



Policy and Procedure Manual

Pharmacy Policies and Procedures Manual

The Pharmacy Policies and Procedures Manual, as distributed by Critical Care RX, LLC is based upon Federal and State guidelines and regulations.

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Mission Statement

Our Mission:

To provide medications, information, clinical expertise and comprehensive quality care to long-term care facilities, their residents, and those residents' families.

It is our purpose to provide to the facility quality care and service which enables the facility to provide and maintain the resident's optimum quality of life within the scope of the resident's physical and psychological well-being.

General Pharmacy Information

A. Address

Critical Care Rx, LLC
126 Oak Street
Peoria, IL 61602

B. Complete Store Hours

Monday – Friday	9am – 5:00pm	9am – 3pm (refills) 9am – 4pm (new orders)
Saturday	9am – 1pm	9am – 1pm (refills/new orders)
Sunday	Emergency Only!	

Holiday hours: Written notice will be sent in the event that holiday hours will differ from regular business hours.

C. Telephone:

In town	309-690-7790	During business hours
	309-655-0015	After hours emergency
Out of town	833-532-0966	During business hours
	866-716-4616	After hours emergency
Fax number	866-385-4948	24 hours a day

D. Refills:

Monday – Friday by 3pm
Saturday by 1pm

Refills after above time will be sent with the next day's delivery unless the nurse indicates in writing AND by telephone that it is needed that day. Refills are to be written on a *Pharmacy Communication Form* indicating the resident's full first and last name, prescription number and name of item to be refilled or the refill sticker pulled and put on a *Refill Reorder Form*. These forms are to be faxed to the pharmacy.

E. New Orders:

Monday – Friday by 4pm
Saturday by 1pm
Sunday Emergency ONLY

New orders after above times will be sent with next day's delivery unless the nurse indicates in writing AND by telephone that the order is needed that day. New orders

may be written on the *Pharmacy Communication Form*, the Physician Order Sheet, on telephone order forms, or the original hardcopy prescription may be sent.

F. New Admits:

We recommend doing as much pre-admission planning as possible. Please avoid sending all hospital paperwork as they may contain erroneous information. Consider sending hospital discharge med list as this may aid in medication reconciliation and error prevention. Please be proactive in seeking prescriptions for any controlled substances needed for new admits. Please send any medications orders for new admits as soon as available. Do not wait for resident to arrive at facility.

G. Fax Machine:

All orders are to be faxed to reduce potential of errors and provide pharmacy with original copy of order. Please use one sheet at a time and make notations if something is to be added to the MAR but not sent. Fax ALL orders to the pharmacy even if medication is not to be sent (ie – stock, own supply, etc). When preparing documents to be faxed, use black ink only. A faxed page of orders should be noted with the date, time and initials of faxing individual. Subsequent orders should be written on a new page. Consider keeping fax confirmations to verify that fax was sent successfully at such certain date and time. For Emergency Orders, ALWAYS call emergency orders along with faxing.

Repairs on fax machines that are the property of the pharmacy can only be authorized by the pharmacy. The pharmacy is to be notified of malfunction of the fax machine as soon as possible.

H. Delivery:

Upon delivery, the employee nurse will sign, date, and time the delivery manifest. Controlled substances must be checked by receiving employee nurse upon delivery. (Once controlled substances are accepted at delivery, they may not be returned to pharmacy.) The employee nurse will have 24 hours to check the remainder of the order. Any discrepancy should be reported to the pharmacy as soon as possible. Receipt of Stat Safe medications must be verified at the time of delivery as well.

Quality Assurance Committee

Pharmaceutical services are under the direction and supervision of the Registered Pharmacist provided by Critical Care RX, LLC.

The organization of the Quality Assurance (QA) Committee in the facility shall at least consist of the Consultant Pharmacist, the Director of Nursing Services, the Health Services Supervisor, the Administrator, and one Physician.

