OREGON STATE HOSPITAL

POLICY

SECTION 6:	Patient Care	**POLICY: 6.055**
SUBJECT:	Medication Management	
POINT PERSON:	Director of Pharmacy Services	
APPROVED:	Sara Walker, MD Interim Superintendent	**DATE: OCTOBER 15, 2024**

SELECT ONE:

- ○ New policy
- ○ Minor/technical revision of existing policy
- ○ Reaffirmation of existing policy
- ◉ Major revision of existing policy

I. PURPOSE AND APPLICABILITY

A. The purpose of this policy is to outline the guidelines around medication prescribing, dispensing, and administering at Oregon State Hospital (OSH).

B. This policy applies to all staff who prescribe, handle, and administer medication at OSH.

II. POLICY

A. The prescribing of medication for the treatment of medical and psychiatric disorders must be evidence-based and must adhere to contemporary standards of practice.

B. All patients must be continually monitored by their practitioners and other members of the interdisciplinary treatment team (IDT) for the safety and appropriateness of medication regimens with respect to optimizing treatment goals.

C. The following information about patients is accessible to all staff who participate in the management of the patient's medications:

1. Age;
2. Assigned sex at birth;
3. Diagnoses;
4. Allergies and Hypersensitivities;
5. Current medications;

6. Height and weight;
7. Pregnancy and lactation information;
8. Vitals; and
9. Laboratory results.

D. The following disciplines may initiate, change, or discontinue medication orders: physicians (*i.e.*, M.D., D.O.), dentists (*i.e.*, D.D.S., D.M.D.), nurse practitioners (*i.e.*, NP, PMHNP), pharmacists (*i.e.*, Pharm D. PhD, RPh, under Pharmacy and Therapeutics Committee-approved Clinical Pharmacy Agreements (CPAs), which includes Collaborative Drug Therapy Management (CDTM), with the OSH Medical and Allied Health Professional Staff (MAHPS)).

E. Upon a patient's admission, the admitting practitioner must generate the "Admission Medication Reconciliation" form in Avatar and complete it.

1. Allergies and hypersensitivities must be reconciled or included prior to pharmacists processing any medication orders.
2. Admission packets are available on the I:Drive to assist with medication reconciliation.

F. The following requirements pertain to every medication order.

1. Prior to prescribing a medication to a patient, the practitioner must:
    a. Obtain a comprehensive medication history with emphasis on past responses to drug treatment and allergic or toxic reactions, use of illegal substances, use of tobacco and alcohol, and use of over-the-counter and nutritional supplements.
    b. Consider the patient's mental and physical examinations and laboratory findings.
    c. Explain the indication, potential side effects, and any other concerns of the medication to the patient.
    d. Verify that informed consent for medication has been obtained as indicated in Medical Department Protocol 1.001, "Informed Consent".
2. All medication orders must be submitted using the Medication Order form or Telephone Order form in Avatar.
    a. Exceptions include the following:
        i. Medication Reconciliation Orders printed from Avatar for Admission, Transfer, Expiring, Discharge, and Leave orders.

ii. Complex medication order forms printed from the I:Drive for sliding scale insulin, clozapine, long-acting injectable antipsychotics, and smoking cessation.

3. Practitioners must minimize the use of verbal and telephone orders as much as possible.
   a. Verbal orders must be used only in emergent situations. See OSH policy 10.004, “Override Process for Medications in Emergency Situations”.
   b. Telephone orders should be reserved for when the practitioner does not have ready access to Avatar.
      i. Telephone orders can only be given to a pharmacist or a nurse.
   c. The Pharmacy and Therapeutics (P&T) Committee tracks and reviews the use of telephone orders at OSH.
4. Each medication order must contain the following elements:
   a. Patient name;
   b. Date and time order written;
   c. Ordering practitioner;
   d. Medication name (generic and trade name, if feasible, to decrease the risk of Look-Alike Sound-Alike errors);
   e. Medication dose;
   f. Route of administration;
   g. Frequency of administration;
   h. Diagnosis, reason, indication, or conditions necessitating medication use;
   i. Any special instructions, as applicable, such as parameters for administration and not-to-exceed limits;
   j. Start date and time; and
   k. Duration of therapy or stop date and time.
   l. All paper orders such as order forms and medication reconciliation orders require the ordering practitioner’s signature
5. OSH practitioners should prescribe according to FDA-approved dosages but may prescribe medications above the FDA-approved dosage limits due to the complexity of OSH patient population.

a. The “OSH Drug Upper and Lower Limit Guidelines” reference provides dosage guidelines that may be outside of FDA-approved dosage limits for select medications and can be found on the Pharmacy OWL Page.

b. If a practitioner exceeds the dosage limits per these guidelines justification for doing so must be included in a progress note.

