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| Policy Name: <p style="text-align: center;">High-Alert Medication Management</p> | Policy Number: <p style="text-align: center;">0282</p> |
| Approved By: <p style="text-align: center;">Executive Team</p> | Effective Date: <p style="text-align: center;">DECEMBER 16, 2016</p> |
| Reason for Revision: Click on item below and select item from list. <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format being used. Combined Policy 0282 with 0282 SOP (N)</p> | Date Revised: <p style="text-align: center;">October 7, 2021</p> Next Date for Review: <p style="text-align: center;">October 7, 2024</p> |
| Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p> | Page No: <p style="text-align: center;">Page 1 of 4</p> |

Policy

The Salvation Army Agapé Hospice will align with Alberta Health Services (AHS), Accreditation Canada, and other medication safety-oriented standards in efforts to prevent harm to Residents from adverse medication events involving High-Alert Medications. This policy will outline responsibilities and actions, that when closely followed will minimize the risk for a medication related error.

APPLICABILITY

Physicians, Registered Nurses (RN), Pharmacy

POLICY ELEMENTS

1. Nursing Lead and Educator will work together to ensure staff knowledge and compliance with following High-Alert Medication practices.
2. Education on High-Alert Medication management will take place at orientation and immediately following major revisions to this policy.
3. Agape Hospice will follow the Institute for Safe Medication Practices (ISMP) List of High-Alert Medications in Community/ Ambulatory Healthcare and the ISMP TALLman Lettering for Look-Alike/Sound-Alike Drug Names in Canada. See Appendix A and B, respectively.
4. Upon careful consideration of the AHS High Alert Medication Policy and the high alert PDSA study concluded in 2021, an independent double check will not be required prior to the administration of high alert medications at Agape.
5. It is the RN's responsibility to ask for an independent double check if there is any question regarding the medication prior to administration. All RN's will support their colleagues in this practice.



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6. Changes may be made to this practice based on assessment of high alert medication-related incidents or concerns.
7. High-alert medications available as STAT supply will be limited in type and quantity to only those essential to provide timely pain and symptom management.
8. Dangerous abbreviations, symbols, and dose designations shall not be used in the prescribing or documentation of high-alert medications per the *Dangerous Abbreviations, Symbols, and Dose Designations* as outlined by the Institute for Safe Medication Practices.
9. The following select are high-potency parenteral narcotic products which are restricted by Accreditation Canada:
 - FentaNYL ampoules/vials with total dose greater than 100 mcg (micrograms) per container;
 - HYDRomorphone ampoules/vials with a total dose greater than 2 mg (milligrams) per container;
 - Morphine ampoules/vials with a total dose greater than 15 mg per container.
10. Before High-Alert medications are maintained in the STAT supply, a thorough review including: the need of the medication; alternatives considered; and safeguards in place will be done by the pharmacist, medical director, and nursing lead.
11. High-potency parenteral narcotics may be stocked on a resident specific basis, at appropriate quantities. They must be returned immediately to the pharmacy when they are no longer needed for the resident for whom the medication was originally dispensed.
12. Oral narcotics with long-acting dosage formats should be segregated from those with short-acting dosage formats, and labelled accordingly.
13. All narcotics should be labelled and stored in containers with cautionary labels:
 - Long Acting
 - Short Acting
 - Caution: High Alert Medication
14. Audits for high-alert medications in resident care areas will be completed quarterly by the nursing lead.

DEFINITIONS

High-Alert Medications: Medication that have a heightened risk of causing significant harm when used in error.



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Independent Double Check: The process of having a second RN separately checking each component of the work process (check the prescriber order, compare the medication to the order and Medication Administration Record (MAR), calculate the dosage, compare the result and check the client identifiers). An independent double check is completed just prior to the medication being administered. Two people are unlikely to make the same mistake if they work independently. If they work together or influence the checking process by suggesting what the checker should find, both could follow the same path to an error. The person asking for the double check must not influence the individual checking the product in any way (ISMP, 2013a).

Look-Alike/Sound-Alike Drugs: Medication pairs that are either similar in terms of their physical characteristics, or pairs that are very similar in terms of their spelling e.g. quinidine and quinine.

TALLman Lettering: The use of letters to help distinguish Sound-Alike products to minimize the selection of the wrong product. For example, to help distinguish between Morphine and Hydromorphone would be written as Morphine and HYDROmorphone.

REFERENCES

- Accreditation Canada. (2016). Required Organization Practices Handbook 2017.
- Alberta Health Services. (2015). PS-60-01 Independent Double-Check – Practice Support Document Guideline. June 19, 2015.
- Alberta Health Services. (2015). PS-46-03 High-Alert Medications: Heparins – Practice Support Document Guideline. June 19, 2015.
- Alberta Health Services. (2015). PS-46-04 High-Alert Medications: Narcotics – Practice Support Document Guideline. June 19, 2015.
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Procedure

Errors involving high-alert medications have the potential to result in serious harm or injury to Residents. Closely following the procedures described below will minimize the risk for a medication related error.

1. Storage and Labeling:

- 1.1 TALLman lettering will be used on printed Medication Administration Record (MAR) received by pharmacy, medication pouches and any other labels produced by pharmacy.
- 1.2 In resident specific medication bins, long-acting and short-acting medications will be separated with a divider and labelled accordingly.
- 1.3 High-Alert medications in the STAT supply of medications will be labelled with a florescent pink high-alert sticker, and stored in its own container.
- 1.4 All high-alert medications will be identified as in the medication description section of the MAR when the pharmacy has produced the MAR.

2. Dispensing:

- 2.1 Prior to dispensing, Pharmacy will label high-alert medication products with cautionary labels.
- 2.2 Patient specific high-alert medications will be sent back to pharmacy as soon as possible when the medication is no longer needed. It is not to be saved and used for another resident.

3. Administering:

- 3.1 An independent double check will not be required prior to the administration of high alert medications at Agape.
- 3.2 It is the RN's responsibility to ask for an independent double check if there is any question regarding the medication prior to administration.
- 3.3 All RN's will support their colleagues in this practice.