The function of the pharmaceutical QA Committee shall be to ensure that medications are handled in this facility in a manner that protects the safety and welfare of the patient. In addition, the Committee shall recognize the interdependence of the medical care team members in the facility who participate in the acts associated with medication treatment and usage. Lastly, the committee shall set forth the policies and procedures of the facility as related to all facets of medication handling.

The Committee shall meet at least quarterly and will document its activities, findings, and recommendations. The committee secretary shall be a member of the facility's staff.

Minutes will be taken at each meeting. The minutes shall include the date of the meeting, members present, duration of the meeting, topics discussed and actions taken.

Physician's Orders

- A. All medications, including non-legend medications (cathartics, headache remedies, vitamins, etc.) shall be given only upon the written order of the physician. All such orders shall have the handwritten or electronic signature of the physician. These medications shall be given as prescribed by the physician and at the designated time.
- B. When necessary, telephone orders may be taken by a Registered Nurse or License Practical Nurse. All such orders shall be immediately written on the *Physician Order Sheet* or Electronic Medical Record (EMR) and a *Telephone Order Form*, and signed by the physician within ten working days.
- C. The physician's order shall be recorded legibly and include date, name of medication, dosage, route, time of administration and if applicable, the length of time the patient is to receive the medication. A medication order not specifically limiting the time or number of doses shall be stopped in accordance with the facility's *Automatic Stop Order Policy*. The recording nurse may also include the medication order's indication, which may aid in reducing medications errors.
- D. New orders may be communicated by fax, phone or electronically to the pharmacy. The pharmacy can only accept orders from licensed nursing personnel or directly from the prescribers.
- E. Critical Care RX, LLC provides 24-hour service to the facility for emergency orders. STAT orders for emergency drugs will be delivered as soon as possible.
- F. All medication to be released to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time, should be approved by the physician. The unit dose bingo cards as well as any bulk medications may be sent with the resident at time of discharge with a physician's order. A notation of disposition of such medication should be entered in the resident's clinical record.
- G. Critical Care RX, LLC provides intravenous (IV) medication, solutions, and supplies to skilled nursing facilities via Bioscrip Infusion Services. Often, IV medications require the pharmacist to perform various calculations to ensure appropriate drug, dose and frequency. All new IV orders need to include: patient name, age, gender, height, weight, drug allergies, diagnosis for IV medication, last dose (if applicable), and any recent labs (serum creatinine, BUN, culture results, etc). Supplies to administer IV therapy will be sent with IV medications unless otherwise indicated.

Drug Labeling

- A. The label of each individual container shall clearly indicate the resident's full name, physician's name, prescription number, name and strength of drug, directions for administration, date of issue, the initials of the pharmacist filling the prescription, and the amount of medication contained in each individual prescription. In addition, the pharmacy's name, address, and telephone number shall be on all prescription labels.
- B. Only the pharmacist, or authorized pharmacy personnel under the direct supervision of the pharmacist, may prepare a pharmacy label or make label changes. The only change allowed on the pharmacy label that does not need pharmacy approval is the patient's room number.
- C. All controlled substances are stamped with a red "C". In the event there is a direction change, follow *Medication Direction Change* procedure as appropriate per facility policy. If the controlled substance qualifies under section C of the *Medication Direction Change* procedures, utilize enough of the current supply to satisfy the new directions. **Federal Law prohibits the pharmacy from crediting the resident or returning controlled medication to pharmacy stock.** Unused controlled substances must be destroyed at the facility by 2 licensed personnel.
- D. Medication containers having soiled, damaged, incomplete, illegible or makeshift labels, shall be returned to the issuing pharmacy for disposal. Medication having no labels should be destroyed in accordance with Federal and State laws.
- E. Medication prescribed for a resident and so labeled shall not be administered to another resident. Federal law prohibits the transfer of a prescription to any person other than the patient for whom prescribed.
- F. Each floor stock container shall bear the name and strength of the medication, lot and control number, expiration date (when applicable), and any other appropriate accessory or cautionary statement.
- G. The facility shall not maintain a stock supply of controlled or legend drugs, except for those in the Stat Safe Machine. However, all medications in Stat Safe Machine remain the property of the pharmacy until prescribed for an individual resident.
- H. It is desirable that non-legend medications for individual patient use be handled in the same manner as legend medications. Under special circumstances these non-legend medications may be accepted without pharmacy prescription labeling. However, they must have the patient's name on the container.