6. If first dose monitoring is required, the practitioner must enter a treatment order including what vitals to measure, what signs of adversity to look for, and at what frequency the patient should be monitored after the first dose is administered.

7. Practitioners must write a progress note at the time the medication is first prescribed or the treatment initiated and whenever the order is reassessed or modified and include:

   a. An explanation of the intended purpose of the medication or treatment with specific reference to the target symptoms these are designed to alleviate.

   b. An assessment of the efficacy of the medication and a justification or description of the experienced side effects in the case of order reassessment or modifications.

8. Prior to order transcription and verification, pharmacists must contact the ordering practitioner if an order is incomplete, illegible, or unclear or if they have questions about an order.

G. Abbreviations with Medication Orders

1. The use of abbreviations is error-prone and should be limited as much as possible.

2. The following abbreviations are The Joint Commission’s official “Do Not Use” List and are not permitted at OSH.

Do Not Use	**Potential Problem**	**Use Instead**
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"

Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I	Write "every other day"
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed	Write “X mg” Write “0.X mg”
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

3. The Institute of Safe Medication Practices (ISMP) has a List of Error-Prone Abbreviations, Symbols, and Dose Designations that should be avoided in all medication orders. The list can be found on the Pharmacy OWL Page.

H. PRN Orders

1. All PRN orders must:
    a. Clearly specify the dosing interval (i.e. ordered as Q number of hours PRN instead of two times per day PRN, three times per day PRN, etc.).
        i. Once daily PRN, QHS PRN, AC PRN, and PC PRN are acceptable to use.
    b. Include not-to-exceed (NTE) parameters for number of doses per day if less than what is allowed per the frequency (e.g. order for Q4H PRN with NTE 2 doses per day).
    c. Include instructions, when necessary, to clearly specify the circumstances under which the nurse administers one order versus the other order, such as:
        i. may use acetaminophen together with ibuprofen;
        ii. use acetaminophen first, and, if ineffective after 1 hour, may use ibuprofen.
2. All PRN orders must ***not***:
    a. Create therapeutic duplication with the order’s indication (e.g. sleep and insomnia).
    b. Use overlapping indications (e.g. anxiety and moderate anxiety).

3. At OSH, midnight to midnight constitutes one day (e.g. the dosing interval for a once daily PRN order is midnight to midnight not a rolling 24 hours).

I. Hold Orders

1. Orders to hold PRN medications are not permitted. Such orders need to be discontinued with new orders submitted to reinitiate PRNs, as warranted.
2. If the duration to hold scheduled medications is less than 24 hours, nurses must document any scheduled doses as held on the eMAR at the time the order is submitted.
3. If the duration to hold scheduled medications is more than 24 hours, pharmacists will discontinue the scheduled medication orders. The practitioner must submit new orders to reinitiate the medications, as warranted.

J. Taper and Titration Orders

1. In addition to all elements of a medication order, taper and titration orders must also include the duration for each incremental dose.
2. Taper and titration orders are limited to a maximum duration of 14 days.
    a. New orders are required every 14 days for the duration of the taper or titration.
        i. For titrations, the last order will be entered as ongoing until new orders are written.
    b. The 14-day maximum duration does not apply to long-acting injectables.
3. All taper and titration orders dosed more than one time per day, such as twice daily, will be entered to start the next day (e.g. titrating orders for twice daily submitted at noon today will start tomorrow morning to avoid splitting days).
    a. If a different dose is required on the day the practitioner writes new taper or titration orders, a one-time order is required for the different dose.

K. Automatic Durations

1. OSH uses default durations for select medications or medication classes. Orders submitted beyond these durations will be shortened and entered using the following default durations:

Medication or Class	**Default Duration**
All non-scheduled medications unless otherwise indicated below	365 days
Schedule 3-5 Controlled	180 days

Substances	
Vaccines	120 days
Schedule 2 Controlled Substances	30 days
Loperamide	3 days
Oxymetazoline Nasal Spray (Afrin)	3 days

L. Discontinuing and Changing Orders

1. All medication order changes require discontinuation of previous orders and initiation of new orders.
2. When changing orders that are linked (e.g. intramuscular backups (IMBUs) or medications to be co-administered):
    a. Discontinuation of a medication that has an IMBU will result in the pharmacist also discontinuing the IMBU order.
    b. Discontinuation of a medication that has instructions to give with other medications will result in the pharmacist discontinuing each order.
    c. The practitioner should ensure any linked orders have the exact same stop date/duration.
3. Customized features of an order will not automatically carry over with order changes (e.g. special instructions, crush, customized administration times, etc.). It is the practitioner's responsibility to specify these features in the new order.

