Guidelines for Handling  
Hazardous Drugs"  
Interdepartmental Policy,  
EC-HAZ-14, "Hazardous Drug  
Safety"

**Insulin**

Interdepartmental Policy TX-20,  
"Medication Administration"

**Look-Alike/Sound-Alike medications**

Interdepartmental Policy TX-22,  
"Formulary System"

**Restricted use medications**

Formulary use restrictions as  
determined by the Pharmacy &  
Therapeutics Committee for each  
agent

**Medications administered via  
epidural or femoral catheter**

Nursing Departmental Policy  
M-04, "Medication  
Administration"  
Interdepartmental Policy TX-20,  
"Medication Administration"  
Interdepartmental Policy TX-92,  
"Continuous Femoral Nerve  
Block"

**Retepase (Retavase)**

**Alteplase (Activase)**

Nursing Departmental Policy  
Policy M-04, "Medication  
Administration"  
Interdepartmental Policy TX-20,  
"Medication Administration"

Developed in collaboration with Pharmacy and the Medical Staff.

Approved: Pharmacy & Therapeutics Committee - Nov 17, 2005; Oct 18, 2007.  
Medical Executive Committee - January 18, 2006