Medication Direction Change

- A. Notify pharmacy when any change in a medication order has been made. This must be done in order to ensure accuracy of information on the resident's computer profile, printed POS sheets, and for medication orders to be accurate when refilled.
- B. If the medication, medication strength, or dosage form have changed, we will continue to follow the system and dispense a completely new set of medications and expect nursing to return the old non-controlled medications.
- C. If the medication, medication strength, and dosage form are the same but only the directions have changed, pharmacy will instruct nursing to utilize the remainder of the medications (including topical medications, insulin, etc) per facility policy. The facility should affix a "direction change" auxiliary label over the old directions so that they can no longer be read.
- D. Controlled substance direction change – refer to section "C" of "Drug Labeling" procedure.
- E. If the hour of administration (HOA) has changed but pharmacy is not dispensing any new medications continue to use current supply and make appropriate notation on MAR, POS, and any other place that might affect when the medication is given.
- F. Examples:
 - a. Physician changes Dilantin 100mg from BID (8am and 8pm) to TID (8am, 12noon, and 8pm). Pharmacy would instruct nursing to place "Direction Change" stickers over the label directions and pharmacy will dispense the new order when the current supply is exhausted.
 - b. Physician changes Dilantin 100mg from TID (8am, 12noon, 5pm) to BID (8am and 8pm). Pharmacy would instruct nursing to place "Direction Change" stickers over the label directions. Pharmacy will not dispense any medication until the current supply has been exhausted.
 - c. Physician orders Neosporin ointment to be applied twice daily to skin tear on knee. For same resident, nursing already has a tube of Neosporin ointment being applied BID to excoriation. Nursing will place a "Direction Change" sticker over the label directions. Pharmacy will not dispense an additional tube of Neosporin ointment. Nursing must update the MAR or Treatment Sheet with the current directions.

Storage and Return of Drugs

- A. Drug supplies for the facility shall be stored under proper conditions, sanitation, temperature, light, refrigeration, and moisture.
- B. Residents' medications shall be properly labeled and stored at or near the nurse's station in a locked cabinet, a locked medication room, or in one or more locked mobile medication carts of satisfactory design for such storage. All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored either in a locked room or otherwise made immobile.
- C. The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers.
- D. Biologicals or medications requiring refrigeration shall be kept in a separate securely fastened box within a refrigerator, locked refrigerator, or in a refrigerator within a locked room. Such refrigerator shall contain a thermometer to ensure proper temperature for medication storage. Refrigerators used for medication storage should not be used for personal storage of food/drinks.
- E. Medications for external use shall be kept in a separate area in the medication cabinet, medication room, or mobile medication cart.
- F. Ophthalmics, otics, inhalants, injectables, and external medication, such as transdermal patches, should be kept separated from each other by dividers in medication cart.
- G. All poisonous substances and other hazardous compounds such as transdermal patches should be kept separated from each other by dividers in a separate locked container away from medications.
- H. The medication cabinet, medication room, or mobile medication cart shall be the responsibility of the person authorized to handle and administer medications.
- I. Medications may be returned to Critical Care RX, LLC for proper disposition and crediting. The following items CANNOT be returned for credit or disposition: controlled substances (marked with a red "C"), refrigerated items that were not sent in cooler, tablets/capsules taped into bubbles, cards/bottles/boxes that have been written on or damaged, compounded ointments/creams/solutions, and IV's. Products opened or used should be sent with the patient upon discharge or destroyed at the facility (inhalers, liquids, topical products) due to infection control concerns.