M. Medication Administration

1. OSH uses standard medication administration times as follows:
    a. Daily, Q day, or once every day, – 0800;
    b. Twice a day, "BID" – 0800, 2000;
    c. Three times a day, "TID" – 0800, 1600, 2000;
    d. Four times a day, "QID" – 0800, 1200, 1600, 2000;
    e. Five times a day, "5XD" – 0800, 1200, 1600, 2000, 2330;
    f. Once a day at bedtime, "QHS" – 2000;
    g. With meals – 0800, 1200, 1700;
    h. Before meals – 0700, 1100, 1600; and
    i. After meals – 0900, 1300, 1800.
2. Medications must be administered according to the order, but they may be administered between one hour before and one hour after the scheduled administration time.

N. Orders not permitted at OSH:

1. contingent orders (e.g. “if TSH lab comes back greater than X mg/L, then start levothyroxine Y mcg”);
2. standing orders;
3. blanket orders (e.g. “change all AM medication administration times to 0600,” “add crush to all crushable meds,” “continue previous order,” or “discharge on current orders”);
4. range orders for either frequency or dose (e.g. “one tablet every 4-6 hours PRN,” “one or two tablets every 6 hours PRN”);
5. scheduled medications with extended administration windows (e.g., “may take AM clozapine between 0700 and 1200”); or
6. methadone for opioid use disorder (OUD) without ongoing involvement of a SAMHSA-certified opioid treatment program.

O. Medications not permitted at OSH:

1. medications or supplements not supplied by OSH Pharmacy (e.g. OTC products obtained by the unit on a SPOTS card).
2. patient’s own medications or supplements, including herbal products;
3. compounded medications;
4. medication samples;
5. investigational medications; or
6. radiopharmaceuticals;
7. Exceptional circumstances will require approval for use of outside medications, such as methadone, by Pharmacy Management.

P. Discharge Medication Orders

1. When feasible, at least 48 hours prior to a patient’s discharge, the Attending Practitioner must:
   a. Complete the “Discharge Medication Reconciliation Orders” form from Avatar and scan it to the Pharmacy; these are the prescriptions that will be dispensed from the OSH Pharmacy and must clearly specify durations and quantities to dispense.
   b. Complete hard copy prescriptions and deliver to the Pharmacy; these prescriptions are for the patient to fill post-discharge and will be sent in the discharge packet. Below are the days’ supply limits based on the patient’s discharge location.

Patient Discharge Location	**# Days’ Supply Dispensed via the Discharge**	**# Days’ Supply for Written**

	Medication Reconciliation	**Prescriptions**
Lane and Jackson County Jails	5 days	14 days
All Other Oregon County Jails	3 days	14 days
Community Restoration (secure or non-secure group home, independent living)	14 days	30 days

2. Discharge medication transitions-of-care considerations:
    a. Many sites, including county jails, will not administer a variety of medications such as PRN benzodiazepines, valproic acid syrup and divalproex sprinkles, or IMBUs. Practitioners are encouraged to coordinate with pharmacists to optimize patient medication regimens to reflect what will be supported at their discharge location.
    b. Over the counter (OTC) medications are readily available at most discharge locations and are not routinely covered by insurance. Practitioners should consider indicating the continuation of these medications on the Discharge Medication Reconciliation form, as warranted, but not indicate to dispense from the OSH Pharmacy nor write outpatient prescriptions.
    c. Coordination of long-acting injectables administration should occur prior to discharge. The prior administration date and next dose due date should be included on the Discharge Medication Reconciliation form. OSH Pharmacy does not dispense injectable medications at discharge.
    d. Information regarding county jail formularies and the use of clozapine and benzodiazepines can be found on the Pharmacy OWL Page.
    e. Practitioners should contact the pharmacy to discuss an exception to any of the above if circumstances may compromise patient care or access to medications.
3. OSH Pharmacy cannot provide refills for any outpatient prescriptions.

Q. Antibiotic Stewardship

1. OSH's Antibiotic Stewardship Subcommittee monitors all systemic antibiotic orders and is responsible for the creation and review of evidence-based, OSH-specific treatment algorithms.
2. OSH practitioners should adhere to these algorithms when ordering systemic antibiotics. All algorithms can be found on the Pharmacy OWL Page.
3. For each systemic antibiotic order, pharmacists must:
    a. prospectively review the order for alignment with algorithms and overall appropriateness prior to order transcription and verification.
    b. Monitor therapy at 24 hours, 72 hours, and completion and document this monitoring.

