Pharmacy Services
Ambulatory
Home Infusion

Policy

High-Risk Medications—FHI

Purpose:
To provide for the safety of procurement, storage, preparation, dispensing and administration of high-risk medications

Policy:
I. The FHI Clinical Safety Committee will designate drugs that are high risk.
II. Specific procedures will be developed to ensure safe utilization of high-risk medications, including procedures relating to prescribing, dispensing, administration and monitoring.
III. All high-risk medications administered via continuous intravenous infusion will be administered utilizing an infusion control device.

List of high-risk medications/ infusions:
I. Chemotherapy agents
II. Epidural and Intrathecal infusions
III. Insulin
IV. Concentrated sodium and potassium
V. Continuous narcotic infusions and patient controlled analgesia
VI. Agents for Hemodynamic Support (Dopamine, milrinone, and dobutamine)
VII. Promethazine
VIII. Home Parenteral Nutrition (HPN)
IX. Intravenous Immune Globulin
X. Enzyme Replacement Therapy
XI. Immune System Modulators: Natalizumab (Tysabri®), Infliximab (Remicade®), Abatacept (Orencia®)
XII. Combination therapy of Vancomycin and Zosyn (Piperacillin-tazobactam)
XIII. Look Alike / Sound Alike Drugs

Definitions:
High-risk medications and high-risk administration techniques are those that have been shown to actually, or potentially, cause severe injury or death in the event of an error. High-risk medications and high-risk administration techniques may be identified through retrospective review of our experience, the experience and recommendations of others, or prospective analysis of medications and administration techniques.

Procedure:
I. Chemotherapy  
A. Refer to FHI Policy Chemotherapy Administration, and FPS policy Stage Checking for additional information.

II. Epidural and intrathecal infusions  
A. Refer to FHI Policy Intraspinal Access – Device Management/ Medication Administration, for complete precautions.

III. Insulin  
A. Long-acting insulin will not be available.
B. Regular insulin will be dispensed in pre-drawn syringes for addition to HPN.

IV. Concentrated sodium and potassium  
A. Concentrated sodium chloride and potassium chloride will be stocked in one concentration and all compounding templates will utilize the standard concentration.
1. If patient specific factors require that a nonstandard concentration be used, the drug will be separated in inventory and a note will be used in the computer to highlight the "non-standard concentration."
B. Refer to FPS policy Stage Checking for additional information.

V. Continuous narcotic infusion and patient controlled analgesia (PCA)  
A. Refer to System Policy Pain Management, for complete precautions.
B. Refer to Department Policy Pain Management for additional information.
C. The access port on any IV bag of narcotic will be sealed with a tamper-evident port cap.
D. Multiple references exist and may be utilized as a guide for any drug to drug, or dosage form conversions One reference is the Fairview Opioid Medication Conversions.

VI. Inotropes (dopamine, milrinone, and dobutamine)  
A. A central vascular access device is preferred for administration of inotropes. Administration via an extended dwell peripheral catheter (Midline) may be done if short term and patient has adequate peripheral access.
B. Inotropes must be administered utilizing an infusion pump.
C. Continuous infusions of inotropes will not be flushed with normal saline between bag changes
D. The preferred method for obtaining lab specimens is to use a non-infusing lumen or peripheral site. If labs must be drawn from the lumen where the inotrope is infusing a discard must be drawn prior to flushing with normal saline to avoid a bolus of medication to the patient.
E. Any patient requiring a continuous infusion will have a programmed back-up pump and tow medication bags in the home at all times.

VII. Promethazine  
A. Promethazine can only be given via a central line.
B. Promethazine should be diluted in a minimum of 10 – 20mls of normal saline, and administered slowly over a minimum of 10 – 15 minutes.

VIII. Home Parenteral Nutrition (HPN)  
A. Refer to FHI Policy Parenteral Nutrition for complete precautions.

IX. IV Immune Globulin  
A. Refer to FHI Policy Immune Gamma Globulin for complete precautions.

X. Enzyme Replacement Therapy  
A. Refer to FHI Policy Enzyme Replacement Therapy for complete precautions.

XI. Immune System Modulators: Natalizumab (Tysabri®), Infliximab (Remicade®), Abatacept (Orencia®)
A. Infusions of Natalizumab, Infliximab and Abatacept require a nurse to be present throughout the infusion. Vital sign requirements will be indicated in the prescriber orders/care plan.

B. All patients receiving Natalizumab must be registered in the TOUCH® program:
   1. This therapy is not approved for home administration.
   2. A pre-infusion checklist must be completed prior to each infusion; the completed form is stored in the patient’s medical record.
   3. Information contained in the pre-infusion checklist must be submitted on-line to the TOUCH® administrator within 24 hours of administering each infusion or the next business day for weekend infusions.

XII. Combination therapy of Vancomycin and Zosyn (Piperacillin-tazobactam)
A. Vancomycin plus Zosyn may cause an increase in serum creatinine and possibly result in acute renal failure.
B. Monitoring may include:
   1. Twice weekly BUN and creatinine
   2. Monitoring of culture and sensitivity results
   3. Patient assessment for signs and symptoms of renal failure

XIII. Look Alike / Sound Alike Drugs
A. The Clinical Safety Committee will review the Look Alike/Sound Alike drug list on an annual basis.
B. Look Alike/Sound Alike drugs will be differentiated by the following methods:
   1. Use of tall-man lettering on storage shelving
   2. Separation of product

Policy Owner:
FHI Clinical Managers, Compliance and Education Department

Approved By:
FHI Assistant Director, Medical Director

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