- J. State and Federal regulations allow medications for residents who have been temporarily transferred to a hospital or who are on a temporary home visit, to be kept in the facility until such time as the resident expires or is discharged from the facility.
- K. In the event of a manufacturer, distributor, or FDA drug recall, involved lots of unit-dose packaged medications will be selectively recalled. All lots of repackaged bulk medications will be recalled. This recall shall be the responsibility of the pharmacist who will instruct the facility on specific procedures to be followed.
- L. IV pumps and poles are to be returned to the pharmacy as soon as IV therapy is completed. Facility should notify the pharmacy as soon as pump and pole are ready to be picked up. Pharmacy will send appropriate packing materials via the courier service for delivery of the IV pump back to the pharmacy.

Controlled Substances

- A. The Drug Enforcement Administration (DEA) is the Federal law enforcement agency charged with the responsibility for combating substance abuse. The DEA cooperates with the other Federal agencies, foreign as well as state and local government, private industry, and other organizations.
- B. The Controlled Substances Act of 1970 is a law that regulates the administration, manufacture, and distribution of controlled substances. The Act divides controlled substances into five schedules according to their potential for abuse.

Schedule I – substances that have no accepted medical use and have a high potential for abuse. Examples: heroin, LSD

Schedule II – substances that have a currently accepted medical use, but a high potential for abuse and can cause severe psychological or physical dependence. Examples: morphine, Demerol, Dexedrine, Ritalin, fentanyl, oxycodone, hydrocodone

Schedule III – substances with abuse potential less than Schedule II, but in which abuse may cause moderate to low physical dependence or high psychological dependence. Examples: acetaminophen with codeine.

Schedule IV – substances with abuse potential less than Schedule III, but in which abuse may cause limited physical or psychological dependence. Examples: benzodiazepines, zolpidem, phenobarbital, chloral hydrate, tramadol.

Schedule V – substances with low abuse potential in which abuse may cause limited dependence. Examples: cough syrups (Phenergan with codeine), Lyrica

- C. Controlled substances may only be dispensed pursuant to a prescription from a prescriber with a valid DEA number acting in the usual course of his/her professional practice and written for a legitimate medical purpose.
- D. Controlled substance prescriptions shall legibly contain the date written, resident's full first and last name, medication name, strength, dosage form, directions for use (including route and time of administration), quantity, refills (if CIII-CV), length of time patient is to receive medication (if possible), prescriber's name, address, DEA #, and written or electronic signature.
- E. The controlled substance prescription may be transcribed by the long-term care facility's employee nurse IF a "nurse-as-agent" contract agreement exists between the prescriber and the individual nurse. A copy of this agreement must be present and on file at the facility and the pharmacy.

Schedule II Drugs

- A. Individual medication records can serve as a record of the receipt and disposition of all controlled drugs where the unit dose and individual prescription drug distribution systems are used. However, Critical Care RX, LLC recommends that a *Controlled Substance Proof of Use Form* be utilized for all Schedule II drugs and that the form be maintained at the facility.
- B. On a routine basis, the Consultant Pharmacist or Consultant Nurse will verify the quantities on hand and the usage of all Schedule II medications in the facility. If a discrepancy is discovered, the Consultant will immediately notify the Director of Nursing and the Administrator. The pharmacist will assist them in implementing a control procedure.
- C. A separate *Controlled Substance Proof of Use Form* will be maintained for each Schedule II drug. When a Schedule II drug is dispensed by the pharmacy, a count sheet with the heading completed will accompany the drug. The nurse receiving the drug will physically count the amount of drugs received and verify on delivery manifest. The nurse will complete the sections: amount received, nurse's initials or name/signature, and the date received on the count sheet. The sheet will be kept as follows:
 - 1. Name of the nurse giving the medication using his/her full first and last name each time a dose is administered.
 - 2. Date dose administered.
 - 3. Time dose administered.
 - 4. Amount on hand before the dose is administered.
 - 5. Amount of drug administered.
 - 6. Amount of drug remaining after the dose is administered.
- D. The *Controlled Substance Proof of Use Form* will also be signed by two nurses at shift change, after they both have physically counted the amount remaining. Both signatures will go in the name of person giving column and the date and time filled in. Schedule II controlled substances shall be stored in such manner so that two (2) separate locks, using two (2) different keys, must be unlocked to obtain these substances. This may be accomplished by using a locked cabinet within a locked room.
- E. When the count sheet is full and drugs remain, a second count sheet will be started indicating it as page two (2). DO NOT use the back of the count sheet. All count sheets should be kept together until the drug is gone or discontinued. The *Controlled Substance Proof of Use Form* must be maintained by the facility for five (5) years.