R. Adverse Drug Reaction (ADR) Reporting

1. Any staff directly involved in medication order submission, transcription, verification, dispensing, or administration must report should report all suspected or confirmed ADRs via the "Oregon State Hospital Suspected Adverse Drug Event Report" form found at I:\PUBLICATIONS\PHARMACY.
    a. Staff must also report ADRs involving vaccines to the Vaccine Adverse Event Reporting system (VAERS).
    b. Staff may also report serious drug or device ADRs to FDA Med Watch.
2. ADRs can be identified by:
    a. Patient monitoring, including:
        i. Direct observation of, or communication with, patients; and
        ii. Patient chart reviews.
    b. Communication with other members of the healthcare team.
    c. Practitioner orders that indicate an ADR occurred, such as:
        i. Sudden discontinuation or rapid dose decrease of medications with high ADR potential; and
        ii. New orders related to the treatment of potential ADRs (e.g. diphenhydramine, benztropine, ondansetron).
3. When ADRs are identified, they must:
    a. be addressed appropriately to weigh the risk vs. benefit of the medication therapy; and
    b. be reported to appropriate members of the IDT and the patient and/or guardian, as warranted.

S. Medication Error Reporting

1. OSH Medication Variance Subcommittee reviews all reported medication errors and suggests improvements to medication management systems and processes with the goal of improving patient safety.
2. Any staff directly involved in medication order submission, transcription, verification, dispensing, or administration must report actual and potential medication errors using the “Oregon State Hospital Medication Variance Report”, which may be accessed through an icon available on all computer desktops. It can also be found at I:\PUBLICATIONS\RISK MANAGEMENT\Medication Variance Report.
3. Pharmacy and nursing staff are to follow direction as indicated in Pharmacy Protocol 13.003, “Medication Error Reporting and Follow-up” and Nursing Protocol 2.080, “Medication Errors”, respectively.

T. Oregon State Hospital (OSH) follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.

U. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

“Adverse Drug Reaction” is an appreciably harmful or unpleasant reaction, resulting from an intervention related to the use of a medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alteration of the dosage regimen, or withdrawal of the product.

“Clinical Pharmacy Agreement”, as defined by the Oregon Board of Pharmacy, means an agreement between a Pharmacist or pharmacy and a health care organization, or a physician as defined in ORS 677.010 or a naturopathic physician as defined in ORS 685.010 that permits the Pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization, or physician or naturopathic physician.

"Collaborative Drug Therapy Management", as defined by the Oregon Board of Pharmacy, means the participation by a Pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration, and route of administration of the drug, authorized by a practitioner and initiated upon a prescription order for an individual patient and:

(a) Is agreed to by one Pharmacist and one practitioner; or

(b) Is agreed to by one or more Pharmacists at a single pharmacy registered by the board and one or more practitioners in a single organized medical group, such as a hospital medical staff, clinic, or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee.

"First dose monitoring" means assessing the patient per practitioner's order after the first dose is administered.

"Medication error" per the National Coordinating Council of Medication Error Reporting and Prevention (NCC MERP) means, "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use." A medication error may also be referred to as a "medication variance".

"Medications" mean chemical compounds that may be administered to humans in order to aid in the diagnosis, treatment, or prevention of disease or other abnormal condition, as well as relieve pain or suffering.

"Polypharmacy" means two or more medications within the same class.

"Range order" is a medication order with a range of either dose or frequency to allow for flexibility in patient symptom management.

"Standing order" means an order that becomes active without the use of a Pharmacy and Therapeutics Committee-approved protocol or without prior review of ordering practitioner.

"Titration orders" are orders in which a dose is either progressively increased or decreased by established increments in response to a patient's status as determined by assessment. At OSH, a "taper" or "wean" order is considered equivalent to a titration order.

"Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).

IV. RELATED OSH POLICIES AND PROTOCOLS

6.035 Medication Reconciliation

10.004 Override Process for Medications in Emergency Situations

Oregon State Hospital Medical Department Protocol 1.001 Informed consent

Oregon State Hospital Nursing Department Protocol 2.080 Medication Errors

Oregon State Hospital Pharmacy Department Protocol 13.003 Medication Error Reporting and Follow-up

V. REFERENCES

42 CFR § 482.23(c).

Do not use list fact sheet. The Joint Commission. (n.d.). https://www.jointcommission.org/resources/news-and-multimedia/fact-sheets/facts-about-do-not-use-list/

Edwards IR, Aronson JK. Adverse drug reactions: definitions, diagnosis, and management. Lancet. 2000 Oct 7;356(9237):1255-9. doi: 10.1016/S0140-6736(00)02799-9. PMID: 11072960.

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Oregon Administrative Rule §§ 309-114-010 – 309-114-015.