F. When a controlled substance has been discontinued, a *Controlled Substance Destruction Form* is to be completed. The following information must be completed on the form:

1. Resident name – Enter the complete first and last name
2. Rx number – Use the number that appears at the top left side of the prescription label
3. Name of drug – Use the full name as it appears on the label. If the drug is generic or a substitute, use the name that is listed first
4. Strength – Indicate strength of drug used on label
5. Quantity – Indicate number of tablets, capsules, milliliters, ampules, vials left
6. Signatures – Two (2) licensed personnel must sign at the time of destruction

G. Drugs must be destroyed at the facility per facility policy. The medication should be destroyed according to the instructions in the package insert. Several medications require immediate flushing of the product down the toilet (e.g. fentanyl patches), per the manufacturer. If no information on disposal is provided in the package insert, follow FDA regulatory guidance on drug disposal options, such as mixing tablets in an unpalatable substance and discarding the sealed container into the trash.

H. The original *Controlled Substance Destruction Form* will be kept on file at the facility for a period of five (5) years. The yellow copy should be sent to the pharmacy.

Administration of Medications

- A. All medications shall only be administered by licensed nursing personnel in accordance with their respective licensing requirements. All nursing personnel must have either appropriate training, experience, or both, if duties include administration of medications.
1. PRN medication cards are to be ordered as needed (not necessarily on a monthly basis). Do not wait until the card is empty to notify the pharmacy of a needed refill.
 2. If a medication is punched from the card and is either refused by the resident or dropped, the medication should be destroyed. Controlled substances need to be saved and written up on a *Controlled Substance Destruction Form* and destroyed at facility by 2 licensed personnel per facility policy.
- B. The nurse's station shall have necessary items and equipment available for proper administration of medications.
- C. Immediately after a drug is ingested, it should be recorded on the MAR:
1. If for any reason a physician's order cannot be followed, the physician shall be notified as soon as is reasonable. A notation shall be made on the nurse's progress notes in the patient's clinical record.
 2. Nursing staff will report immediately to the attending physician any medication errors, or adverse drug reactions.
 - i. On all life threatening errors, an incident report is made and the Department of Public Health notified.
 - ii. The pharmacy shall be informed and a copy of all incident reports forwarded. The pharmacist will report any serious adverse drug reactions to the FDA.
- D. Drugs brought to the facility by the patient, or patient's family, should be used only in accordance with written physician's orders. Such drugs must be properly labeled as set forth previously in the section entitled "Drug Labeling". It is encouraged that all orders undergo automatic drug allergy and interaction checks. Critical Care RX, LLC will not label any medications it did not dispense.

- E. The facility shall check the Physician's Order Sheet and MAR against the current Physician's Orders, to assure proper administration of medications to each resident.

- F. Current reference materials, such as the current edition of *Nursing Drug Handbook*, *Physician's Desk Reference*, or facility approved drug reference source shall be readily available at all times for drug information.

Self-Administration of Medications

Policy Statement:

It is the policy of Critical Care RX, LLC to permit residents to self-administer their medications unless the facility deems such practice as unsafe.

Procedure:

The facility will ask the resident if he wishes to self-administer medications or relinquish this right to the facility's nursing staff. The response will be documented in the resident's medical record.

If the resident wishes to self-administer medications, the facility's interdisciplinary team (IDT) will assess the resident's cognitive, communication, visual, and physical functions to determine if the resident may do so.

Appropriate documentation of the resident's decision to self-administer and IDT's conclusion on self-administration will be filed in the resident's medical record.

Should the IDT determine that the resident is unable to carry out self-administration, the resident will not be permitted to self-administer his/her medications.

Should the IDT determine that the resident is able to carry out this responsibility, a physician's order will be obtained from the attending physician that the resident may self-administer medications. The physician has the right to only designate certain medications for self-administration or approve all present and future medications for self-administration.

Self-Administration Medication Storage:

The medications will be stored in the nursing medication cart unless alternate storage is otherwise specified by the attending physician.

Any alternate storage must prevent access by other residents. Lockable drawers or containers need not be used unless alternate procedures, including storage on a resident's person or in an unlocked drawer or container, are ineffective.

Medication shall be kept and stored in their originally received containers. No medications shall be transferred between containers.

Nursing will continuously assess the resident's medication compliance. If the nurse suspects noncompliance, the IDT will reassess the resident's capacity to self-administer medications.

Automatic Stop Order Policy

- A. All orders on the Physician's Order Sheet are automatically renewed when the physician signs them.
- B. The physician's signature on the Physician's Order Sheet does not constitute a renewal of drugs governed by the *Automatic Stop Order Policy*.
- C. A medication order not specifically limiting the time or number of doses, shall be automatically stopped in accordance with the *Automatic Stop Order Policy* which has been approved by the Pharmaceutical Committee.
- D. The attending physician is notified of medications about to be stopped, so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen, if appropriate.
- E. Specific stop order limitations shall be maintained through a cooperative effort of the medical staff, nursing staff, administration, and pharmacy.
- F. In individualized situations where long-term therapy of stop order medications is indicated, the pharmacy will recognize such need if the phrase "for indefinite use" or "no stop" is added to the order when transmitted to the pharmacy. It is the responsibility of the attending physician to determine the ultimate stop date of such medications.
- G. Dispensing of Schedule II medications requires a prescription from the physician in accordance with current controlled substance laws.

Emergency Medication Kit

- A. A Stat Safe Machine, containing a limited but broad range of drugs, is available for immediate use. Any medications not included in the Stat Safe Machine, shall in an emergency situation be obtained through Critical Care RX, LLC Services.
- B. Contents of the Stat Safe Machine shall be reviewed by the Pharmaceutical Committee at least quarterly. Written documentation of this review shall be maintained by the facility.
- C. The Stat Safe Machine is accessible to licensed nursing personnel only.
- D. The Stat Safe Machine has a list of contents posted on the portal website that is accessed via the electronic tablet on the machine.
- E. The contents of the Stat Safe Machine are to be removed only by the physician or upon the physician's direct order by a licensed nurse authorized to administer medications.
- F. When a medication is used from the Stat Safe Machine, pharmacy will be notified is electronic communication. Information relayed to the pharmacy includes: resident's name, name of drug, strength of drug, and quantity used. A new replacement packet will be sent when the machine gets to the set par level of the specific medication

Emergency Schedule II Substances

- A. The facility may have a limited supply of Schedule II medications for emergency use as part of the Emergency Narcotic Box. Such supply shall not exceed ten (10) different Schedule II medications.
- B. Only the Director of Nursing, Registered Nurse on duty, Licensed Practical Nurse on duty, Consultant Pharmacist, or licensed practitioner shall have access to these controlled substances.
- C. A *Control Medication Count Sheet* or *Proof of Use* sheet shall accompany each individual Schedule II emergency medication. These sheets are to be kept for five (5) years.
- D. All emergency Schedule II medications shall be stored in one nursing unit in the facility, as agreed to by the Pharmaceutical Committee. Storage shall be in the area which is used to store individual patient supplies of Schedule II medications:
 - a. In a Stat Safe Machine within a separately locked medication room.
- E. Whenever the Stat Safe Machine is opened, the pharmacy shall be notified immediately to get the access code. At all times, when Schedule II substances are stocked for emergency use an electronic perpetual inventory will be maintained and verified by nursing personnel anytime a Schedule II medication is withdrawn.
- F. A replacement supply will be delivered and restocked by a designated individual when the Stat Safe reaches the set par level for each medication. The individual restocking the Stat Safe will verify the inventory and report any discrepancies.
- G. The Pharmacy Consultant or Nurse Consultant shall check the controlled substance portions of the Stat Safe Machine on a routine basis mutually agreed upon between the facility and the pharmacy.

Stat Safe Machine

- A. A Stat Safe Machine, containing a reasonable number of medications normally used to treat conditions when residents suddenly become ill, in non-life-threatening situations, may be kept in the facility.
- B. The contents of the Stat Safe Machine shall be determined by the Pharmaceutical Committee. The inventory will be accessible via the electronic portal on the table top tablet.
- C. Each Stat Safe Machine shall be kept in a locked medication room. Doses shall be removed from the Stat Safe Machine only by a licensed nurse upon the order of a licensed practitioner.
- D. Once the Stat Safe Machine is opened the pharmacy will be notified via electronic communication, the name of the patient, the medication withdrawn, the number of doses, the nurses name, physician name, date and time.
- E. The use of the Stat Safe Machine is to be for starter doses only. Normal ordering procedures should follow to ensure the resident receives a full quantity of the ordered medications.
- F. **Since use of the Stat Safe Machine 'by-passes' the normal checks on drug allergies and drug interactions, it shall be the responsibility of the nurse removing the medication to verify that the resident may receive the medication safely.**

Investigational Drugs

Critical Care RX, LLC does not assume responsibility for providing investigational drugs or for the administration of investigational drugs.

Pharmacist Consultant Policy and Procedure

Policy:

On a routine basis, depending on the facility's licensure category, a Registered Pharmacist will review each resident's medical record and perform a medication regimen review (MRR). The pharmacist will report any irregularities to the attending physician, facility's Director of Nursing, and Medical Director.

Procedure:

Comments by the consultant pharmacist will be documented on a MRR form or via an electronic progress note and signed by the pharmacist. Each resident will have their own MRR form. It is the facility's responsibility to determine the storage of the MRR forms. These forms may be stored in each individual resident's clinical record or separate labeled binders.

Upon completion of the scheduled medical record and medication regimen review, the pharmacist will send all noted irregularities in the form of recommendation reports to the attending physician, facility's Director of Nursing, and Medical Director. These recommendation reports will be delivered to the facility within two business days of consulting commencement. Should the consultant pharmacist observe an irregularity that requires urgent action to protect the resident, the pharmacist will notify the Director of Nursing, attending physician, and/or nurse on duty immediately that day.

It is the facility's responsibility to assure that the identified party (i.e – physician or nurse) responds to every pharmacist recommendation report, as mandated by current state regulations. The identified party is not required to agree with the pharmacist's recommendation, but must respond to it.

The identified party's response will be documented on the recommendation report and signed. The report does not require the physician's signature, but only the individual's signature that is documenting the response. A nurse may document the physician's response on behalf of the physician and sign the recommendation report.

The response to the recommendation report, with signature, must be faxed or electronically sent to the pharmacy. If the response contains a new order from the attending physician, it must be faxed or electronically sent to the pharmacy immediately. All other responses must be sent to the pharmacy within two business days of obtaining the response. Once the response has been sent to the pharmacy, it must be filed at the facility according to facility policy (i.e. in the resident's chart, in a separate labeled binder).

The facility must maintain one year of recommendation reports in an easily accessible location, after which the old reports may be placed in a bulk file. Recommendation reports must be kept for seven (7) years per state regulations. After seven (7) years, the reports may be destroyed per the facility's policy.

Regularly Scheduled Visits by Pharmacist

- A. The Consultant Pharmacist will meet on a regular basis with the Director of Nursing of the facility.
- B. Depending on facility's licensure category, the pharmacist will visit monthly, quarterly, or some other agreed upon routine interval. At this time, the pharmacist will conduct medication regimen reviews.

Emergency and Natural Disaster Preparedness Plan

Critical Care Pharmacy is committed to ensuring all patients experience no delays in medication services in the event of an emergency or natural disaster. The following steps will be put in place to ensure all medications get filled:

- A. Critical Care Pharmacy's data is all stored off-site at three separate geographical locations. Data is backed up to these off-site servers every three hours throughout the day. In the event of a emergency or natural disaster Critical Care is able to gain access to these back-up servers within an hours time.
- B. Medications will be fulfilled from EverSpring Pharmacy LLC located in St. Louis, Missouri and Extended Living Pharmacy located in Decatur, Illinois. These pharmacies will be granted access to Critical Care's back-up server and will have all up to date patient information and orders. Medications will be delivered as scheduled.

Appendix

Attached are the following Critical Care RX, LLC forms:

- Controlled Substance Prescription Blank
- Controlled Substance Record Blank
- Controlled Substance Destruction Form
- Purchase Order Form

Critical Care RX, LLC

126 Oak St.
Peoria, IL 61602
Phone: (309)690-7790
Fax: (866)385-4948

Controlled Medication Prescription (Schedule II - V Medications)

Resident residing in long term facility or is terminally ill

- Do not fill med today – This is for future use
 Fill med today

Facility Name: _____

Patient Name: _____ DOB : _____

Patient Address: _____
(Street, State, Zip Code)

Medication/
Strength: _____

Dosage Form: _____

Quantity: Numeric: _____

Alpha (required for Schedule II): _____

Directions: _____

Refills: * _____ CIII - V only

Prescriber Name: _____ Phone # _____

Address: _____
(Street, State, Zip Code)

Schedule III - V = Number of refills authorized cannot exceed 5 to be filled over a 6-month period.
Schedule II = Quantity may include up to 30-day supply which can be dispensed in smaller amounts.

Prescriber Signature Date DEA #

Collaborating MD Name (if NP/PA licensed in Illinois) Nurse Signature

Fax to Pharmacy and Place Original in Patient's Chart



CRITICAL CARE RX, LLC

126 Oak Street

Peoria, IL 61602

Phone: (309) 690-7790

FAX: (866) 385-4948

CONTROLLED SUBSTANCE DESTRUCTION FORM

Name of facility and address

Rx NUMBER	RESIDENT'S NAME	MEDICATION NAME (Include strength & dosage form if applicable)	QUANTITY

Name & Title Date

Name & Title Date



CRITICAL CARE
PHARMACY

CRITICAL CARE RX, LLC

FAX: (866) 385-4948

Purchase Order/Invoice

Non-Controlled Substances Only

ORDERED BY		Date Ordered			
Practitioner Name		Bill To/Ship To			
Practitioner NP/#		Facility Name			
Order Placed By		Facility Address			
Contact Phone					
PRODUCT		ORDERING		SHIPPING	
Drug Name, Strength, Dosage Form	Package Size	Qty	Package Size	Qty	Ship Date

Acknowledgement of Receipt:
 I _____ (practitioner or practitioner's agent) on this date _____ hereby certify the information on this invoice is true and correct and the drug products ("products") in the invoice are stated above and provided. I acknowledge receipt and control of the products to be stored, disposed of, or provided pursuant to applicable law.

(Note: Please contact the pharmacy immediately with any questions of concern with this order.)